



Introductory Packet

Least Intervention Needed: Toward Appropriate Inclusion of Students with Special Need

(revised 2015)



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Least Intervention Needed: Toward Appropriate Inclusion of Students with Special Needs

“Of course, there are limits to what different people are capable of achieving, but we should make no uninformed assumptions about what these limits are.”
Stevenson & Stigler, 1992

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I. Beyond Placement in the Least Restrictive Environment:

When professionals attempt to ameliorate problems, standards for good practice call on them to prescribe as much but no more intervention than is necessary. This is essential because interventions can be costly -- financially and in terms of potential negative consequences.

Of course, the ability to provide what is necessary depends on the availability of a full array of appropriate and accessible interventions. However, even if one has the good fortune to be able to prescribe from a full array of interventions, good practice requires using an intervention only when it is necessary and the benefits significantly outweigh the costs. (Obviously, dilemmas arise regarding costs and benefits for and according to whom.)

Least Intervention Needed

The desire to meet needs in ways that ensure that benefits outweigh costs (financial and otherwise) makes the concept of *least intervention needed* a fundamental intervention concern. The concept of using the least intervention needed (and the related notion of placement in the least restrictive environment) find support in "the principle of normalization"-- which is associated with antilabelling, mainstreaming, and deinstitutionalization policies'.

First and foremost, least intervention needed emphasizes the intent to do what is *needed*. At the same time, the adjective "least" reflects the recognition that any intervention

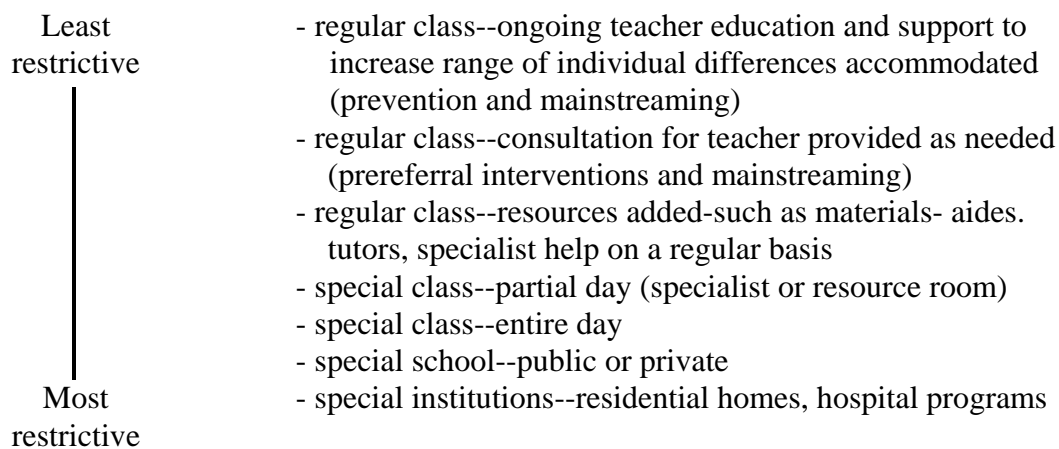
- is an interference into the affairs of others (can be intrusive, disruptive, restrictive)
- consumes resources
- may produce serious negative outcomes.

Thus, translated into an intervention guideline, the concept can be stated as follows: *In ensuring that needs for assistance are met, do not interfere with an individual's opportunity for a normal range of experiences more than is absolutely necessary.*

For example, if an individual with emotional problems can be helped effectively at a community agency, this is seen as a better option than placing the person in a mental hospital. For special education populations, when a student with learning or behavior problems can be worked with effectively in a regular classroom, placement in a special education class is inappropriate. The concept of least intervention needed is reflected in laws that protect individuals from removal from the "mainstream" without good cause and due process. Such legislation and associated regulations reflect concern that disruptive or restrictive interventions can produce negative effects, such as poor self-concept and social alienation; in turn, these effects may narrow immediate and future options and choices, thereby minimizing life opportunities.

The special education example illustrates the difficulty in applying the principle of least intervention needed. Because of legislation and related regulations in the United States, the concept of least intervention needed quickly became embroiled with demands that (a) schools ensure availability and access to a continuum of alternative placements for students with disabilities and (b) students be placed in the least restrictive environment (LRE). By consensus, the least restrictive placement was described as keeping people in normal situations and using special assistance only to the degree necessary. Thus, placement in a special class is seen as somewhat more restrictive than keeping the individual in a regular class. Full-day placement in a special class is viewed as even more restrictive, and assignment to a special school or institution is even a more restrictive placement (see below). Similar degrees of restrictiveness are assigned in categorizing differences in residential arrangements and vocationally-oriented training programs.

Example: Continuum of Placements for Schooling Conceived as Ranging from Least to Most Restrictive



Obviously, there are interpretative and administrative problems related to such a one dimensional approach to a complex concept such as providing the least intervention needed. A setting designated as least restrictive may lead to extreme future restrictions with respect to an individual's life opportunities if the setting cannot meet the individual's needs. (Note: The assumption often has been made that the least restrictive environment is also the most effective.)

A particular concern in applying the least restrictive environment guideline arises because administrative factors such as financial support and program availability play significant roles in intervention decisions. At times, for example, placements are approached as an administrative rather than a treatment arrangement. When this occurs, individuals are shifted from one setting to another without significant attention to whether the new setting can provide appropriate assistance. Often placement in a setting (regular or special) works administratively; however, if the setting is not capable of meeting individuals' special needs, clearly it is not good practice. In the past, such poor practice often undermined mainstreaming efforts and will certainly plague inclusion initiatives. Obviously, the emphasis on providing *least intervention* has not ensured that *needs* are met. That is why the first and foremost emphasis must be on ensuring needs can be addressed and in ways that produce benefits that outweigh costs.

Once one escapes from the debate over *where* a youngster should be taught, the concern shifts to four fundamental factors that must be considered in meeting students' learning, behavioral, and emotional needs and doing so with the least intervention:

Is there a full array of programs and services designed to address factors interfering with learning and teaching? (See Figure 1.)

Is there an appropriate curriculum (including a focus on areas of strength and weakness -- including prerequisites that may not have been learned, underlying factors that may be interfering with learning, and enrichment opportunities)?

Do staff have the ability to personalize instruction/structure teaching in ways that account for the range of individual differences and disabilities in the classroom (accounting for differences in *both* motivation and capability and implementing special practices when necessary)?

Does the student-staff ratio ensure the necessary time required for personalizing instruction, implementing special practices, and providing enrichment?

Needed: A Unified, Comprehensive, and Equitable Continuum of Programs/Services

As suggested above, for learning in the classroom and home to be effective for some individuals, there must be a full array of programs and services designed to address factors that interfere with learning and teaching. From this perspective, the concept of least intervention needed calls for (1) ensuring availability and access to *a unified, comprehensive, and equitable continuum of community and school programs/services*, and (2) only using specialized interventions when they are needed -- and only to the degree they are needed and appropriate.

Figures 2-4 outline the nature and scope of the type of continuum that is essential in designated geographic areas (e.g., local catchment areas) for addressing barriers to student learning. The framework for such a continuum emerges from analyses of social, economic, political, and cultural factors associated with the problems of youth and from reviews of promising practices (including peer and self-help strategies). It encompasses a holistic and developmental emphasis. Such an approach requires a significant range of multifaceted programs focused on individuals, families, and environments. Implied is the importance of using the least restrictive and nonintrusive forms of intervention required to address problems and accommodate diversity. With respect to concerns about integrating activity, the continuum of community and school interventions underscores that interprogram connections are essential on a daily basis and over time. That is, the continuum must include *subsystems of prevention, systems of early intervention* to address problems as soon after onset as feasible, and a *subsystem of care* for those with chronic and severe problems. And each of these subsystems must be connected seamlessly.

The point is: When the focus is on the concept of *least intervention needed* (rather than LRE) and the concept is approached first from the perspective of need, the primary concern is not about placement, but about a necessary continuum of multifaceted and integrated program's and services for preventing and correcting problems effectively. Moreover, the focus is not just on the individual, but on improving environments so that they do a better job with respect to accounting for individual differences and disabilities. And when the continuum is conceived in terms of integrated *subsystems of prevention* and *early intervention*, as well as a *subsystem of care*, many problems that now require special education can be prevented, thereby ensuring enhanced attention to persons with special needs.

The material presented here was excerpted from work done over the last 40 years.

For the latest look at what needs to happen, see:

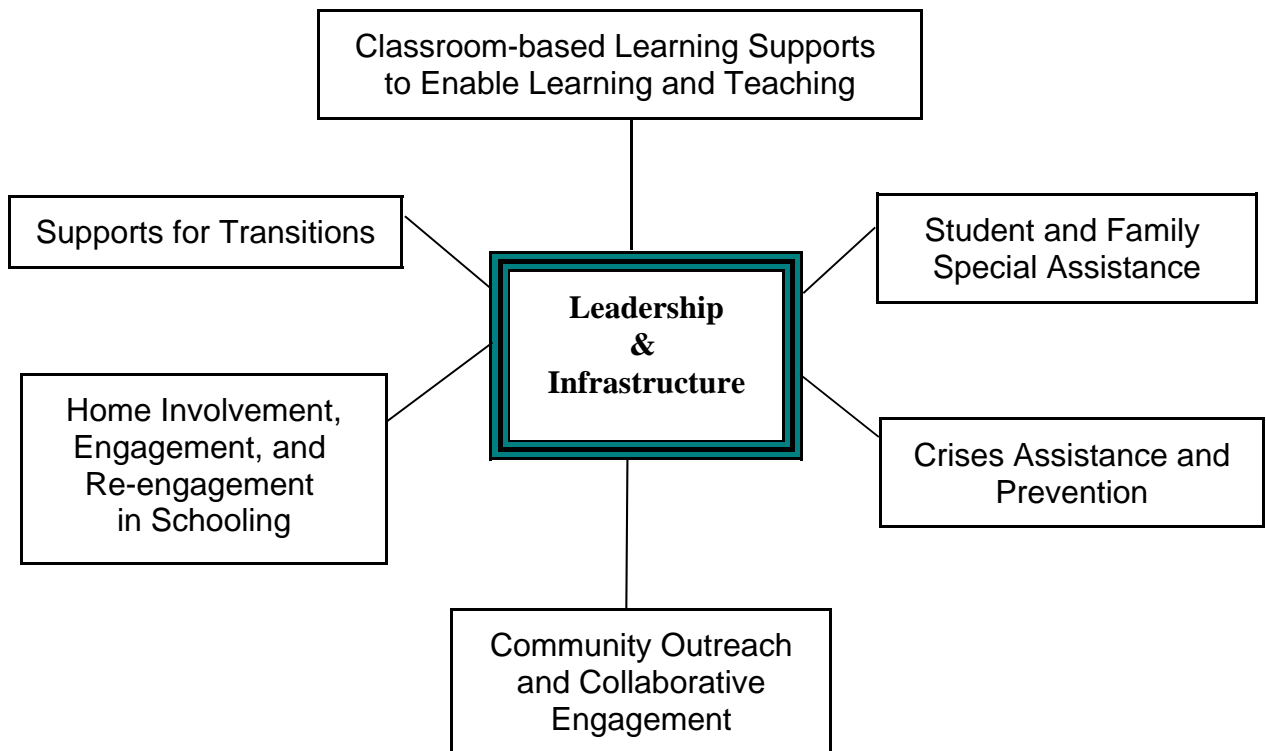
H.S. Adelman & L. Taylor (2015). *Transforming Student and Learning Supports: Developing a Unified, Comprehensive, and Equitable System*. Los Angeles: Center for Mental Health in Schools.
<http://smhp.psych.ucla.edu/pdfdocs/book/book.pdf>

