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# Response to Intervention (RTI) implementation in the social-emotional domain: A survey of available resources in schools

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Response to Intervention (RTI) Implementation in the Social-Emotional Domain: A  
Survey of Available Resources in Schools

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A thesis submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

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## Abstract

School-based mental health is gaining increasing attention based on the number of children in need of these services. In addition, the strong link between social-emotional competence and academic achievement is forcing schools to integrate a more comprehensive system of service delivery. One way schools are working to integrate these areas is through the implementation of Response to Intervention (RTI). The purpose of the present study is to investigate the identifiable resources within schools for implementing interventions for the social-emotional domain within an RTI framework. One hundred and two schools that have been identified as RTI sites by the Virginia Department of Education were emailed a survey addressing several factors related to this process. The survey consists of Likert-type items and open-ended questions to obtain more detailed information about availability of resources and gaps in resources. The results indicate that schools have resources available that fit into an RTI framework for social-emotional concerns; however, these interventions may not apply to all three levels of intervention. Additionally, many systems have trained personnel available to implement interventions but there is a need for easier access to resources. In general, schools are mostly focusing on RTI for academic concerns and expressed the need for more training, resources, and funding to move forward in the social-emotional domain. Schools may benefit from taking a collaborative approach to problem solving and professional development to maximize funding and other resources.

## **REVIEW OF THE LITERATURE**

Mental health services have been gaining increasing attention in terms of school systems and the critical role schools play in implementing services. The early identification and understanding of mental health concerns can provide children and families with quality treatment and other necessary resources. A report by the New Freedom Commission on Mental Health (2003) states the promotion of mental health and preventative services as a primary goal in the transformation of mental health services in the United States. Taking an early intervention approach allows children and families to access available resources and have the opportunity to improve long-term outcomes. Although this effort is highlighted by the New Freedom Commission, other research points to the fact that the specifics of this goal are vague and unclear (Mills et al., 2006; Moherrek Sopko, 2006). Ambiguity in the areas of service delivery, training, and funding are all obstacles that should be addressed when considering the transformation of mental health services. The recognition of these obstacles can lead to a greater understanding of the role that schools play in providing mental health services for children and families.

Among children with mental health concerns, many do not receive any services at all. The 70-80% of children in need who do receive services, receive them from school-based providers such as school counselors, school psychologists, and school social workers (Moherrek Sopko, 2006). Because youth spend the majority of their time in school, it seems natural that this would be an ideal setting for mental health service delivery. In addition, mental health shares a strong link with academic performance and successful outcomes for children (Mills et al., 2006). Advocating for mental health in schools will allow students to receive services and ensure that they are learning to their

greatest potential. One way to increase academic performance and promote healthy development is to encourage parental involvement throughout service implementation (Mills et al., 2006). It is important to break through the barriers that may exist between school, home, and the community to build a team of professionals. The team can serve the purpose of coordinating services across resources to ensure that they are being used efficiently. Because the lack of coordination of efforts is often cited as a significant issue within schools, addressing this may be challenging. Collaboration with stakeholders is a key component to the team approach and can serve as an additional source of support (Mills et al.). Raising awareness among stakeholders should aim to increase access to resources and provide children and families with support surrounding mental health concerns. In addition, the inclusion of stakeholders in school-based mental health decreases the marginalized and fragmented nature of program implementation.

Schools have the possibility to help youth who may not otherwise receive services in the community. School-based mental health programs provide a continuum of services that link mental health to academic success and positive outcomes for children. Among these programs, several key areas have been identified as important to the overall success of a program. These areas include services ranging from prevention to treatment, collaboration, data-based problem solving, professional development, integration of research with practice, addressing social-culture issues, evidenced-based decision making, and advocacy (Nastasi, 2004). The consideration of these components leads to more effective service delivery and allows team members to share responsibilities. A system-wide approach to mental health prevention and intervention may lessen the need for more individually focused services. Although it is important to recognize the value of

a universal approach, a recent survey revealed that any services provided by schools to children and families are typically short-term (Moherok Sopko, 2006). The most common school-wide programs include those aimed at safe, drug-free schools, while the least common practices were related to screening for behavioral and mental health concerns and parent education. This suggests that while schools are the primary avenue for mental health services for children, they may not always have a well-rounded universal approach when it comes to social, emotional, and behavioral concerns.

