

**DELIVERING INTENSIVE,  
INDIVIDUALIZED  
INTERVENTIONS TO  
CHILDREN AND YOUTH  
WITH LEARNING AND  
BEHAVIORAL DISABILITIES**

**Edited by** Melody Tankersley,  
Bryan G. Cook and Timothy J. Landrum

ADVANCES IN LEARNING  
AND BEHAVIORAL DISABILITIES

**VOLUME 32**

**DELIVERING INTENSIVE,  
INDIVIDUALIZED INTERVENTIONS  
TO CHILDREN AND YOUTH WITH  
LEARNING AND BEHAVIORAL  
DISABILITIES**

# ADVANCES IN LEARNING AND BEHAVIORAL DISABILITIES

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ADVANCES IN LEARNING AND BEHAVIORAL  
DISABILITIES VOLUME 32

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# DELIVERING INTENSIVE, INDIVIDUALIZED INTERVENTIONS TO CHILDREN AND YOUTH WITH LEARNING AND BEHAVIORAL DISABILITIES: INTRODUCTION TO THE VOLUME

Melody Tankersley, Bryan G. Cook  
and Timothy J. Landrum

## ABSTRACT

*In this introductory chapter of volume 32 of Advances in Learning and Behavioral Disabilities, we provide an overview of the considerations of intensive, individualized interventions and preview the 10 chapters in the volume. We asked chapter authors to consider the full scope of delivering such learning and behavioral interventions – describing tiered systems of support, identifying students who require intensive and individualized interventions, presenting elements associated with such interventions, and identifying specific examples of intensive and individualized interventions.*

**Keywords:** Multitiered systems of support (MTSS); Positive Behavioral Interventions and Support (PBIS); Responsiveness to Intervention (RTI); Tier 3; databased decision-making; evidence-based practice

Over 15 years ago, the reauthorization of the Individuals with Disabilities Education Improvement Act ([IDEA, 2004](#)) described and encouraged the use of a

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new method of identifying students with specific learning disabilities that was based on the student's response to evidence-based instruction. This new method was referred to as "responsiveness to intervention," or RTI, and the term has since become synonymous with frameworks of multitiered educational delivery models that consist of more and more intensive instruction, as need is indicated from ongoing assessment of student learning and behavior (see [Jimerson, Burns, & VanDerHeyden, 2016](#) for a thorough history).

RTI was not the first mention of multitiered systems of support in educational legislation. Positive Behavioral Interventions and Support (PBIS) predates RTI in its inclusion in federal law as it was first introduced in the 1997 reauthorization of the IDEA as a research-based framework for supporting children with behavior disorders. As with RTI, PBIS operates on tiers such that students with more needs are provided increasingly intensive interventions.

At their most basic level, multitiered systems of support (MTSS) are composed of universal assessment, progress monitoring, and databased decision-making (e.g., [Fuchs & Fuchs, 2017](#)). Intervention is implemented with increasing intensity based on the needs of the learner. The main components of MTSS include the use of (1) universal screening to identify risk proactively, (2) evidence-based intervention supports of increasing intensity that are matched to the student's need, and (3) ongoing assessment to inform decision-making (e.g., [Lane, Oakes, & Menzies, 2014](#)).

MTSS provide a systematic process for matching an intervention with a student's needs – academic needs (e.g., RTI) and/or social-emotional needs (e.g., PBIS) – and assessing the outcomes of those interventions on student learning frequently. Using a framework of tiered support with increasing intensity, in Tier 1 (primary or preventive) all students receive high quality educational practices. Students who do not make adequate progress with Tier 1 instruction receive more frequent and/or more intensive instruction in Tier 2 (secondary). Students who do not make progress with Tier 2 interventions move to Tier 3 (tertiary) and receive intensive, individualized interventions.

## PREVIEW OF THE VOLUME

Intensive, individualized interventions, which are specialized to meet the student's needs, are the hallmark feature of Tier 3 interventions and are the focus of this volume. The authors of the chapters in this volume bring a wealth of experience and expertise to the research base of intensive, individualized interventions to children and youth with learning and behavioral disabilities. We sincerely thank them for their thoughtful contributions here. The volume addresses issues surrounding identification of students who need the most intensive intervention, intervention features and delivery considerations, behavioral interventions, academic interventions, and preservice teacher preparation.

In the second chapter Hirsch, Driver, Hinzman, and Bruhn set the stage for the volume by first describing a tiered system of support and then examining the existing literature around identifying students who need the most intensive

interventions within a tiered system of support. They discuss current practices for identifying students with intensive academic and/or behavioral needs and offer systematic guidance for implementing evidence-based practices (EBPs) for doing so.