Figure 1

Prototype for Six Content Arena Categorization for a Learning Supports Component

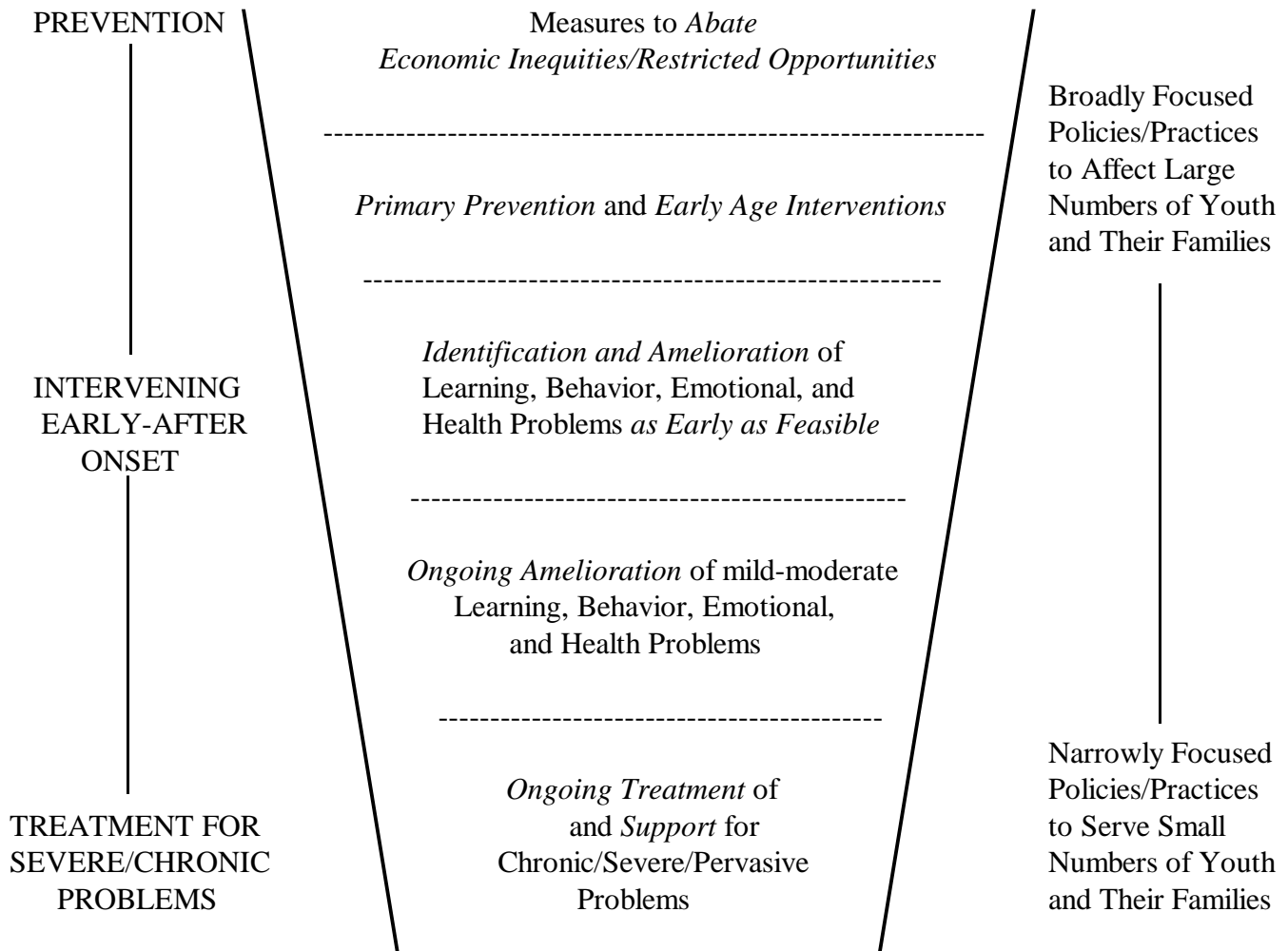
School improvement must include plans to develop a more effective system for directly dealing with factors that keep too many students from succeeding at school and beyond. The first concern is providing a range of supports in the classroom and as necessary outside the classroom so that teachers can enable the learning of students who are not doing well.

Our work over many years stresses that the supports needed cluster into the six content arenas illustrated below. (We think of them as the curriculum of learning supports.)



Note: All categorical programs can be integrated into these six content arenas. Examples of initiatives, programs, and services that can be unified into a comprehensive system of learning supports include positive behavioral supports, programs for safe and drug free schools, programs for social and emotional development and learning, full service community schools and family resource and school based health centers, CDC's Coordinated School Health Program, bi-lingual, cultural, and other diversity programs, compensatory education programs, special education programs, mandates stemming from education legislation, and many more.

Figure 2. Addressing barriers to development, learning, and teaching: A continuum of five fundamental areas for analyzing policy and practice.



From Primary Prevention to Treatment of Serious Problems: A Continuum of Community-School Programs to Address Barriers to Learning and Enhance Healthy Development

Intervention Continuum

Examples of Focus and Types of Intervention (Programs and services aimed at system changes and individual needs)

Primary prevention

1. Public health protection, promotion, and maintenance to foster opportunities, positive development, and wellness
 - economic enhancement of those living in poverty (e.g., work/welfare programs)
 - safety (e.g., instruction, regulations, lead abatement programs)
 - physical and mental health (incl. healthy start initiatives, immunizations, dental care, substance abuse prevention, violence prevention, health/mental health education, sex education and family planning, recreation, social services to access basic living resources, and so forth)
2. Preschool-age support and assistance to enhance health and psychosocial development
 - systems' enhancement through multidisciplinary team work, consultation, and staff development
 - education and social support for parents of preschoolers
 - quality day care
 - quality early education
 - appropriate screening and amelioration of physical and mental health and psychosocial problems

Early-after-onset intervention

3. Early-schooling targeted interventions
 - orientations, welcoming and transition support into school and community life for students and their families (especially immigrants)
 - support and guidance to ameliorate school adjustment problems
 - personalized instruction in the primary grades
 - additional support to address specific learning problems
 - parent involvement in problem solving
 - comprehensive and accessible psychosocial and physical and mental health programs (incl. a focus on community and home violence and other problems identified through community needs assessment)
4. Improvement and augmentation of ongoing regular support
 - enhance systems through multidisciplinary team work, consultation, and staff development
 - preparation and support for school and life transitions
 - teaching "basics" of support and remediation to regular teachers (incl. use of available resource personnel, peer and volunteer support)
 - parent involvement in problem solving
 - resource support for parents-in-need (incl. assistance in finding work, legal aid, ESL and citizenship classes, and so forth)
 - comprehensive and accessible psychosocial and physical and mental health interventions (incl. health and physical education, recreation, violence reduction programs, and so forth)
 - Academic guidance and assistance
 - Emergency and crisis prevention and response mechanisms
5. Other interventions prior to referral for intensive and ongoing targeted treatments
 - enhance systems through multidisciplinary team work, consultation, and staff development
 - short-term specialized interventions (including resource teacher instruction and family mobilization; programs for suicide prevention, pregnant minors, substance abusers, gang members, and other potential dropouts)

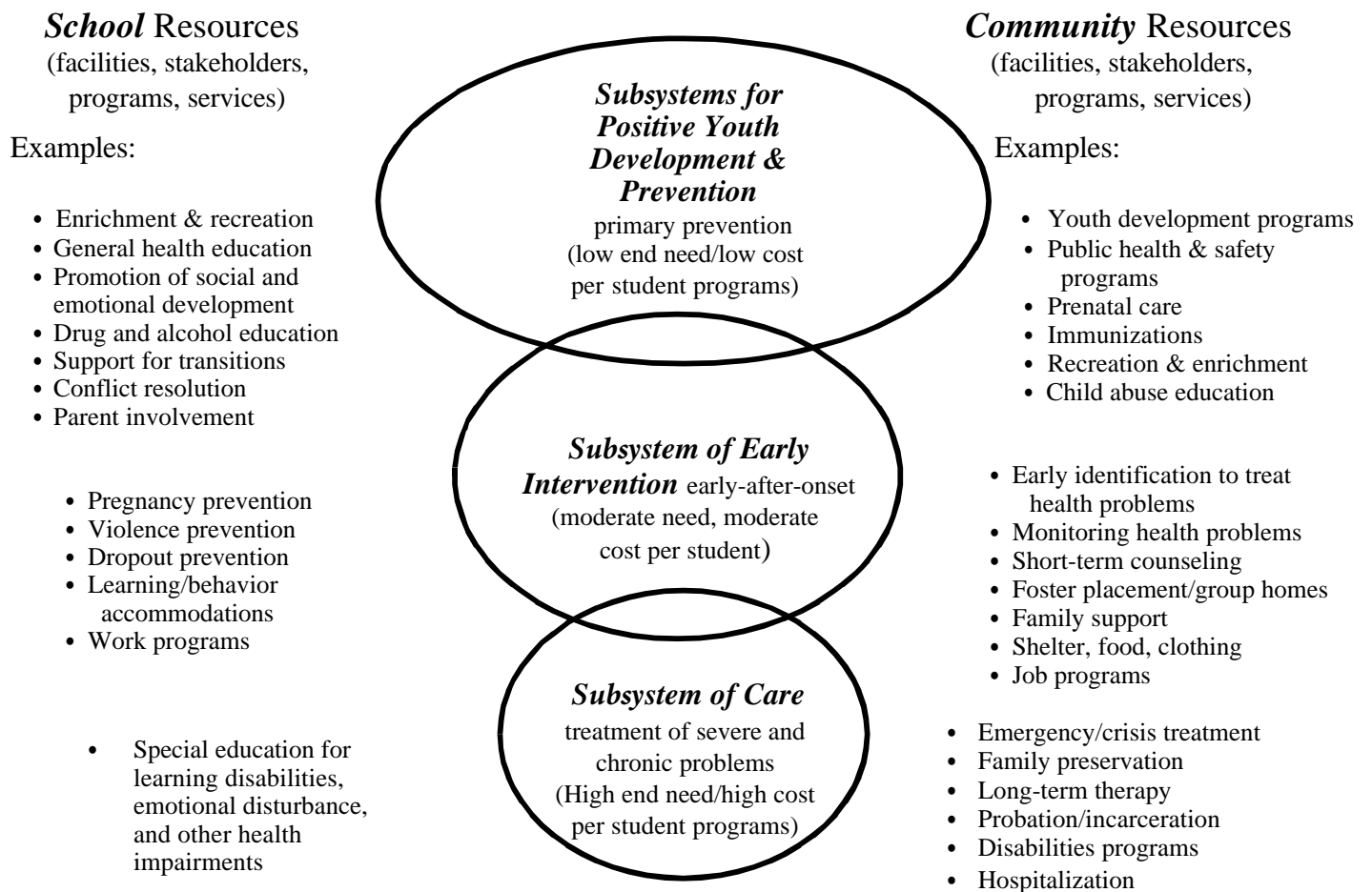
Treatment for severe/chronic problems

6. Intensive treatments
 - referral, triage, placement guidance and assistance, case management, and resource coordination
 - family preservation programs and services
 - special education and rehabilitation
 - dropout recovery and follow-up support
 - services for severe-chronic psychosocial/mental/physical health problems

Figure 4. Interconnected systems for meeting the needs of all students.

Aims: To provide a CONTINUUM OF SCHOOL AND COMMUNITY PROGRAMS & SERVICES. To ensure use of the LEAST INTERVENTION NEEDED.

Figure 1.



II. Inclusion and Prereferral Intervention

A. Least Intervention Needed: Toward Appropriate Inclusion of Students with Special Needs

Society defines what is exceptional or deviant, and appropriate treatments are designed quite as much

“To take care of them” can and should be read with two meanings: to give children help and to exclude them from the community.

Nicholas Hobbs, 1975

Appropriate inclusion of students with special needs begins with ensuring that only those who cannot be helped effectively in the mainstream are referred to special placements.