### **Social-Emotional Competence and Academic Achievement**

Schools across the United States are facing increased pressure to produce academically competent and high achieving students. Given the emphasis on standardized test scores, it is often true that the promotion of competence in the social, emotional, and behavioral domains is not a primary focus in schools. This may be a result of stakeholders being concerned that prevention and intervention focused on social-emotional concerns will take time away from academic skill development (Malecki & Elliott, 2002). Addressing the social, emotional, and behavioral concerns of students should not be viewed as an additional task for educators, but rather as a necessary component to the success of all children (Zins, Bloodworth, Weissberg, & Walberg, 2004). The challenge for educators becomes fostering children and adolescents who are knowledgeable, competent, and contributing citizens. Researchers are suggesting that promoting social-emotional competence has a strong positive relationship with academic achievement (Fleming et al., 2005; Malecki & Elliott, 2002; Wentzel, 1991). This means that time spent promoting and encouraging healthy social-emotional development can be viewed as time being used to increase academic success as well. Prevention and

intervention initiatives that target both of these skill sets will create a better balance for producing academically and socially proficient students rather than focusing on either area exclusively.

Although it is recognized that competence in the social, emotional, and behavioral domains relates to academic success, programs and services continue to be fragmented and marginalized in school systems. Limited time and resources, inadequate staff development, insufficient program monitoring, and lack of administrative support are factors that may be contributing to the inconsistencies in service delivery (Weissberg & O'Brien, 2004). In order to develop and implement a program successfully, these factors should be considered along with each school's unique system-wide challenges. Social and emotional learning (SEL), which targets student behaviors, cognitions, and emotions, is a framework that addresses the social-emotional needs of students along with the demands of school systems (Weissberg & O'Brien, 2004; Zins & Elias, 2006). Social and emotional learning programs have the advantage of providing educators with a common language to address risk factors and encourage positive and supportive relationships (Weissberg & O'Brien, 2004). This creates a strength-based approach to addressing students' problem behaviors. Social and emotional competency leads to positive academic outcomes by allowing students to develop a commitment to academics through motivation, goal setting, communication with teachers, and overcoming challenges to achieve goals (Zins, Bloodworth, Weissberg, & Walberg, 2004). A strong commitment toward school and the development of positive relationships provides students with an environment that is conducive to learning. In a social and emotional learning paradigm, schools become a safe place for students to grow socially, emotionally, and academically.

The Collaborative for Academic, Social, and Emotional Learning (CASEL) is an organization that aims to move forward the field of social and emotional learning through evidence-based practice. Social and emotional learning is described as the process used for teaching children the skills necessary to become effective and ethical citizens (CASEL; [www.CASEL.org](http://www.CASEL.org)). This is based on developmentally appropriate instruction for students from preschool through high school and the coordination of services throughout the school system. A series of research reviews conducted by Payton, et al. (2008) demonstrated that social and emotional learning interventions lead to higher grades and improved standardized test scores. The researchers reviewed in-school and after-school programs that were directed toward students with and without early signs of social, emotional, or behavioral concerns. They found that social and emotional learning interventions provided by school personnel improved the behaviors, attitudes, and academic achievement of students in kindergarten to eighth grade (Payton et al., 2008). Specific improvements included attitudes toward self, school, and others; social behaviors; decrease in conduct problems; and an average increase of 11 to 17 percentile points on achievement test scores. This was true for in-school and after-school programs and for students with and without initial social, emotional, or behavioral concerns. Interventions were successful for urban, suburban, and rural school systems as well as across racially and ethnically diverse students (Payton et al., 2008). The findings suggest that social and emotional learning interventions for all students can be incorporated into existing classroom routines to increase the efficiency of implementation.

Additional evidence for the benefits of promoting social-emotional development to improve academic achievement is supported by teacher, child, and parent reports.