Chapter 3 focuses on common approaches to academic interventions and methods for intensifying instruction when previous attempts at instruction have failed. In this chapter, Stevenson discusses common causes of nonresponsiveness to intervention and how “good theory” (Yeaton & Sechrest, 1981) can help us understand the specifics related to the problem and point us to appropriate approaches to address the problem. Stevenson’s chapter is followed by a thorough review in Chapter 4 by Lane, Common, Buckman, and Allen of three intensive interventions that have wide-ranging, positive results in research for meeting students’ academic, behavioral, and social needs: Functional Assessment-Based Interventions, First Step to Success, and Read 180. For each intervention, Lane, Common, Buckman, and Allen highlight the essential features necessary for drawing valid inferences: treatment integrity, social validity, and student performance. In their review, they provide examples of supporting evidence and feature treatment-outcome studies documenting intervention effectiveness.

In Chapter 5, Umbreit and Ferro focus further on the importance of identifying function of behavior and addressing that function through intervention. Specifically, Umbreit and Ferro review four methods that are evidence-based for that purpose: Functional Analysis, the Functional-Assessment-Based Intervention Model, the Competing Pathways Model, and the Prevent-Teach-Reinforce Model. In addition to reviewing supporting evidence and identifying the advantages and limitations associated with each approach, they also describe the procedures used to identify the function of behavior and how to design intervention support based upon the function.

As Umbreit and Ferro stressed in Chapter 5, identifying the function of the behavior and designing interventions based upon the function provides the best route to designing successful approaches for managing severe and protracted challenging behaviors. Yet, in some cases, student response to intervention might not be as successful as predicted. In Chapter 6, Coddling, Collier-Meek, and DeFouw discuss how students’ responsiveness to intervention depends not only on how effective the intervention is, but also whether the intervention was delivered as intended as well as in the appropriate format (i.e., treatment integrity) and according to the most useful schedule (i.e., treatment intensity). These elements of implementation should be considered fully before making high stakes educational decisions.

Certainly, the elements of treatment integrity and treatment intensity are important considerations when assessing the effectiveness of interventions. Another consideration should be whether the intervention applied is an EBP. That is, whether the intervention has been studied with sufficient methodologically rigorous research to suggest that if implemented with integrity, the desired changes in student performance will occur. Increased attention has been placed on identifying and implementing EBPs to effectively and efficiently serve students with learning and behavioral challenges, and the scholarly literature increasingly

includes systematic reviews of practices to determine their evidence base. In Chapter 7, Lane, Common, Royer, and Oakes offer assistance for conducting and evaluating systematic reviews of the methodological rigor of a body of literature using the Council for Exceptional Children's (2014) *Standards for Evidence-Based Practices*.

Both Chapters 8 and 9 focus on intensive, individualized interventions for reading difficulties. In Chapter 8, Allor, Kearns, Ortiz, and Conner present key characteristics of early reading texts by describing a new series of researcher-developed early reading books. Students with early reading difficulties struggle with phonics and the texts used to teach these students must be written to include multiple key characteristics of early reading text that are likely to produce optimal literacy outcomes, such as decodability, familiarity, repetition, high-frequency, syntax, and text cohesion. In their chapter, Allor and her colleagues describe the theoretical and empirical rationale that guided the design of the early reading texts they created and the key features of them. That discussion is followed by a technical analysis that demonstrates that the target words and the text in the books are consistent with the intended goal of simultaneously addressing multiple variables in creating an early reading text for students with significant reading difficulties.

Following Allor et al.'s overview of early reading texts, Solis and McKenna provide an overview of the current state of reading performance for adolescents in Chapter 9. They first deliver a review of empirical findings from studies that have investigated different theoretical models and then offer a summary of research regarding intensive reading interventions for adolescents. Solis and McKenna summarize findings from both longitudinal study of middle school students with reading difficulties and reading and behavior interventions in order to address the comorbidity of reading difficulties with challenging behavior.

Like those with learning difficulties in reading, students with learning difficulties in mathematics will persist with low achievement without explicit intervention. In Chapter 10, Dennis reviews research that has examined cognitive process deficits of mathematics, which provides pathways for how to develop effective intervention programs. Dennis also uses RTI as a framework to distinguish the intensity level of intervention and presents a review of Data-Based Individualization (DBI), a systematic approach to intensify intervention, commonly used at the Tier 3 level.

As Oakes discusses in the final chapter, children who enter their early school experiences with challenging behavioral patterns most often have concurrent difficulties in academics as well as peer and teacher relationships. Because research has consistently shown that persistent problem behavior after the age of 8 years is associated with long-term negative outcomes, it is imperative that preservice teacher education programs include opportunities for teachers to learn about and practice the use of positive behavior supports. In Chapter 11, Oakes presents the results of a study that examined early childhood special education preservice teachers' perceived knowledge and confidence, as well as actual knowledge of functional assessment-based interventions before and after university course participation. In Oakes' conclusions of this study, she notes that

preservice teachers may benefit from a preparation course with applied practice to develop knowledge and confidence for using evidence-based interventions, to support students with challenging behaviors.