When data indicate that a person is not making appropriate progress, whatever the cause, the tendency is to consider use of special services and placements. Such a decision often includes the profound move of transferring an individual out of a mainstream setting into a special environment.

The decision usually is based on whether the person's problem is viewed as mild to moderate or severe and pervasive, and whether it is related to learning, behavior, emotional, or physical functioning. Persons with severe and pervasive problems often are placed in specialized treatment settings such as remedial classrooms and institutions. Mild to moderate problems are supposed to be dealt with in mainstream settings -- either through modifying the setting somewhat or adding extra (ancillary) services or both.

Ancillary assistance can involve a variety of interventions: (1) extra instruction such as tutoring, (2) enrichment opportunities such as pursuit of hobbies, arts and crafts, and recreation, (3) psychologically oriented treatments such as individual and family therapy, and (4) biologically oriented treatments such as medication. Placement decisions focus first on major intervention needs, then on which, if any, extra assistance seems indicated. In many cases, decisions about secondary ancillary activity are best made after primary interventions are given an adequate trial and found insufficient.

II. Inclusion and Preferral Intervention

B. Student and Family Special Assistance

From: *Transforming Student and Learning Supports: Developing a Unified, Comprehensive, and Equitable System* (Chapter 9) – <http://smhp.psych.ucla.edu/pdfdocs/book/book.pdf>

Only a small proportion of students requiring special assistance are candidates for special education

Before providing special assistance to a student, the logical first step is to address general factors that may be causing problems. In schools, this first step involves developing the five arenas of learning supports discussed in previous chapters. This can be sufficient for addressing conditions that are affecting a large proportion of students, and this reduces the need for further special attention. A few students, however, will continue to manifest learning, behavior, and emotional problems, and they and their families require extra assistance, perhaps including specialized interventions. Depending on problem severity and pervasiveness, such assistance involves pursuing the sequence and hierarchy of interventions highlighted in Exhibit 9.1 (reproduced from Chapter 4).

SPECIAL ASSISTANCE TO SUPPORT LEARNING AND TEACHING

Most school staff and parents have little difficulty identifying youngsters who manifest problems at school. Given that as much as feasible has been done to provide a range of general learning supports, such students require special assistance. Keep in mind, however, that only a small proportion of these students are candidates for special education diagnosis and programming. Indeed, properly designed and implemented special assistance is intended to reduce unnecessary referrals for special education.

Rethinking special assistance is fundamental in revamping school systems to address the needs of *all* learners and reduce learning problems, misbehavior, suspensions, expulsions, grade retention, and dropouts. As with the other elements of a learning supports system, the aim is to enable learning by improving the match between school interventions and a learner's motivation and capabilities.

Special assistance often is just an extension of general strategies; sometimes, however, more specialized interventions are needed. In either case, a school's process objective is to provide extra support as soon as a need is recognized and in ways that are least disruptive to the student's whole development. Done effectively, special assistance reduces misdiagnoses and unwarranted special education referrals. To these ends, the endeavor reflects aspects of what in the past has been referred to as prereferral intervention and uses Response to Intervention (RtI) as an authentic and multifaceted assessment process. These strategies improve screening and planning and facilitate appropriate decisions about referral for school-based, school-linked, and community-based specialized services. Exhibit 9.2 summarizes, with examples, the array of special assistance.

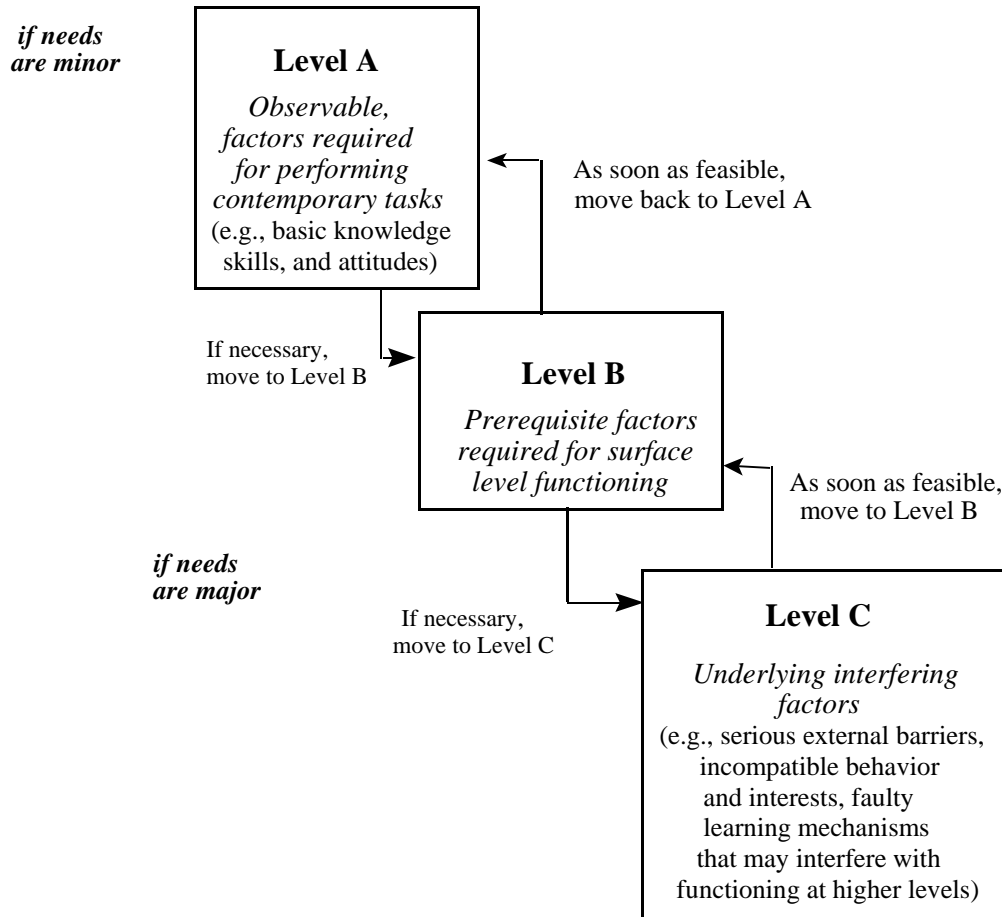
How is Special Assistance Provided Strategically?

Once it is clear that special assistance is required, the focus turns to determining what type of assistance to provide and how to provide it. In making such determinations, all who work with the youngster must take the time to develop (a) an understanding of why the student is having problems, (b) an analysis of the nature and scope of the problems (current weaknesses and limitations, including missing prerequisites and interfering behaviors and attitudes), and (c) an appreciation of his or her strengths (in terms of both motivation and capabilities).

Learning, behavior, and emotional difficulties are commonly associated with motivational problems. Thus, enhancing motivation is always a primary concern. To this end, intensive efforts are immediately required to ensure a student is mobilized to learn and perform. Such efforts include use of a wider range of learning and performance options, individual guidance and support, and appropriate accommodations. Particular attention is paid to minimizing threats to feelings of competence, self-determination, and relatedness to significant others and emphasizing ways to enhance such feelings.

Exhibit 9.1
Sequence and Hierarchy of Special Assistance

Step 2. Best special practices (special assistance, such as remediation, rehabilitation, treatment) are used differentially for minor and severe problems



Note: The concept of using the least intervention necessary to accomplish results applies to decisions about intervening at Levels A, B, or C. The point is to ensure the right amount of assistance is provided so that first and foremost students' needs are addressed. At the same time, the idea is to keep interventions from becoming too life-intrusive and to ensure the costs and benefits are appropriately balanced.

Responses to special assistance are a primary assessment strategy. When motivational considerations are given short shrift, assessments and diagnoses are confounded, and special assistance may just as readily exacerbate as correct a student's problems. When a student's motivation to learn and problem-solve is enhanced, a more valid assessment of special assistance needs and personal strengths is likely. Moreover, among the disengaged, re-engagement enables identification of students misdiagnosed as having internal dysfunctions (e.g., a learning disability, an attention deficit hyperactivity disorder).

Addressing motivational concerns can be sufficient for assisting a large proportion of students and reducing the need for further special attention. A few, however, may continue to manifest learning and behavior problems and require further special assistance, perhaps including specialized practices.

Exhibit 9.2
Array of Special Assistance

<p>Concern</p> <p>To provide student and learning supports as soon as a problem is recognized and to do so in the least disruptive way.</p>	<p>In the Classroom</p> <p>Where feasible, special assistance is implemented in the classroom. This is best accomplished by opening the door to invite in resource and student support staff and volunteers.</p>	<p>Outside the Classroom</p> <p>Outside assistance at school is provided as needed and available. Referrals elsewhere are made when necessary.</p>
<p style="text-align: center;">LEVELS</p>		
<p>Observable Factors Required for Effective Learning at School</p> <p>At this level, the focus remains on <i>directly</i> enabling acquisition of the basic knowledge, skills, and interests related to age-appropriate life and learning tasks (e.g., reading, inter- & intra-personal problem solving). It builds on personalized instruction, encompasses what often is called “prereferral” intervention, and uses accommodations and <i>responses to special assistance</i>.</p>	<p>A basic strategy at this level includes <i>reteaching</i> – but not with the same approach that has failed. Alternative strategies and modification of activities are used to improve the match with the learner’s current levels of motivation and capability. To find the right match, a range of accommodations and technical moves are used to enhance motivation, sensory intake and processing, decision making, and output. Other strategies include problem solving conferences with parents and the student, expanding options and opportunities for decision making, and enhancing protective buffers and resilience.</p>	<p>Examples of interventions at this level include out-of-class tutoring, supportive and stress reduction counseling, parent training related to helping a student learn & perform, health and social services as needed for minor problems, enhancing protective buffers and resilience.</p>
<p>Missing Prerequisites (i.e., the readiness gap)</p> <p>Special assistance at this level focuses on identifying and <i>directly</i> enabling acquisition of developmental and motivational prerequisites (knowledge, skills, attitudes) in order to fill the readiness gap.</p>	<p>The more that a youngster has missed key learning opportunities, the more likely s/he has gaps in the knowledge, skills, and attitudes needed to succeed in the current grade. If the readiness gap is not filled, it grows. Where a readiness gap exists, teaching staff must be able to take the time to address the gap by identifying missing prerequisites and ensuring the student acquire them. Processes are the same as those used in facilitating learning related to current life tasks.</p>	<p>Examples at this level also include tutoring, supportive and stress reduction counseling, parent training, health and social services as needed for mild to moderate problems, and enhancing protective buffers and resilience. Students also may need special counseling to restore feelings of competence, self-determination, and relatedness to significant others.</p>
<p>Underlying Problems and Interfering Factors</p> <p>Special assistance at this level identifies severe and chronic problems (e.g., poor motivation, social and emotional dysfunctioning, faulty learning mechanisms). Then, the focus is on helping students overcome underlying deficiencies by correcting the problems (if feasible) or enabling learning and performance by providing accommodations and teaching strategies for coping and compensating.</p>	<p>Special assistance in the classroom at this level involves assessment of underlying problems and/or serious interfering factors and use of remedial, rehabilitative, and tertiary prevention strategies that are used in conjunction with ongoing personalized instruction.</p>	<p>At this level, the need is for intensive interventions designed to address barriers related to a host of external and internal risk factors and interventions for promoting healthy development (including a focus on resiliency and protective factors).</p> <p>In extreme cases, full time outside interventions may be required for a limited period of time.</p>

Taken as a whole, outcome research on special assistance indicates fewer behavior, emotional, and learning problems, enhanced positive social-emotional functioning, lower rates of unnecessary referral to special education, less visits to hospital emergency rooms, and fewer hospitalizations. Reports also indicate increased attendance, better grades, improved achievement and promotion to the next grade, reduced suspensions and expulsions, fewer dropouts, and increased graduation rates.