Linking early risk and protective factors to problem behaviors in middle school students was predictive of their behaviors, test scores, and grades in high school (Fleming et al., 2005). Interventions that targeted social-emotional skills were found to increase focus and attention in the classroom and created a bond between students and the school. This suggests that interventions implemented at the elementary and middle school levels allow students to become more aware of the norms surrounding school behaviors. As a result, students form meaningful relationships with peers and adults and place more focus on learning. Students' self-ratings and teacher ratings of social skills were found not only to be related to academic achievement, but to the student's overall view of their competence in school (Fleming, et al., 2005; Malecki & Elliott, 2002; Wentzel, 1991). A sense of competence in social skills is linked to current academic performance as well as success in school and behaviors displayed in later grades. Malecki and Elliott (2002) suggested that the social skills possessed by students in elementary school can act as enablers when it comes to academic success. For example, teacher ratings that endorsed social and academic competency tended to predict students' scores on measure of academic performance. Because social-emotional skills are related to academic outcomes, schools can create academic goals that build on the strengthening of social skills. Academic and social goals can be used to guide interventions with the implementation of services being directed towards meeting the needs of all students.

### **Response to Intervention (RTI) for the Social, Emotional, and Behavioral Domains**

Response to Intervention (RTI) is a model that was introduced to schools as a way to assist students in meeting academic standards and monitor progress along the way. More recently, this three-tiered model is being utilized to address the social, emotional,

and behavioral needs of all students. It is important that the level of intervention matches the intensity and severity of the problem behavior (Gresham, 2005). Similar to the approach taken with academics, RTI in the social, emotional, and behavioral domain focuses service delivery within three levels of intervention. Tier one includes universal interventions for all students in which around 80-90% of students will respond adequately. Tier two includes more targeted interventions for students who do not respond to universal interventions and are at-risk for severe problem behaviors. Tier three provides intensive, individualized support for students who display the most intense behaviors and are in need of more comprehensive services (Gresham, 2005). This model has been successfully implemented and suggests that an RTI paradigm can lead to positive outcomes in areas other than academics, as evidenced by parent and teacher responses that favored a two year RTI program (Pearce, 2009). Teacher responses to an RTI model for social-emotional concerns suggest that interventions can be successfully implemented by general and special education teachers, paraprofessionals, and school counselors, with the support of a school psychologist or someone with knowledge about interventions (Pearce, 2009). Taking this approach allowed assessment to be linked to intervention, placed intervention as a top priority, and eliminated the “wait to fail” idea that some schools still hold. In addition to a three-tiered model, progress monitoring is another important aspect of RTI that should be considered.

Progress monitoring is an essential component to the RTI framework and serves the purpose of driving interventions and determining if interventions have been successful. Teacher ratings, office discipline referrals, grades, and standardized test scores are all a means of monitoring progress (Fleming et al., 2005; Pearce, 2009;

Fairbanks, Sugai, Guardino, & Lathrop, 2007). If a student is not making progress as expected, progress monitoring allows interventions to be modified or intensified along the way. Interventions can be tailored to each individual student to ensure that their needs are being met at the appropriate level of service delivery. Throughout this process, the coordination of services across the school system should be considered for the most efficient use of resources.

### **School Population and Resource Availability**

A common goal for a school of any population is to operate efficiently in order to produce educated and well-adjusted individuals. One component of achieving this goal relies on funding and access to resources within each school system. Because rural areas and small towns comprise 42 percent of all schools and 30 percent of all students, it is important to consider the resources available in these areas (Reeves, 2003). The smaller school size and lack of funding in rural areas can make it difficult for schools to make large gains in terms of resources. Funding for smaller school districts through federal programs is negligible because of cutoff criteria related to the number of low-income families (Reeves, 2003). Schools with low numbers of students receiving free and reduced lunch are typically higher performing, and therefore rewarded for meeting academic standards. Those with populations of students receiving free or reduced lunch close to 100 percent are typically provided funding for remedial programs for all students. Given these guidelines, it is important to consider the “middle” or “lost” group of schools who do not fall neatly into either of these categories. These schools are forced to turn to state and local funds, which can be difficult to access. It is unclear whether

resource availability differs based on the percentage of students receiving free or reduced lunch.

### **The Role of the School Psychologist**

School psychologists have been advocating for role expansion beyond assessment and into a more comprehensive mental health system. Due to this shift toward a broader role, the school psychologist typically plays a primary role in the implementation of RTI in schools. They serve as a collaborator with stakeholders and work to integrate social-emotional competence with academic success for students. The Future of School Psychology 2002 Invitation Conference identified several key areas for action, including linking social-emotional and mental health to academic achievement (Nastasi, 2004). School psychologists conduct staff trainings and other professional development activities to promote the well-being of all students. They work with all school personnel, students, parents, and community agencies to coordinate a broad range of services. By using knowledge in the areas of mental health, education, leadership, and research/evaluation, school psychologists have a lot to offer when it comes to school-wide programs (Nastasi, 2004). School psychologists are in a unique position to support systems change by identifying the needs of a school and developing an action plan to achieve goals.