## CONCLUSION

Authors of the chapters in this volume have provided important considerations and guidance for the delivery of intensive, individualized interventions. With clear descriptions of tiered systems of support and methods of identifying students who require the most intensive interventions in the chapters at the beginning of the volume, the foundation was set. The authors of subsequent chapters have presented comprehensive reviews of intensive, individualized interventions, as well as highlighted elements that differentiate the applicability of them to students with the most critical academic and behavioral needs. Moreover, all of the authors presented matters of continuing need for addressing the needs of students with the most critical learning and behavioral disabilities.

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# IDENTIFYING STUDENTS WITH INTENSIVE ACADEMIC AND BEHAVIORAL NEEDS

Shanna E. Hirsch, Melissa K. Driver,  
Michelle Hinzman-Ferris and Allison Bruhn

## ABSTRACT

*Identifying students for intensive intervention (also referred to as Tier 3 supports) is most effective when implemented within a tiered system of support. Effective tiered systems include both academic and behavioral supports for identifying and serving students with varied needs. In this chapter, we review existing research, discuss current practice, and offer guidance for identifying students with intensive academic and/or behavioral needs.*

**Keywords:** Identification; intensive intervention; multitiered system of support; Tier 3; academic; behavior

In less than 50 years since the passage of the Education for All Handicapped Children Act (EAHCA) or P.L. 94-142 in 1975, the landscape of educating students with disabilities (SWD) has shifted from access and inclusion to a focus on performance and educational outcomes ([Andrew F. v. Douglas County School District, 2017](#)). Federal law mandates that SWD are educated in the least restrictive environment and engage in the same curriculum and assessments as their typically developing peers to the greatest extent possible ([West & Whitby, 2008](#)). As a result, SWD spend a significant amount of time in general education settings with their peers without disabilities.

Supporting SWD in the general education classroom can pose unique challenges for educators, as many SWD demonstrate severe and persistent academic

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and/or behavioral difficulties. Nevertheless, educators are tasked with providing evidence-based instruction and support to meet the needs of a range of learners. This responsibility also includes supporting students who have not been identified for special education services, but who experience persistent academic and/or behavior challenges that place them at risk for academic failure. Such students may eventually qualify for special education services, or just require a slightly more intensive level of instruction or intervention than what is offered in the core general curriculum.

## **TIERED SYSTEMS OF INSTRUCTION, INTERVENTION, AND SUPPORT**

In response to the current educational landscape and federal mandates, school systems across the country are implementing tiered systems of prevention and intervention to meet the academic and behavioral needs of all learners. Tiered systems are commonly referred to as multitiered systems of support (MTSS), or Response to Intervention (RTI) for academic supports and Positive Behavior Intervention Supports (PBIS) for behavioral supports. Though RTI and PBIS are often discussed in isolation, best practice is to integrate these systems into one multitiered system.

The RTI framework is used to identify students who demonstrate poor academic performance, often in literacy and mathematics, who may be in need of special education services (Fuchs & Fuchs, 2006). RTI is one of the most prevalent methods for identifying and intervening for students with specific learning disabilities. Further, it aligns with the most recent reauthorization of the Individuals with Disabilities Education Act (IDEA, 2004) requirement that schools use a process based on the student's response to scientific, research-based, intervention to determine whether a child has a disability (Vanderheyden, 2011). RTI consists of several tiers of instruction that increase in intensity of support and intervention. RTI is not a prescribed curriculum, rather a framework, and its implementation differs by state, district, and school context (Zirkel & Thomas, 2010).

Tier 1 instruction consists of general classroom instruction for all students (Bradley, Danielson, & Doolittle, 2007; Hoover & Patton, 2008). Tier 1 instruction should be evidence-based, culturally relevant, and linguistically responsive for all learners (Klingner & Edwards, 2006). Tier 2 programs increase in intensity by providing additional instruction through small group or collaborative teaching models. This is often done through the implementation of a scientifically validated intervention. Tier 2 is used to supplement, *not supplant*, Tier 1 instruction. When students are nonresponsive to instruction at Tier 1 and 2 of the RTI intervention model, as determined by frequent and systematic progress monitoring, students begin Tier 3 instruction (Fuchs, Fuchs, & Compton, 2012). Tier 3 is typically considered the most intensive level of intervention prior to a special education referral and is provided more frequently in even smaller groups (i.e., typically a maximum of three students)