About the Sequence and Hierarchy

Proceeding in a sequential and hierarchical way emphasizes using the simplest, most direct, and noninvasive approaches whenever problems appear minor. Levels, sequence, and specific practices are determined initially and on an ongoing basis by assessing a student's responses to special assistance. This is supplemented, as necessary, with more in-depth assessment to determine external and internal factors that are interfering with a student's learning and positive functioning.

While the focus may be on any of the three levels, the sequence and level differ depending on whether students have minor and occasional problems or have severe and pervasive problems. For learners with minor or occasional problems, the initial focus is on directly facilitating learning and performance related to immediate tasks and interests and on expanding the range of interests. The procedures involve (1) continued adaptation of methods to match and enhance levels of motivation and development and (2) reteaching specific skills and knowledge when students have difficulty.

If problems continue, the focus shifts to assessing and developing missing prerequisites (Level B) needed to function at the higher level. The emphasis is on essential "readiness" skills and/or attitudes. Individuals who have not learned to order and sequence events, follow directions, interact positively with peers, and so forth need to develop such skills to succeed at school. Similarly, if students don't see much point in learning the three Rs or other school subjects, motivational readiness must be engendered. As with all intervention, procedures are adapted to improve the match, and reteaching is used when the learner has difficulty. If missing prerequisites are successfully developed, the focus returns to observable factors (Level A).

If help with missing prerequisites (Level B) is not effective, the focus shifts to underlying interfering factors (Level C). Only at this level is the emphasis on factors that may interfere with functioning (i.e., incompatible behaviors and interests and/or dysfunctional learning mechanisms). At this level, intervention stresses intensive and often specialized assistance designed to help individuals overcome underlying problems (e.g., clinical remediation, psychotherapy and behavior change strategies, medical and social services). This level includes

- direct actions to address major external/internal barriers to learning and behaving
- helping students strengthen themselves in areas of weakness or vulnerability
- helping students learn ways to compensate, as necessary, when confronted with barriers or areas of weakness
- using a range of ongoing accommodations, specialized techniques, technology

Because the range of empirically-proven practices is so limited, direct action at this level mainly encompasses a continuous process of trial and appraisal to find the best ways to help. This may involve working with family members, peers, and other school staff – counseling them away from actions that interfere with a student's progress and guiding them to helpful strategies. In pursuing underlying interfering factors, the intent is to move back up the hierarchy as soon as feasible.

Specific objectives at any level are formulated with the student (and key family members) to identify processes and outcomes the student values and perceives as attainable. Interventions are modified based on ongoing dialogues with the student that are informed by analyses of task performance. In the classroom, special assistance is an extension of general efforts to facilitate learning. It is the struggle to find an appropriate match for learners having problems that mainly differentiates special classroom assistance from regular teaching.

Student Motivation Is a Major Consideration at All Times

- Motivation is an antecedent concern affecting intervention. Poor motivational readiness often is (a) a cause of inadequate and problem functioning, (b) a factor maintaining such problems, or (c) both. Thus, strategies are required that reduce avoidance motivation and enhance motivational readiness so that the student is mobilized to participate.
- Motivation is an ongoing process concern. Processes must elicit, enhance, and maintain motivation so that the student stays mobilized (e.g., strategies to counter boredom).
- Enhancing intrinsic motivation is a basic outcome concern. A student may be motivated to work on a problem during an intervention session but not elsewhere. Responding to this concern requires strategies to enhance stable, positive attitudes that mobilize the student to act outside the intervention context and after the intervention is terminated.

Similar motivational considerations arise in providing special assistance to a student's family. And, staff motivation warrants attention as well.

Now that you're in third grade,
how do you like school?



FRAMING AND DESIGNING INTERVENTIONS FOR STUDENT AND FAMILY SPECIAL ASSISTANCE

Exhibit 9.3 offers a prototype framework to help schools plan the many learning support activities related to special assistance. As the Exhibit highlights, special assistance in and out of classrooms encompasses processes for providing all stakeholders with information clarifying available assistance and how to access help, facilitating requests for assistance, identifying and assessing problems, triaging in making referrals, planning and providing direct services, monitoring and managing care, managing resources, and interfacing with community outreach to fill gaps. The work also includes ongoing formative evaluations designed to improve quality, effectiveness, and efficiency.

With specific respect to severe and chronic problems and students mandated for special education programs, special assistance includes connecting what the school offers with whatever is available in the community and facilitating access. In implementing the activity, the emphasis is on enhancing a “system of care” and ensuring the special assistance is integrated with the other facets of the comprehensive system of learning supports.

Exhibit 9.3
Framework for Student and Family Special Assistance

	<i>Venue</i>	
	In the Classroom*	Out of the Classroom**
Activities Using responses to intervention (RtI) to initially identify and triage those who need such assistance		
Conducting additional assessment to the degree necessary – including diagnosis and planning of an Individual education program (IEP) when appropriate		
Providing consultation, triage, and referrals		
Conducting ongoing management of care		
Enhancing special assistance availability and quality		

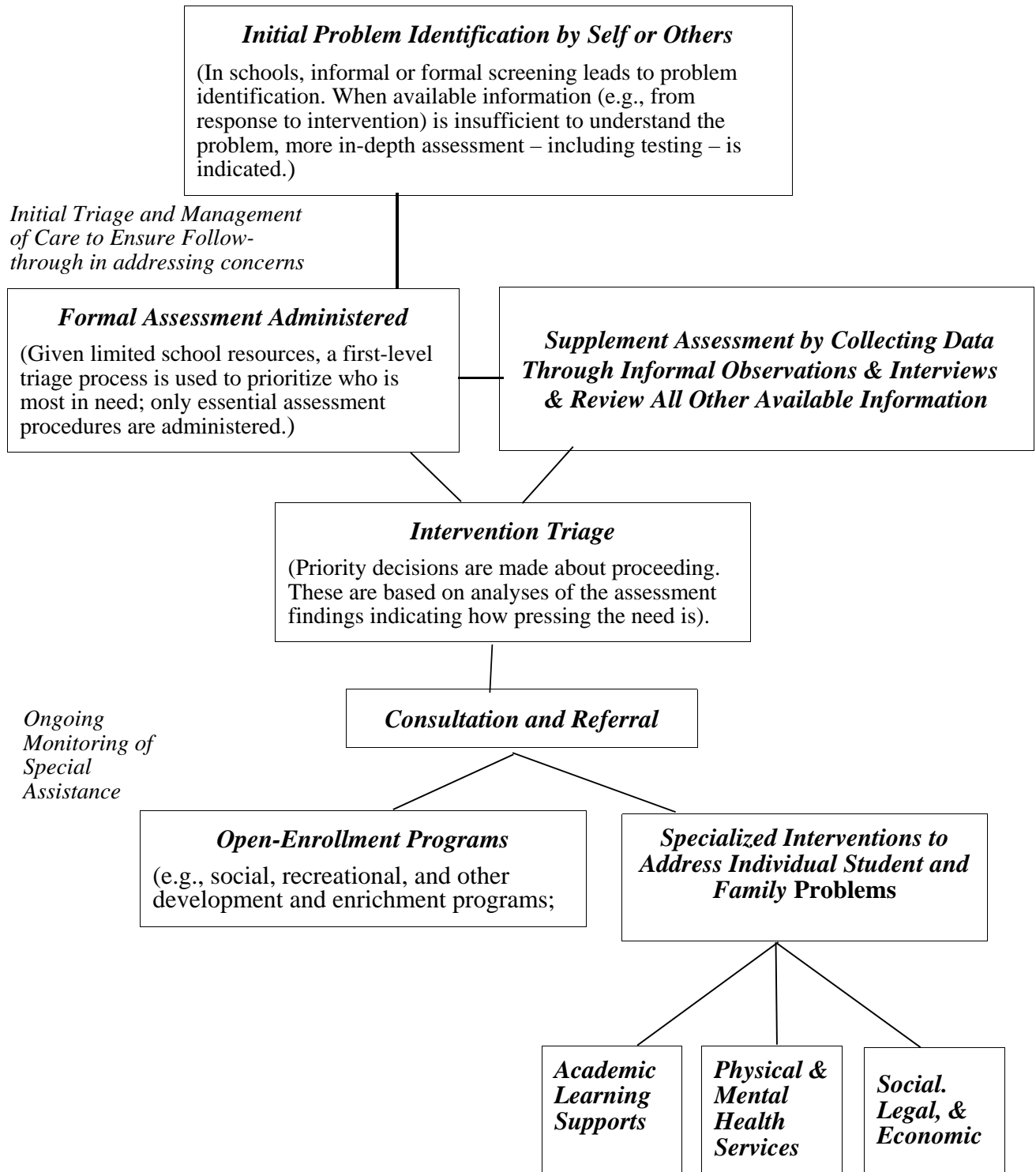
*Provided by the school’s teaching and/or student support staff

**Out of class special assistance may be provided at the school, at a district facility, and/or at a community facility. In some schools, professionals from the community have connected with schools to co-locate their agency services.

Efforts related to problem identification, triage, referral to and management of special assistance require developing and connecting each process systematically. Exhibit 9.4 highlights the connections.

Exhibit 9.4

Processes for Problem Identification, Triage, Referral, & Management of Interventions



Note: Proper application of special assistance involves ongoing assessment, information sharing, and care monitoring and management. These processes can be facilitated by a computerized information management system (with effective privacy safeguards).

WHAT ARE PRIORITIES IN ENHANCING STUDENT AND FAMILY SPECIAL ASSISTANCE?

This chapter along with the self-study survey in Appendix C provide aids for a workgroup charged with conducting a gap analyses and setting priorities related to strengthening special assistance. From our perspective, the overriding priorities are to establish strategies for doing less outside and more inside the classroom.

Doing Less Student and Family Special Assistance Outside the Classroom

Currently, most requests for special assistance outside the classroom ask student support staff (e.g., psychologists, counselors, social workers, nurses) to address specific problems related to individual students and/or their families. Usually, the request is stimulated because a student is manifesting significant learning, behavior, and emotional problems. In some instances, the request is intended to generate an evaluation leading to special education. Indeed, over the years, such requests have led to an exponential escalation in the number of students designated as having a learning disability (LD) or attention deficit hyperactivity disorder (ADHD).

As noted, transformation of student and learning supports aims at preventing and ameliorating many school-related learning, behavior, and emotional problems. The transformation stresses bringing student support staff into classrooms for part of each day so they can play a greater role in limiting the need for out-of-class services. One aim is to reduce the number of students with commonplace problems who are misdiagnosed and assigned to the special education population.

This is not to say that added assistance outside class is unnecessary. The point is to reduce overuse and misuse of specialized services, while maximizing appropriate attention to both external and internal barriers to learning and performance. Examples of appropriate use are cited in Exhibit 9.2.

Doing More Student and Family Special Assistance in the Classroom

Common priorities in enhancing special assistance in classrooms are expanding options, broadening accommodations, taking a comprehensive approach to response to intervention, and enhancing remedial strategies. A few words about each follow.

About Adding Learning Options. Every teacher knows the value of variety. Varied options are especially important in engaging and finding ways to re-engage students with low motivation for or negative attitudes about classroom learning and performance. Before some students will decide to participate in a proactive way, they have to perceive the learning environment as positively different – and quite a bit so – from the one they dislike.

A valued set of options and the opportunity for involvement in decision making helps foster student perceptions of having real choices and being self-determining and can help counter perceptions of coercion and control. Shifting such perceptions can reduce reactive misbehavior and enhance engagement in classroom learning.

Broadening Accommodations. Besides adding options, it is imperative to accommodate a wider range of behavior than usually is tolerated. For instance, classroom environments can be altered to better account for youngsters who are very active and/or distractable. This includes initial easing of certain behavioral expectations and standards for some of these students (e.g., widening limits on acceptable behavior for a time to minimize rule infringement).

Accommodative strategies are intended to enable a student to participate successfully. Such strategies improve the fit between what is expected and what a student values and believes is attainable with appropriate effort (see Exhibit 9.5).