The purpose of the present study is to identify the resources and personnel available for intervention implementation for social-emotional concerns within an RTI framework. The schools that participated in this research are currently pilot sites for RTI for academic concerns and may not necessarily be implementing RTI for social-

emotional concerns. Because the research is limited in this area, it is important to begin to understand what works in terms of feasibility of interventions in schools. The following questions will be addressed:

1. What are the resources available in schools at the universal level of intervention?
2. What are the resources available in schools at the secondary level of intervention?
3. What are the resources available in schools at the tertiary level of intervention?
4. What is the personnel support for interventions in the social-emotional domain?
5. What factors affect whether an intervention is considered for implementation?
6. How does the number of students receiving free or reduced lunch impact availability of resources and trained personnel?

## **METHOD**

### **Participants**

A survey was electronically mailed to 102 individuals identified by the Virginia Department of Education as the designee for coordinating RTI services. The survey was completed by 21 participants, which is an overall response rate of 20%. Twelve of the participants identified themselves as principals, three as RTI coaches, two as teachers, one as Director of Federal Programs, and one as a reading specialist. Two participants provided their name without a specific title. These individuals are employed by schools that have been identified by the Virginia Department of Education as sites for Response to Intervention (RTI) implementation. Because each of the schools has been designated by the VDOE, they were chosen to complete the survey based on their current knowledge of the process. Through the VDOE, schools receive support in the form of training, professional development, and technical assistance.

### **Measure**

The measure for this study was a 40-item survey created by the researcher. It was electronically mailed to the participants in January 2012. Although the survey was not composed by the VDOE, individual employees in leadership positions had the opportunity to review the survey and provided constructive feedback. The survey consisted of Likert-type items as well as open-ended questions to gain more detailed information. It was administered to assess identification of available resources for intervention in each system. The majority of the items focused on the different aspects of intervention: personnel, interventions at different tier levels, materials/resources, compatibility, ease of implementation, and adaptability. Other items were included to

assess individual attitudes toward an RTI framework for the social-emotional domain. Lastly, items were included to identify school size and the percentage of students receiving free or reduced lunch to determine if there are any discrepancies in resource allocation. There are currently no reliability and validity data available for this measure. (See *Appendix*)

### **Procedure**

In order to obtain the contact information for each individual at the 102 school systems, phone contact was made with the Virginia Department of Education. The VDOE provided a list of email addresses to be used as the contact person for completing the survey. This list was cross-checked and confirmed using each school's website directory to look up staff contacts. In addition, the VDOE provided a list of RTI coaches designated to each region. The RTI coach for each region is responsible for overseeing all of the RTI procedures for the schools in that area. Initial contact was made with the coaches to introduce the research and familiarize them with the survey. The coaches were encouraged to reach out and emphasize the importance of the survey if any of the individual sites had contacted them with questions.

The survey was electronically mailed to 102 individuals on January 27, 2012. A cover letter was included that explained the purpose of the current study and the Virginia Department of Education's interest in obtaining the information. The researcher ensured that the results would be maintained in a confidential manner and could not be traced back to individual school systems. Individuals were not required by the VDOE to participate in the research. Participants were instructed to click on the survey link as consent for participating in the research. Two follow-up emails were sent on February 17