Exhibit 9.5

Examples of Accommodation Recommendations

If students seem easily distracted, the following might be used:

- identify any specific environmental factors that distract students and make appropriate environmental changes
- have students work with a group that is highly task-focused
- let students work in a study carrel or in a space that is “private” and uncluttered
- designate a volunteer to help whenever students becomes distracted and/or start to misbehave, and if necessary, to help them make transitions
- allow for frequent "breaks"
- interact with students in ways that will minimize confusion and distractions (e.g., keep conversations relatively short; talk quietly and slowly; use concrete terms; express warmth and nurturance)

If students need more support and guidance, the following might be used:

- develop and provide sets of specific prompts, multisensory cues, steps, etc. using oral, written, and perhaps pictorial and color-coded guides as organizational aids related to specific learning activities, materials, and daily schedules
- ensure someone checks with students frequently throughout an activity to provide additional support and guidance in concrete ways (e.g., model, demonstrate, coach)
- support student efforts related to self-monitoring and self-evaluation and provide nurturing feedback keyed to student progress and next steps

If students have difficulty finishing tasks as scheduled, try the following:

- modify the length and time demands of assignments and tests
- modify the nature of the process and products (e.g., allow use of technological tools and allow for oral, audio-visual, arts and crafts, graphic, and computer generated products)

As noted, accommodations help establish a good match for learning. For students with significant learning, behavior, and emotional problems, interveners use many special accommodations. In fact, federal law (Section 504 of the Rehabilitation Act of 1973) encourages schools to pursue a range of such accommodations when students’ symptoms significantly interfere with school learning but are not severe enough to qualify them for special education. See the following page for examples of the types of accommodations offered.

(cont.)

Exhibit 9.5 (cont.)

504 Accommodation Checklist

Various organizations concerned with special populations circulate lists of 504 accommodations. The following is one that was downloaded from website of a group concerned with Fetal Alcohol Syndrome (see <http://www.come-over.to/FAS/IDEA504.htm>).

Physical Arrangement of Room

- seating student near the teacher
- seating student near a positive role model
- standing near student when giving directions/presenting lessons
- avoiding distracting stimuli (air conditioner, high traffic area)
- increasing distance between desks

Lesson Presentation

- pairing students to check work
- writing key points on the board
- providing peer tutoring
- providing visual aids, large print, films
- providing peer notetaker
- making sure directions are understood
- including a variety of activities during each lesson
- repeating directions to student after they are given to the class: then have him/her repeat and explain directions to teacher
- providing written outline
- allowing student to tape record lessons
- having child review key points orally
- teaching through multi-sensory modes, visual, auditory, kinesthetics, olfactory
- using computer-assisted instruction
- accompany oral directions with written directions for child to refer to blackboard or paper
- provide model to help students, post the model, refer to it often
- provide cross age peer tutoring
- to assist the student in finding the main idea underlying, highlighting, cue cards, etc.
- breaking longer presentations into shorter segments

Assignments/worksheets

- giving extra time to complete tasks
- simplifying complex directions
- handing worksheets out one at a time
- reducing the reading level of the assignments
- requiring fewer correct responses to achieve grade (quality vs. quantity)
- allowing student to tape record assignments/homework
- providing a structured routine in written form
- providing study skills training/learning strategies
- giving frequent short quizzes and avoiding long tests
- shortening assignments; breaking work into smaller segments
- allowing typewritten or computer printed assignments prepared by the student or dictated by the student and recorded by someone else if needed.
- using self-monitoring devices
- reducing homework assignments
- not grading handwriting
- student not be allowed to use cursive or manuscript writing
- reversals and transpositions of letters and numbers should not be marked wrong, reversals or transpositions should be pointed out for corrections
- do not require lengthy outside reading assignments
- teacher monitor students self-paced assignments (daily, weekly, bi-weekly)

- arrangements for homework assignments to reach home with clear, concise directions
- recognize and give credit for student's oral participation in class

Test Taking

- allowing open book exams
- giving exam orally
- giving take home tests
- using more objective items (fewer essay responses)
- allowing student to give test answers on tape recorder
- giving frequent short quizzes, not long exams
- allowing extra time for exam
- reading test item to student
- avoid placing student under pressure of time or competition

Organization

- providing peer assistance with organizational skills
- assigning volunteer homework buddy
- allowing student to have an extra set of books at home
- sending daily/weekly progress reports home
- developing a reward system for in-schoolwork and homework completion
- providing student with a homework assignment notebook

Behaviors

- use of timers to facilitate task completion
- structure transitional and unstructured times (recess, hallways, lunchroom, locker room, library, assembly, field trips, etc.)
- praising specific behaviors
- using self-monitoring strategies
- giving extra privileges and rewards
- keeping classroom rules simple and clear
- making "prudent use" of negative consequences
- allowing for short breaks between assignments
- cueing student to stay on task (nonverbal signal)
- marking student's correct answers, not his mistakes
- implementing a classroom behavior management system
- allowing student time out of seat to run errands, etc.
- ignoring inappropriate behaviors not drastically outside classroom limits
- allowing legitimate movement
- contracting with the student
- increasing the immediacy of rewards
- implementing time-out procedures

Besides individual accommodations, schools can make changes in how classrooms and instruction are organized. Looping is an example. This strategy involves the teacher moving with students from one grade to the next for one or more years. This accommodation can reduce student apprehension about a new school year and enables schools to provide more time for slower students. And, it ensures more time for relationship building and bonding between teachers and students and teachers and parents and among students. Other examples of procedural changes that can help accommodate a wider range of learner differences in motivation and development include blocking, blending, and flipping instruction and various uses of technology. Both academic and social benefits are reported for such practices.

About Response to Intervention (RtI). As a special assistance approach, RtI becomes a strategy for improving understanding of a student’s problem and what to do about it (see Exhibit 9.6).

Exhibit 9.6

Example of Steps in a Special Assistance Approach to Response to Intervention

- Use individual conferences to find out more about the causes of a student’s problems and what interventions to try.
- Keep the initial focus on building a positive working relationship with the youngster and family.
- Move on to ask about assets (e.g. positive attributes, outside interests, hobbies, what the student likes at school and in class).
- Ask about what the youngster doesn't like at school.
- Explore the reasons for “dislikes” (e.g., Are assignments seen as too hard? as uninteresting? Is the student embarrassed because others will think s/he doesn't have the ability to do assignments? Is the youngster picked on? rejected? alienated?)
- Clarify other likely causal factors.
- Explore what the youngster and those in the home think can be done to make things better (including extra support from a volunteer, a peer, friend, etc.).
- Discuss some new strategies the youngster and those in the home would be *willing* to try to make the situation better.
- Introduce some new learning and enrichment options with an emphasis on those that fit the student’s specific interests and a deemphasis on areas that are not of interest. Analyze the response.
- If peers dislike the student, find ways for the youngster to have special, positive status in class and/or in others arenas around the school/community. (This not only can help counter a negative image among peers, but can reduce behavior problems and alleviate negative feelings about self and others.) Analyze the impact on learning and behavior.
- Enhance use of aides, volunteers, peer tutors/coaches, mentors, those in the home, etc. not only to help support student efforts to learn and perform, but to enhance the student’s social support networks. Analyze the impact on learning and behavior.
- After trying all the above, add some tutoring specifically designed to enhance student engagement in learning and to facilitate learning of specific academic and social skills that are interfering with effective classroom performance and learning.

Over time, staff using RtI acquire an appreciation of what is likely to work with the student and what will not. Only after extensive efforts are pursued and proven unsuccessful in the classroom is it time to seek out-of-classroom support services. And, as such services are added, steps are required to ensure they are coordinated with what is going on in the classroom, school-wide, and at home.

About “Remediation.” Remediation generally is used when students have difficulty learning or retaining what they have learned. Techniques and materials designated as remedial often appear quite different from those used in regular teaching. However, many remedial practices are simply adaptations of regular procedures and draw on general intervention principles and models. This is even the case with some packaged programs and materials especially developed for problem populations.

So what makes remedial instruction different?

The answer involves the following factors:

- *Sequence of application.* Remedial practices are pursued after the best available nonremedial practices prove inadequate.
- *Level of intervention focus.* Specialized psychoeducational procedures to facilitate learning may be applied at any of three levels noted in Exhibit 9.1.
- *Staff competence and time.* Probably the most important feature differentiating remedial from regular practices is the need for a competent professional who has time to provide one-to-one intervention. While special training does not necessarily guarantee such competence, remediation usually is done by staff who have special training. Establishing an appropriate match for learners with problems is difficult and involves a great deal of trial and appraisal. Additional time is essential in developing an understanding of the learner (strengths, weaknesses, limitations, likes, dislikes).
- *Content and outcomes.* Remedial efforts often add other content and outcome objectives to address missing prerequisites, faulty learning mechanisms, or interfering behaviors and attitudes.
- *Instructional and other intervention processes.* Remediation usually stresses an extreme application of instructional principles. Such applications may include reductions in levels of abstraction, intensification of the way stimuli are presented and acted upon, and increases in the amount and consistency of direction and support – including added reliance on other resources in the classroom (e.g., paid aides, resource personnel, volunteers, peer tutors). Use of special settings outside regular classrooms is a last resort.
- *Resource costs.* Because of the factors described above, remediation is more costly than regular teaching (allocations of time, personnel, materials, space, and so forth).
- *Psychological Impact.* The features of remediation are highly visible to students, teachers, and others. Chances are such features are seen as "different" and stigmatizing. Thus, the psychological impact of remediation can have a negative component. The sensitive nature of remediation is another reason it should be implemented only when necessary and in ways that strive to produce positive perceptions all around.

In sum, what makes remedial strategies different is their rationale, the extreme degree and consistency with which they must be applied, and their application on levels of functioning other than current life tasks. What may make a remedial procedure work is that it puts aside practices a student has experienced as ineffective and replaces them with strategies that enhance motivation and match current capabilities.

SPECIAL ASSISTANCE FOR ADDRESSING CHRONIC BEHAVIOR PROBLEMS

As noted in Chapter 4, a comprehensive approach to addressing misbehavior encompasses:

- efforts to prevent and anticipate misbehavior
- actions taken during misbehavior
- steps taken afterwards

However, because of the frequency with which students may be misbehaving, a school's focus usually is on reacting to deviant and devious behavior and ensuring a safe environment. In doing so, teachers and other school staff increasingly have adopted *discipline* and *classroom management* strategies that model behaviors which foster (rather than counter) development of negative values.

With growing awareness of the lack of effectiveness and the negative effects associated with widely used discipline practices, many schools are moving beyond applications of direct punishment. The trend is toward using positive approaches and “logical” and “fair” consequences in dealing with behavior problems.

From both a prevention and correction perspective, advocates for more positive approaches have called for various forms of special student training programs (e.g., *character education*, *emotional "intelligence" training*, positive behavior support initiatives, social skills training, mindfulness training). Besides reducing misbehavior, some of these approaches aim at enhancing personal responsibility (social and moral), integrity, self-regulation/self-discipline, a work ethic, appreciation of diversity, and positive feelings about self and others. Embedded throughout are calls for more home involvement, with emphasis on enhanced parent responsibility for their children's behavior and learning.

Are Special Training Programs the Answer?

Poor social-emotional development clearly is a widely identified concern (a correlate) and contributing factor in a wide range of educational, psychosocial, and mental health problems. Training programs to improve social-emotional learning and interpersonal problem solving are described as having promise both for prevention and correction. Reviewers of research are cautiously optimistic. Conclusions stress that individual studies show effectiveness, but the range of skills acquired remain limited; and so does the generalizability and maintenance of outcomes. This is the case for training of specific skills (e.g., what to say and do in a specific situation), general strategies (e.g., how to generate a wider range of interpersonal problem-solving options), as well as efforts to develop cognitive-affective orientations (e.g., empathy training). What training programs tend to pay insufficient attention to is the role engagement in instruction plays in determining behavior at school.

Addressing Chronic Misbehavior and Engagement as a Special Assistance Priority

Specific discipline practices, training programs, and positive behavior initiatives usually stop short of ensuring the ongoing motivational engagement of students in classroom instruction. Engaging/re-engaging students productively in instruction is key not only to reducing misbehavior but to maintaining positive behavior. And the process requires understanding and addressing the causes of misbehavior, especially underlying motivation. Failure to attend effectively to underlying motivation leads to approaching passive and often hostile students with practices that can instigate and exacerbate problems.

Consider students who spend most of the day trying to avoid all or part of the instructional program. An intrinsic motivational interpretation of the avoidance behavior of many of these youngsters is that it reflects their perception that school is not a place they experience a sense of competence, self-determination, and/or relatedness to significant others. Indeed, too often, the experience results in feelings of incompetence, loss of autonomy, and adverse relationships. Over time, the negative perceptions develop into strong motivational dispositions and related patterns of misbehavior.

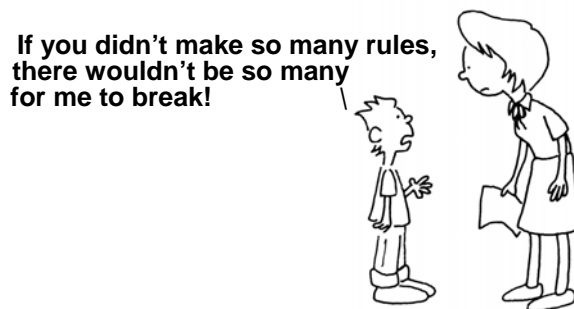
Analyses point to many school conditions that can have a negative impact on a student's motivation. Examples of such conditions include: excessive rules, criticism, and confrontation; processes that the student perceives as unchallenging, uninteresting, over-demanding, or overwhelming; structure that seriously limits options or that is over-controlling and coercive. Misbehavior at school often is reactive to such conditions. That is, individuals can be *expected* to react. This is particularly true for students with learning, behavior, and emotional problems.

So, a great deal of school misbehavior is motivated by students' efforts to cope, defend, avoid, and protest in reaction to aversive experiences (e.g., to protect themselves against situations in which they feel coerced to participate and/or cannot cope effectively). The actions may be direct or indirect and include defiance, physical and psychological withdrawal, and diversionary tactics.

Of course, misbehavior can also reflect *approach motivation*. Noncooperative, disruptive, and aggressive behavior patterns that are *proactive* can feel rewarding and satisfying to a youngster because the behavior itself is exciting or because the behavior leads to desired outcomes (e.g., peer recognition, feelings of competence or autonomy). Intentional negative behavior stemming from approach motivation can be viewed as *pursuit of deviance*.

In addressing students manifesting chronic misbehavior, intrinsic motivational theory suggests different approaches for reactive and proactive actions. In both instances, however, interventions to reduce reactive and proactive behavior problems generally begin with major changes in the school environment that minimize reactivity.

Special assistance for those misbehaving reactively require steps designed to reduce reactance and enhance positive motivation for participating in an intervention. For youngsters highly motivated to pursue deviance (e.g., those who proactively engage in criminal acts), even more is needed. Intervention might focus on helping these youngsters identify and follow through on a range of valued, socially appropriate alternatives to deviant activity. Such alternatives must be capable of producing greater feelings of self-determination, competence, and relatedness than usually result from the youngsters' deviant actions. To these ends, motivational analyses of the problem can point to corrective steps for implementation by teachers, student support staff, other professionals, parents, or students themselves. (For more resources on this, see the Center's Quick Find entitled: *Behavior Problems and Conduct Disorders* at http://smhp.psych.ucla.edu/qf/p3022_01.htm.)



A Cautionary Note about Special Assistance

Too many schools tend to redefine and constrict the curriculum for individuals identified as needing special assistance. For example, remedial programs often focus primarily on students' deficits. Always working on one's problems and trying to catch up can be grueling. It takes tremendous motivation to spend day in and day out mostly working on one's problems. Moreover, restricting opportunities can delay development in areas not included and risks making the whole school experience rather deadening.

CONCLUDING COMMENTS FOR CHAPTER 9

Transforming how schools provide special assistance to students and families is critical for improving student and learning supports and thus is an essential facet of enhancing equity of opportunity. From the school's perspective, the aim is to provide special assistance in ways that increase the likelihood that a student will be more successful at school, while also reducing the need for teachers to seek special programs and services.

Without a systematic approach to special assistance, referral processes become flooded, and the capability of providing effective help for many students with learning, behavior, and emotional problems is undermined. By developing a systematic approach to special assistance, schools can play a greater role in social and emotional development and embrace a holistic and family-centered orientation.

And in a real sense, special assistance as a facet of a unified and comprehensive system of student and learning supports is fundamental to enhancing classroom and school climate and developing a community school.

For more specific examples of ways to enhance *Student and Family Special Assistance*, see the self-study survey in Appendix C. (Also accessible at <http://smhp.psych.ucla.edu/pdfdocs/toolsforpractice/studentfamilysurvey.pdf>)

For Free and Easily Accessed Online Resources Related to *Student and Family Special Assistance*

In the Classroom

See *Enhancing Classroom Approaches for Addressing Barriers to Learning: Classroom-Focused Enabling*

><http://smhp.psych.ucla.edu/pdfdocs/contedu/cfe.pdf>

Out of the Classroom

See our Center's *Practitioner's Tool Box*

><http://smhp.psych.ucla.edu/summit2002/toolbox.htm>

See our Center's Quick Find on *Case/Care Management*

><http://smhp.psych.ucla.edu/qf/casemanagement.htm>

Also see related topics listed on the Quick Find menu

><http://smhp.psych.ucla.edu/quicksearch.htm>

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II. Inclusion and Preferral Intervention

C. A Note about Prereferral Interventions

School violence, poor academic performance, misbehavior in class -- with increasing numbers of students identified as troubled or in trouble, schools must design systems for intervening prior to referral for special assistance. Otherwise, the system will grind to a halt. A *prereferral intervention* process delineates steps and strategies to guide teachers. The following is one example:

- (1) **Formulate an initial description of the problem.**
- (2) **Get the youngster's view of what's wrong and, as feasible, explore the problem with the family.**

As every teacher knows, the causes of learning, behavior, and emotional problems are hard to analyze. What looks like a learning disability or an attentional problem may be emotionally-based. Misbehavior often arises in reaction to learning difficulties. What appears as a school problem may be the result of problems at home. The following are some things to consider in seeking more information about what may be causing a youngster's problem.

- (a) Through enhanced personal contacts, build a positive working relationship with the youngster and family.
- (b) Focus first on assets (e.g. positive attributes, outside interests, hobbies, what the youngster likes at school and in class).
- (c) Ask about what the youngster doesn't like at school.
- (d) Explore the reasons for "dislikes" (e.g., Are assignments seen as too hard? as uninteresting? Is the youngster embarrassed because others will think s/he does not have the ability to do assignments? Is the youngster picked on? rejected? alienated?)
- (e) Explore other possible causal factors.
- (f) Explore what the youngster and those in the home think can be done to make things better (including extra support from a volunteer, a peer, friend, etc.).
- (g) Discuss some new things the youngster and those in the home would be *willing* to try to make the situation better.

Prereferral Interventions Some Things to Try

- Make changes to (a) improve the match between a youngster's program and his/her interests and capabilities and (b) try to find ways for her/him to have a special, positive status in class, at the school, and in the community. Talk and work with other staff in developing ideas along these lines.
- Add resources for extra support (aide, volunteers, peer tutors) to help the youngster's efforts to learn and perform. Create time to interact and relate with the youngster as an individual.
- Discuss with the youngster (and those in the home) why the problems are occurring.
- Specifically focus on exploring matters with the youngster that will suggest ways to enhance positive motivation.
- Change aspects of the program (e.g., materials, environment) to provide a better match with his/her interests and skills
- Provide enrichment options (in and out of class)
- Use resources such as volunteers, aides, and peers to enhance the youngster's social support network
- Specifically focus on exploring ways those in the home can enhance their problem-solving efforts.
- If necessary include other staff (e.g., counselor, principal) in a special discussion with the youngster exploring reasons for the problem and ways to enhance positive involvement at school and in class.

- (3) **Try new strategies in the classroom** -- based on the best information about what is causing the problem.
- (4) **If the new strategies don't work, talk to others** at school to learn about approaches they find helpful (e.g., reach out for support/mentoring/coaching, participate with others in clusters and teams, observe how others teach in ways that effectively address differences in motivation and capability, request additional staff development on working with such youngsters).
- (5) **If necessary, use the school's referral processes** to ask for additional support services.
- (6) **Work with referral resources to coordinate your efforts with theirs** for classroom success.

III. How Response to Intervention Fits

A. Response to Intervention

Response to Intervention is finding its way into schools with a significant push from the federal government. Properly conceived and implemented, the strategy is expected to improve the learning opportunities for many students and reduce the number who are *inappropriately* diagnosed with learning disabilities and behavioral disorders.

The approach overlaps ideas about pre-referral interventions but is intended to be more systematically implemented with special attention to enhancing teacher capability to carry out "well-designed and well-implemented early intervention." The aim also is to improve assessment for determining whether more intensive and perhaps specialized assistance and diagnosis are required. (It is important to emphasize that the tactic involves specific and well-monitored plans for "identified" students and is not to be used as a delaying tactic related to getting students the interventions they need.)

Response to Intervention has the potential to build teacher capacity so that similar problems are prevented in the future. Implied in all this is that someone is working to ensure (1) classroom teachers have or are learning how to implement "well-designed early intervention" in the classroom, and (2) support staff are learning how to play a role, sometimes directly in the classroom, to expand the intervention strategies if needed.

The Process

Response to Intervention calls for making changes in the classroom designed to improve the student's learning and behavior as soon as problems are noted and using the student's response to such modifications as info for making further changes if needed. The process continues until it is evident that it cannot be resolved through classroom changes alone.

Through this sequential approach, students who have not responded sufficiently to the regular classroom interventions would next receive supportive assistance designed to help them remain in the regular program, and only when all this is found not to be sufficiently effective would there be a referral for special education assessment. (If the problem proves to be severe and disruptive, an alternative setting may be necessary on a temporary basis to provide more intensive and specialized assessments and assistance.)

A core difficulty here is that of mobilizing unmotivated students (and particularly those who have become actively disengaged from classroom instruction). If motivational considerations are not effectively addressed, there is no way to validly assess whether or not a student has a true disability or disorder.

The Intervention Context

If Response to Intervention is treated simply as a matter of providing more and better instruction, it is unlikely to be effective for a great many students. However, if the strategies are understood broadly and as part and parcel of a comprehensive system of classroom and school-wide learning supports, schools will be in a position not only to address problems effectively early after their onset, but will prevent many from occurring. Such a broad-based system is needed to reduce learning, behavior, and emotional problems, promote social/emotional development, and effectively reengage students in classroom learning. This will not only reduce the numbers who are inappropriately referred for special education or specialized services, it also will enhance attendance, reduce misbehavior, close the achievement gap, and enhance graduation rates.

Devising Practices

Response to Intervention is currently being operationalized across the country. While there will be variability in practice, the tendency is to proceed as if all that is needed is more and better instruction. Clearly, this is necessary. And, the emphasis needs to go beyond direct instruction. The key is truly personalized instruction (see below). And, because the context for this is a school, instruction must be supported by school-wide interventions focusing on enhancing supports for transitions and crisis events and home and community involvement.

But, there will be students for whom all this is insufficient. In such cases, some other forms of supportive assistance must be added to the mix – inside and, as necessary, outside the classroom. Referral for special education assessment only comes after all this is found inadequate.

To spell out the classroom-based approach a bit:

Step 1 involves *personalizing instruction*. The intent is to ensure a student *perceives* instructional processes, content, and outcomes as a good match with his or her interests and capabilities.