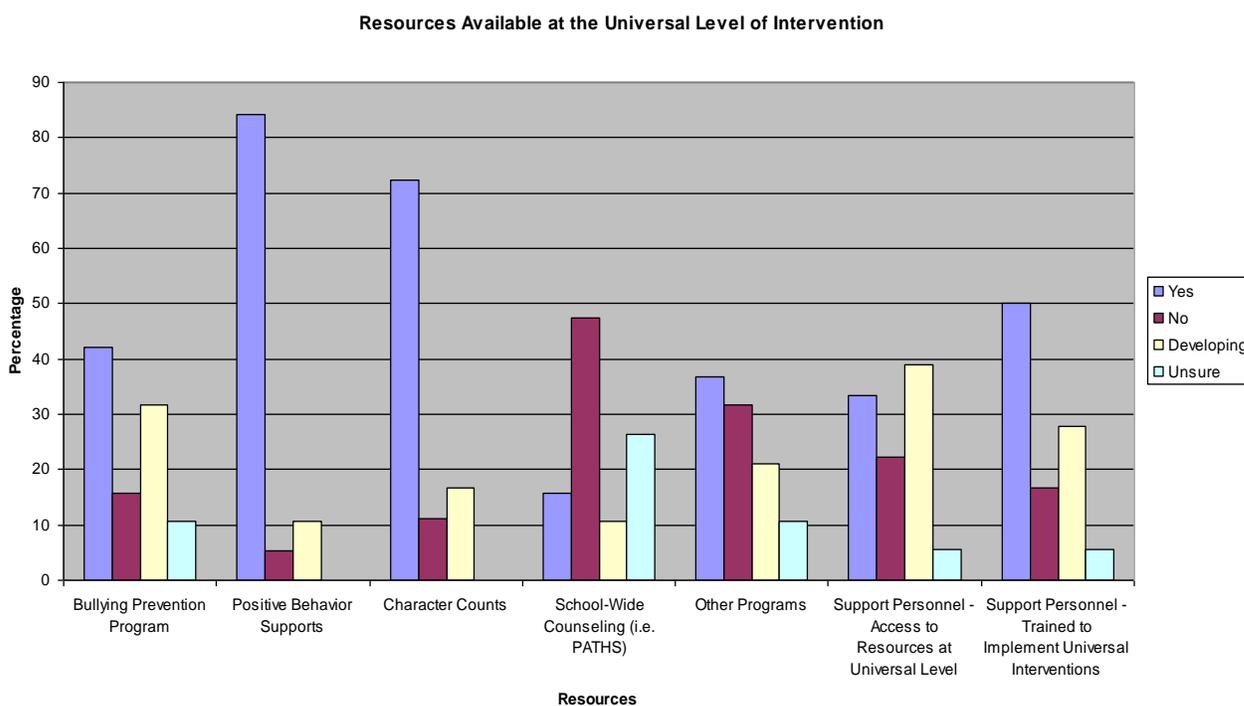
and March 13, 2012 to remind participants about completing the survey. The survey was closed on March 27, 2012 in order for the results to be analyzed. The participants were informed that they could contact the researcher to receive the results of the study if interested.

## RESULTS

The results of the survey were analyzed descriptively by determining the percentage of responses for each Likert-type item. Open-ended items were analyzed by identifying themes among responses. Overall, 86% of the participants reported a personal interest in addressing social-emotional concerns using an RTI framework; however, only 57% agreed that other school personnel share this interest. Forty eight percent reported that individuals in their school system are making efforts towards implementing RTI for social-emotional concerns. Only 24% of the participants reported having trained personnel available to implement interventions and 19% have an inventory of school-wide resources available to generate interventions. Twenty nine percent of the participants agreed that their school selects evidence-based interventions to address social-emotional concerns through a data analysis process.