The first emphasis is on *motivation*. Thus:

Step 1a stresses use of motivation-oriented strategies to (re)engage the student in classroom instruction. This step draws on the broad science-base related to human motivation, with special attention paid to research on intrinsic motivation and psychological reactance. The aim is to enhance student perceptions of significant options and involvement in decision making.

The next concern is *developmental capabilities*. Thus:

Step 1b stresses use of teaching strategies that account for current knowledge and skills. In this respect, the emphasis on tutoring (designated as “Supplemental Services” in Title I) can be useful if the student perceives the tutoring as a good fit for learning.

Then, if necessary, the focus expands to encompass *special assistance*. Thus:

Step 2 stresses use of special assistance strategies to address any major barriers to learning and teaching, with an emphasis on the principle of using the least intervention needed (i.e., doing what is needed, but no more than that). In this respect, the range of strategies referred to as “Prereferral Interventions” and the programs and services that constitute student/learning supports are of considerable importance. (Again, the impact depends on the student’s perception of how well an intervention fits his or her needs.)

Note: See previous section on *prereferral interventions* re. identifying regular classroom problems, identifying the source of the problems (student, teacher, curriculum, environment, etc.), and taking steps to resolve the problems within the regular classroom.

III. How Response to Intervention Fits

B. Center Resources on Response to Intervention

>*RTI and Classroom & Schoolwide Learning Supports:
A Guide for Teachers and Learning Supports Staff*

<http://smhp.psych.ucla.edu/pdfdocs/rtiguide.pdf>

This guide is designed to broaden perspectives about response to intervention, provide frameworks for contextualizing the work in classrooms and school-wide, and generally enhance practices. It is divided into the following units:

- I. Framing Response to Intervention in the Classroom
- II. Pursuing Response to Intervention Sequentially and Effectively
- III. Pursuing Response to Intervention as One Strategy in a Comprehensive System of Student and Learning Supports

>*Implementing Response to Intervention in Context*

<http://smhp.psych.ucla.edu/pdfdocs/implementingrti.pdf>

Response to intervention is meant to be broad-based and preventative. However, as formulated and practiced the approach often is too limited in how it frames how to enable learning, engage students, and keep them engaged. In particular, it pays too little attention to the need to strengthen the classroom and school-wide context in ways that enhance the effectiveness of response to intervention. This brief highlights ways to transform the context for implementing response to intervention. The emphasis is on a sequential classroom approach that personalizes instruction, then, if necessary, pursues specialized interventions in a hierarchical manner. Moreover, classroom interventions are understood as embedded in a comprehensive and systemic schoolwide framework for addressing barriers to learning and teaching and re-engaging disconnected students.

>*RTI and Classroom & Schoolwide Learning Supports: Modules for Continuing Education*

Unit I: Response to Intervention: Improving Conditions for Learning in the Classroom

<http://smhp.psych.ucla.edu/pdfdocs/rtii.pdf>

Unit II: Implementing Response to Intervention Sequentially & Effectively

<http://smhp.psych.ucla.edu/pdfdocs/rtiii.pdf>

Unit III. Response to Intervention: Beyond Personalization

<http://smhp.psych.ucla.edu/pdfdocs/rtiii.pdf>

Unit IV: Pursuing Response to Intervention as One Strategy in a
Comprehensive System of Student and Learning Supports

<http://smhp.psych.ucla.edu/pdfdocs/rtiiv.pdf>

For additional resources from our center and links to other online resources, see our online clearinghouse Quick Finds on:

>*Response to Intervention* – <http://smhp.psych.ucla.edu/qf/responsetointervention.htm>

>*Classroom Focused Learning Supports* – <http://smhp.psych.ucla.edu/qf/classenable.htm>

>*Engagement/Motivation* – <http://smhp.psych.ucla.edu/qf/motiv.htm>

And, for even more, go to our continuing education modules on:

>*Enhancing Classroom Approaches for Addressing Barriers to Learning:
Classroom-Focused Enabling*

<http://smhp.psych.ucla.edu/pdfdocs/contedu/cfe.pdf>

Finally, note that several of the Center's **Practice Notes** are relevant to this matter and refer to additional resources.

III. How Response to Intervention Fits

C. A Note on the Relationship of Response to Intervention and Systems of Learning Supports

The IDEA calls for what has been dubbed a "Response to Intervention" (RtI) approach. The intent is to use "well-designed and well-implemented early intervention" in the regular classroom as a way to deal with a student's problems and enhance the assessment of whether more intensive and perhaps specialized assistance (and perhaps diagnosis) is required. That is, the process calls for making changes in the classroom designed to improve the student's learning and behavior as soon as problems are noted and using the student's response to such modifications as info for making further changes if needed. The process continues until it is evident that it cannot be resolved through classroom changes alone.

The approach overlaps ideas about pre-referral interventions but is intended to be more systematically implemented with special attention to enhancing teacher capability to carry out "well-designed and well-implemented early intervention." This approach is meant to minimize inappropriate identification of students who don't need expensive special education. (And, of course, no one wants to misidentify or misprescribe because to do so has many negative consequences.) It also has the potential to build teacher capacity so that similar problems are prevented in the future. (It is important to emphasize that the approach involves specific plans for the "identified" students that are monitored with the teacher and that the approach is absolutely not a delaying tactic in getting students the interventions they need.)

Through this sequential approach, students who have not responded sufficiently to the regular classroom interventions would next receive supportive assistance designed to help them remain in the regular program, and only when all this is found not to be sufficiently effective would there be a referral for special education assessment. (If the problem proves to be severe and disruptive, an alternative setting may be necessary on a temporary basis to provide more intensive and specialized assessments and assistance.)

Implied in all this is that someone is working to ensure (1) classroom teachers have or are learning how to implement "well-designed early intervention" in the classroom, and (2) support staff are learning how to play a role, sometimes directly in the classroom, to expand the intervention strategies if needed. A core difficulty here is that of mobilizing unmotivated students (and particularly those who have become actively disengaged from classroom instruction). If motivational considerations are not effectively addressed, there is no way to validly assess whether or not a student has a true disability or disorder.

From this perspective, if RtI is treated simply as a problem of providing more and better instruction (e.g., the type of direct instruction described by the National Reading Panel sponsored by NICHD), it is unlikely to be effective for a great many students. However, if RtI is understood to be part and parcel of a comprehensive system of classroom and school-wide learning supports, schools will be in a position not only to address problems effectively early after their onset, but will prevent many from occurring.

By themselves, RtI strategies, especially if narrowly conceived, do not address major barriers to student learning. Such strategies must be broadly conceived and embedded in a comprehensive system of learning supports if they are to significantly reduce learning, behavior, and emotional problems, promote social/emotional development, and effectively re-engage students in classroom learning. This will not only reduce the numbers who are inappropriately referred for special education or specialized services, it also will enhance attendance, reduce misbehavior, close the achievement gap, and enhance graduation rates.

III. How Response to Intervention Fits

D. A Note about Positive Behavioral Interventions and Supports

Teachers in too many schools are confronted with too many students who have become disengaged from classroom learning. Re-engagement in classroom learning is the key to maintaining positive behavior.

One reaction to all the negative approaches to discipline has been the development of initiatives for using positive behavioral interventions and supports. For various reasons, the first such initiatives came from special education. As noted by the U.S. Department of Education:

“Students who receive special education as a result of behavior problems must have individualized education programs that include behavior goals, objectives, and intervention plans. While current laws driving special education do not require specific procedures and plans for these students, it is recommended that their IEPs be based on functional behavioral assessments and include proactive positive behavioral interventions and supports (PBS).”

PBS encompasses a range of interventions that are implemented in a systematic manner based on a student’s demonstrated level of need. It is supposed to address factors in the environment that are relevant to the causes and correction of behavior problems.

While the focus was first on special education, the initiative has expanded into school-wide applications of behavioral techniques, with an emphasis on teaching specific social skills. Here is how the U.S. Department of Education emphasizes use of School-Wide Positive Behavioral Support (PBS) including universal, group, and individual interventions.

“In the past, school-wide discipline has focused mainly on reacting to specific student misbehavior by implementing punishment-based strategies including reprimands, loss of privileges, office referrals, suspensions, and expulsions. Research has shown that the implementation of punishment, especially when it is used inconsistently and in the absence of other positive strategies, is ineffective. Introducing, modeling, and reinforcing positive social behavior is an important part of a student’s educational experience. Teaching behavioral expectations and rewarding students for following them is a much more positive approach than waiting for misbehavior to occur before responding.”

“The purpose of school-wide PBS is to establish a climate in which appropriate behavior is the norm. A major advance in school-wide discipline is the emphasis on school-wide systems of support that include proactive strategies for defining, teaching, and supporting appropriate student behaviors to create positive school environments. Instead of using a patchwork of individual behavioral management plans, a continuum of positive behavior support for all students within a school is implemented in areas including the classroom and nonclassroom settings (such as hallways, restrooms). ... Attention is focused on creating and sustaining primary (school-wide), secondary (classroom), and tertiary (individual) systems of support that improve lifestyle results (personal, health, social, family, work, recreation) for all children and youth by making problem behavior less effective, efficient, and relevant, and desired behavior more functional. ... All effective school-wide systems have seven major components in common a) an agreed upon and common approach to discipline, b) a positive statement of purpose, c) a small number of positively stated expectations for all students and staff, d) procedures for teaching these expectations to students, e) a continuum of procedures for encouraging displays and maintenance of these expectations, f) a continuum of procedures for discouraging displays of rule-violating behavior, and g) procedures for monitoring and evaluation the effectiveness of the discipline system on a regular and frequent basis.”

Beyond Social Control: Focusing on Disengagement and Re-engagement

The move from punishment to positive approaches is a welcome one. However, too often, application of interventions focused mainly on ending misbehavior do not focus enough on a basic system failure that must be addressed if improved behavior is to be maintained. That is, they ignore the underlying motivational bases for the misbehavior and they pay too little attention to helping teachers re-engage students in classroom learning.

Students not engaged in the lessons at hand tend to pursue other activity. As teachers and other staff try to cope with that segment that is disruptive, their main concern usually is “classroom management.” Currently, this is likely to emphasize providing “positive behavior supports” in and out-of-the-classroom.

While minimizing punishment, these approaches still encompass social control strategies aimed directly at stopping disruptive behavior. An often stated assumption is that stopping the behavior will make students amenable to teaching. In a few cases, this may be so. However, the assumption ignores the likelihood of psychological reactance and the need to restore an individual’s sense of self-determination. Moreover, it belies the reality that so many students continue to manifest poor academic achievement and the staggering dropout rates in too many schools.

In most cases, the greatest consideration shouldn’t be social control. What teachers need even more are ways to re-engage students who have become disengaged and resistant to standard instruction. Despite this need, strategies that have the greatest likelihood of re-engaging students in learning rarely are a prominent part of pre or in-service preparation. And, such strategies seldom are the focus of interventions applied by professionals whose role is to support teachers and students. To correct these deficiencies, we suggest that intervention thinking must move toward practices that embrace an expanded view of engagement and motivation.

Students who are intrinsically motivated to learn at school seek out opportunities and challenges and go beyond requirements. In doing so, they learn more and learn more deeply than do classmates who are extrinsically motivated. Facilitating the learning of such students is a fairly straightforward matter and fits well with school improvements that primarily emphasize enhancing instructional practices. The focus is on helping establish ways for students who are motivationally ready and able to achieve and, of course, to maintain and enhance their motivation. The process involves knowing when, how, and what to teach and also knowing when and how to structure the situation so they can learn on their own.

In contrast, students who manifest learning, behavior, and/or emotional problems may have developed extremely negative perceptions of teachers and programs. In such cases, they are not likely to be open to people and activities that look like “the same old thing.” Major changes in approach are required if the youngster is even to perceive that something has changed in the situation. Minimally, exceptional efforts must be made to have them (1) view the teacher and other interveners as supportive (rather than controlling and indifferent) and (2) perceive content, outcomes, and activity options as personally valuable and obtainable. Thus, any effort to re-engage disengaged students must begin by addressing negative perceptions. School support staff and teachers must work together to reverse conditions that led to such perceptions.

Many individuals with learning problems also are described as hyperactive, distractable, impulsive, behavior disordered, and so forth. Their behavior patterns are seen as interfering with efforts to remedy their learning problems. Although motivation has always been a concern to those who work with learning and behavior problems, the emphasis in handling these interfering behaviors usually is on using extrinsics as part of efforts to directly control and/or in conjunction with direct skill instruction. For example, interventions are designed to improve impulse control, perseverance, selective and sustained attention, frustration tolerance, follow-through, and social awareness and skills. In all cases, the emphasis is on reducing or eliminating interfering behaviors, usually with the presumption that then the student will re-engage in learning. However, there is little evidence that these strategies enhance a student’s motivation toward classroom learning.

Psychological scholarship over the last forty or so years has brought renewed attention to motivation as a central concept in understanding learning and attention problems. This work is just beginning to find its way into applied fields and programs. One line of theory and research has emphasized the relationship of learning and behavior problems to deficiencies in intrinsic motivation. This work clarifies the value of interventions designed to increase

- feelings of self-determination
- feelings of competence and expectations of success
- feelings of interpersonal relatedness
- the range of interests and satisfactions related to learning.

Increasing intrinsic motivation involves affecting a student's thoughts, feelings, and decisions. In general, the intent is to use procedures that can potentially reduce negative and increase positive feelings, thoughts, and coping strategies with respect to learning. For learning and behavior problems, in particular, this means identifying and minimizing experiences that maintain or may increase avoidance motivation.

Activities to correct deficiencies in intrinsic motivation are directed at improving awareness of personal motives and true capabilities, learning to set valued and appropriate goals, learning to value and to make appropriate and satisfying choices, and learning to value and accept responsibility for choice.

Whatever the initial cause of someone's learning and behavior problems, the longer the individual has lived with such problems, the more likely s/he will have negative feelings and thoughts about instruction, teachers, and schools. The feelings include anxiety, fear, frustration, and anger. The thoughts may include expectations of failure and vulnerability and low valuing of many learning "opportunities." Such thoughts and feelings can result in avoidance motivation or low motivation for learning and performing in many areas of schooling. Low motivation leads to half-hearted effort. Avoidance motivation leads to avoidance behaviors. Individuals with avoidance and low motivation often also are attracted to socially disapproved activity.

It remains tempting to focus directly on student misbehavior. And, in doing so, it is heartening to see the shift from negative to positive strategies in addressing unwanted behavior. However, as long as factors that lead to disengagement are left unaffected, we risk perpetuating the phenomenon that William Ryan identified as Blaming the Victim.

From an intervention perspective, the point for emphasis is that engaging and re-engaging students in classroom learning involves matching motivation. Matching motivation requires factoring in students' perceptions in determining the right mix of intrinsic and extrinsic reasons. It also requires understanding the key role played by expectations related to outcome. Without a good match, social control strategies can suppress negative attitudes and behaviors, but re-engagement in classroom learning is unlikely.

III. How Response to Intervention Fits

E. Worksheet: Exploring Some Broad Implications of Inclusion for Pupil Personnel Staff

Area of School Concern	Additional Concerns Related to Inclusion (increased need for addressing expanded range of individual differences and problems)	Implications for staffing
Classroom-Focused Learning Supports	<p>Expanded attention to capacity-building of teachers, paraeducators, volunteers, etc. so that classrooms are better equipped to provide personalized instruction and address problems in a caring manner.</p> <p>Examples of added concerns</p> <ul style="list-style-type: none"> • understanding the nature of specific disabilities • creating small classes within big ones • in-class academic assistance and support/guidance for students • social support mechanisms • strategies for responding to group dynamics and interpersonal conflicts • advocacy for individual students • authentic assessment 	
Crisis response/prevention	<p>Expanded attention in <i>planning</i> to address special needs of disabled students and <i>capacity-building</i> of crisis response personnel so they are better equipped to provide <i>support and guidance during a crisis, will appropriately follow-up</i> afterwards, and will design prevention efforts that account for students with disabilities.</p> <p>Examples of added concerns</p> <ul style="list-style-type: none"> • understanding the nature of specific disabilities • integrating various policies and implementation plans • planning for additional supports both during crises and for follow-up debriefing and care • modifying prevention strategies to accommodate full range of students (e.g., human relations and mediation programs) 	

<p>Supports for Transitions</p>	<p>Expanded attention in <i>planning</i> to address special needs of disabled students and <i>capacity-building</i> of those providing transition activities so they are better equipped to account for students with disabilities.</p> <p>Examples of added concerns</p> <ul style="list-style-type: none"> • understanding the nature of specific disabilities • having appropriate social support and physical accommodations as the student(s) make any transition into a new program, activity, or setting, and go one difficult task to another (included here are concerns about going to and from school, recreation and enrichment opportunities) • restoring any needed services that may be lost in moving from special education to regular classes and applying 504 accommodations • school to work/career options 	
<p>Home Involvement and engagement in Schooling</p>	<p>Expanded attention in <i>planning</i> to address special needs of disabled students and <i>capacity-building</i> of those providing home involvement activities so they are better equipped to account for students with disabilities and their families.</p> <p>Examples of added concerns</p> <ul style="list-style-type: none"> • understanding the nature of specific disabilities and its impact on families • Modifications of homework • additional ways home can support school's efforts with youngster • education programs for those in the home (including siblings) so they can better support youngster's development and functioning • mutual support and respite programs for family members 	

<p>Student and Family Assistance</p>	<p>Expanded attention in <i>Planning</i> to provide services needed by disabled students and their family and for <i>capacity-building</i> of those providing such services.</p> <p>Examples of added concerns</p> <ul style="list-style-type: none"> • understanding the nature of specific disabilities and its impact on families • ensuring referral systems are in place and not Misused • ensuring all interventions are coordinated and that there is effective management of care for 0 clients ('including participation in systems of care initiatives) • expanding the range of school-based and school-Linked services 	
<p>Community Involvement and engagement (including volunteers)</p>	<p>Expanded attention 'in <i>planning</i> to involve community resources needed by disabled students and their family and for <i>capacity--building</i> of those 'involved.</p> <p>Examples of added concerns</p> <ul style="list-style-type: none"> • understanding the nature of specific disabilities and its impact on families • recruiting businesses that will include students with disabilities 'in mentoring and job opportunities • outreach to agencies and other resources to encourage their accommodation of students with disabilities • recruitment of parent volunteers and others who understand and want to work with students with disabilities 	



IV. A Quick Review of Some Basic Resources

- A. Selected References
- B. Agencies, Organizations and Internet Sites
- C. Quick Find: Individuals with Disabilities
Education Act/Accommodation/Inclusion

IV. A Quick Overview of Some Basic Resources

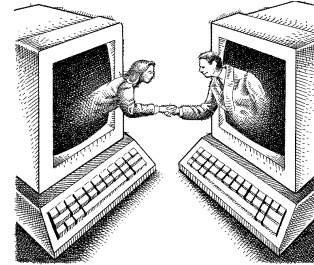
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IV. A Quick Overview of Some Basic Resources

B. Agencies, Organizations, and Internet Sites Specializing in Assistance Related to Transition, Inclusion, and Mainstreaming

There are many agencies and organizations that help and advocate for those with disabilities. The following is a list of online advocacy, agencies, organizations and sites that offer information and resources related to special education in general, and, in some cases, to inclusion specifically. This list is not a comprehensive list, but is meant to highlight some premier resources and serve as a beginning for your search.



The Internet is a useful tool for finding some basic resources. For a start, try using a search engine such as Yahoo and typing in the words “inclusion”, “mainstreaming” or “inclusion and learning disabilities”. “Transition” is probably too general. Frequently if you find one useful Webpage it will have links to other organizations with similar topics of research.

Adolescent Health Transition Project – <http://depts.washington.edu/healthtr/>

American Foundation for the Blind (AFB) – <http://www.afb.org>

Center for Effective Collaboration and Practice -- <http://cecp.air.org/>

Center for Parent Information and Resources (CPIR) –

<http://www.parentcenterhub.org/nichcy-gone/>

[Contains the materials from the National Information Center for Children and Youth with Disabilities (NICHCY) whose funding ended in 2014]

Center for Special Education Finance (CSEF)/ The Special Education Expenditure Project
<http://csef.air.org>

Higher Education and the Handicapped (HEATH) Resource Center –
<http://www.heath.gwu.edu/>

Inclusion Press International – <http://www.Inclusion.com/>

Laurent Clerc National Deaf Education Center – <http://clerccenter.gallaudet.edu/>

Learning Disabilities of America (LDA) – <http://www.ldanatl.org>

National Association for Down Syndrome – <http://www.nads.org>

National Association of State Directors of Special Education – <http://www.nasdse.org>

National Center on Secondary Education & Transition (NCSET) – <http://www.ncset.org>

National Early Childhood Technical Assistance Center (NECTAS) -- <http://www.nectac.org>

National Information Clearinghouse on Children who are Deaf-Blind (DB-Link) – <http://www.tr.wou.edu/dblink/>

National Resource Center (NRC) – <http://thechp.syr.edu/nrc.html>

Parents Engaged in Education Reform (PEER) Project – <http://www.fcsn.org/peer/home.htm>

Special Education Law and Advocacy – <http://www.wrightslaw.com/>

Teaching LD – <http://www.teachingld.org/>

Parent Technical Assistance Centers

<http://www.parentcenterhub.org/ptacs/>

There are 6 Regional Parent Technical Assistance Centers (also called regional PTACs or RPTACs), one for each region of the country. The PTACs help the Parent Centers in their regions build capacity to provide information and training to families of children with disabilities and to manage the administrative challenges of running a Parent Center.

There are also 3 National Parent Technical Assistance Centers: the Native American Parent Technical Assistance Center (NAPTAC); the Center for Parent Information and Resources (CPIR); and the Branch Military Parent Technical Assistance Center (MPTAC). The 3 national centers are designed to support the work and capacity building of all Parent Centers across the country, not just Parent Centers in a given region.

The 6 regional PTACs are funded by the Office of Special Education Programs (OSEP) at the U.S. Department of Education and have a clear mission: to serve as a resource and technical assistance provider to OSEP's funded network of Parent Centers.

“Parent Centers” refers to the nearly 100 Parent Training and Information Centers (PTIs) and Community Parent Resource Centers (CPRCs). These centers, in their own turn, work with families that have a child with a disability. They help parents to participate effectively in the education of their children at school and at home, thereby improving outcomes for children with disabilities.

Go to <http://www.parentcenterhub.org/ptacs/> for a locator map and a discussion of why technical assistance to Parent Centers is important and provides a definition of the term “technical assistance.”

IV. A Quick Overview of Some Basic Resources

C. Quick Find: Individuals with Disabilities and Accommodations/Inclusion

<http://smhp.psych.ucla.edu/qf/idea.htm>

While not intended to be exhaustive, this Center developed Quick Find provides a sample of Center developed resources and resources from other online sources. Center resources include Policy Briefs, Introductory Packets, Resource Aid Packets, Technical Aid Packets and Samplers, Continuing Education Modules, Practice Notes, Guides to Practice, Information Resources, Quick Training Aid, Hot Issues, Newsletter articles, Publications, Net Exchange discussions

For information on the regulations stemming from the IDEA see:

U.S. Department of Education, Office of Special Education and Rehabilitative Services

<http://idea.ed.gov/>

Examples of Other Related Quick Finds (go to <http://smhp.psych.ucla.edu/quicksearch.htm>)

- Attention Deficit Hyperactivity Disorder (ADHD)
- Day Treatment
- Early Intervention
- Educating Children With Autism
- Emotionally Disturbed Children
- Environments that Support Learning
- Learning Problems & Disabilities
- Systems of Care