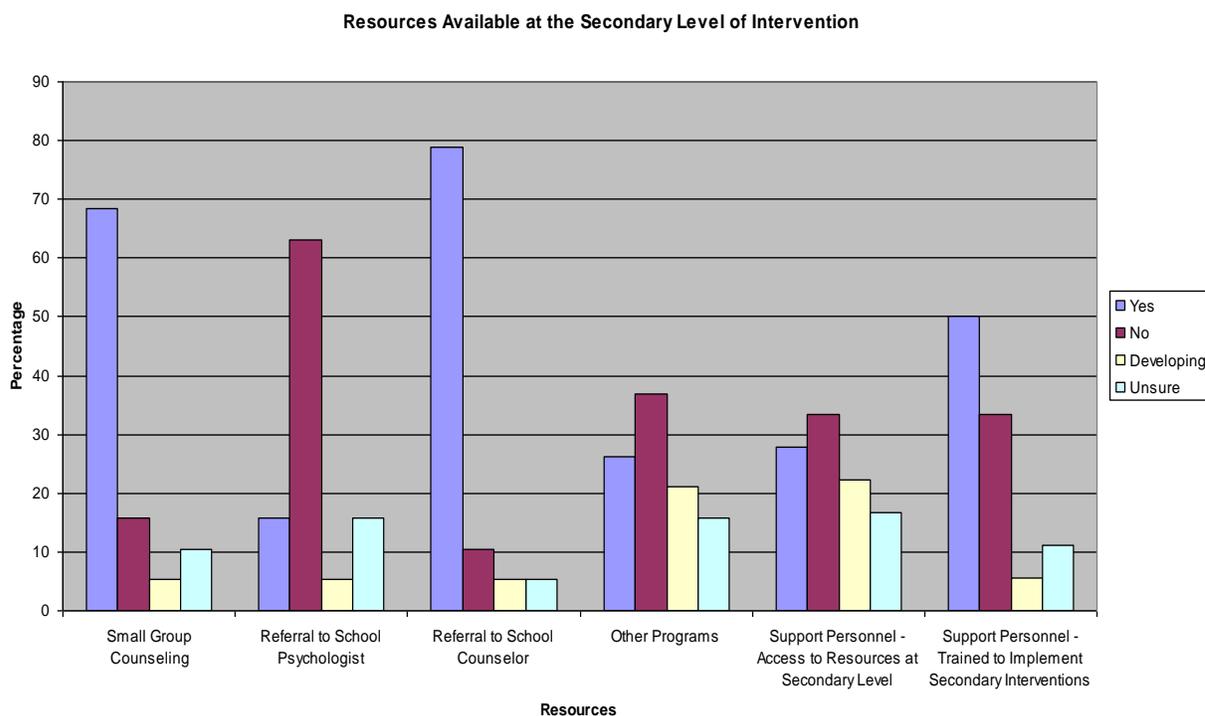
At the universal level of intervention, 84% of the participants reported having positive behavior supports, 72% had a character counts or related program, 42% had a bullying prevention program, 37% had other programs, and 16% had a school-wide counseling program such as PATHS. Other programs that schools reported using included a school-wide discipline program, “Too Good for Drugs” program, “Positive Action,” therapeutic day treatment, and functional behavior analysis. Fifty percent of the participants stated that they have trained personnel available to implement universal interventions but only 33% reported that personnel have access to the resources and materials needed for these interventions. See *Figure 1*.

*Figure 1.* Resources Available at the Universal Level of Intervention. This figure illustrates the different interventions that schools are using at the universal level of intervention.



At the secondary level of intervention, 79% of the participants reported the use of the school counselor for small group counseling, 68% reported the general use of small group counseling, 26% had other programs, and 16% use a referral to the school psychologist for support. Other programs include therapeutic day treatment, mentoring from teachers, and referral for home-based services. Fifty percent reported having trained personnel available to implement secondary interventions; 28% reported that personnel have access to resources and materials needed for these interventions. See *Figure 2*.

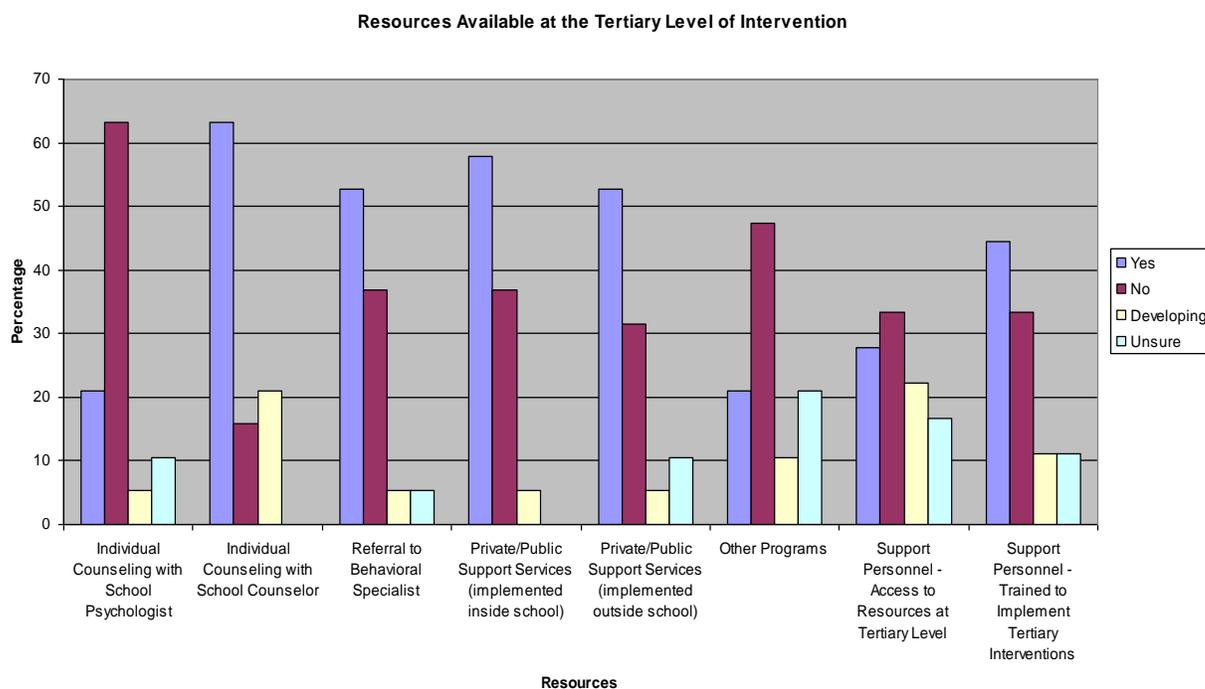
*Figure 2. Resources Available at the Secondary Level of Intervention.* This figure illustrates the different interventions that schools are using at the secondary level of intervention.



At the tertiary level of intervention, 63% of participants reported the use of the school counselor for individual counseling, 58% have access to support services from private providers (in school), 53% have access to support services from private providers (outside school), 53% use a referral to the behavioral specialist, 21% use the school psychologist for individual counseling, and 21% reported having other programs. These programs include therapeutic day treatment, special education, family preservation services, and outside agencies per parent request. Forty four percent of participants reported having trained personnel to implement interventions at the tertiary level; 28%

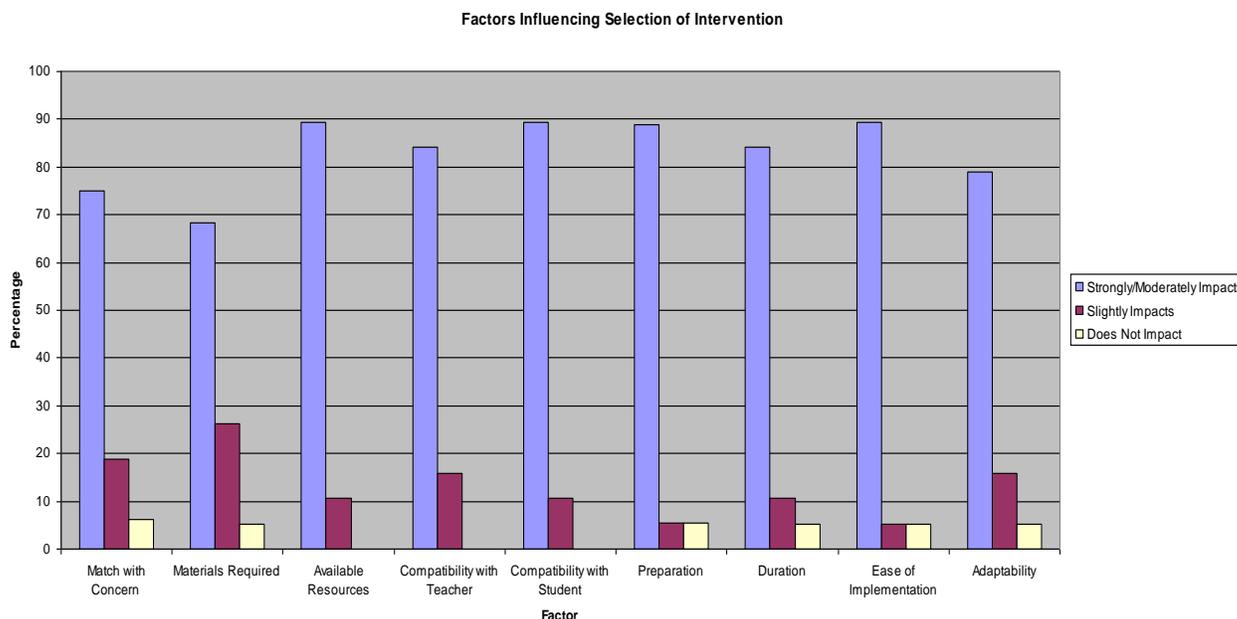
reported having access to resources and materials needed to implement these interventions. See *Figure 3*.

*Figure 3*. Resources Available at the Tertiary Level of Intervention. This figure illustrates the different interventions that schools are using at the tertiary level of intervention.



In terms of the factors that influence the selection of an intervention, many of the factors were rated as moderately or strongly impacting whether or not an intervention was chosen. Specifically, participants rated strongly or moderately impacting for the following factors: available resources (89%), ease of implementation (89%), compatibility with student (88%), preparation of intervention (88%), compatibility with teacher (83%), duration of intervention (83%), adaptability to other settings (78%), match with social-emotional concern (75%), and materials required (68%). See *Figure 4*.

*Figure 4. Factors Influencing the Selection of an Intervention.* This figure illustrates the impact of several factors on whether or not an intervention is chosen.



In terms of looking at resource and personnel availability across school population, groups were split into groups based on the percentage of students receiving free or reduced lunch. For the 0-25% group, 84% of the participants reported having interventions that could be incorporated into an RTI framework for social-emotional concerns, while only 45% agreed that the interventions could be applied to all three tiers. Fifty percent reported having trained personnel to implement interventions at the universal and secondary levels and 40% reported having trained personnel for tertiary interventions. For the 26-50% group, 90% of the participants reported having interventions that could be incorporated into an RTI framework, while 50% agreed that the interventions could be applied to all three tiers. Seventy percent reported having trained personnel to implement interventions at the universal and tertiary levels and 60% reported having trained personnel for secondary interventions. For the 51-100% group,

71% of the participants reported having interventions that would be incorporated into an RTI framework, while 38% agreed that the interventions could be applied to all three tiers. Twenty five percent reported having trained personnel to implement interventions at the universal and tertiary levels and 38% reported having trained personnel for secondary interventions. Overall, there was a reported need for trained personnel to implement interventions as well as interventions that can be applied to all three tiers.

On the open-ended items, participant responses were analyzed in terms of themes. Forty three percent reported starting discussions about RTI for the social-emotional domain sometime within the past three years, 36% reported this year, and 21% reported just starting discussions about RTI for academics. In terms of consultation with the Virginia Department of Education, 43% report that no contact has been made, 21% reported minimal contact (mostly about RTI for academics), 21% reported “consultation” or attend conferences, and 14% reported using resources through T/TAC. Those that responded to having contact with the VDOE reported that it was positive. For example, one participant noted, “Consultations have been beneficial in providing us with strategies and management ideas, as well as materials.” In the area of school readiness for RTI implementation for social-emotional concerns, 50% reported that they are already implementing interventions in at least one tier, 36% reported low readiness (due to focus on academic concerns), and 14% reported being in the developing stage and needing more resources to move forward. One participant reported, “The school is ready to begin implementing the positive behavior support system school wide as tier I universal prevention. Tier II interventions could be done through the school counselor, but we have no school psychologist and very limited personnel and fiscal resources. Progress

monitoring will also be a challenge, and we need to work on developing a reward and consequence system for school wide behavior.” Many systems have identified needs for preparing their school for RTI implementation in the social-emotional domain. Seventy nine percent reported the need for more materials, training, support staff, and other resources (i.e. time, money); the other 21% reported that they are already moving forward with RTI in some way. There was a clear need for effective progress monitoring tools as well as full-time access to a school psychologist to assist with intervention implementation.

## **DISCUSSION**

School systems across the state of Virginia have many interventions available at the universal, secondary, and tertiary levels within a Response to Intervention (RTI) framework. At the universal level, many schools are using school-wide positive behavior supports and Character Counts programs as a means of supporting all students. The main intervention at the secondary level is small group counseling through the school counselor. At the tertiary level, schools are using individual counseling with the school counselor as well as using the support of private providers. What seems to be missing across all levels of intervention is the consistent use of the school psychologist as an interventionist. Many participants cited the need for a full-time school psychologist to support the implementation of interventions. There was also evidence for the school psychologist's expertise with progress monitoring and data collection. Without regular access to a school psychologist, school systems are relying on other school personnel to implement interventions. Although the school psychologist is just one member of a team of qualified professionals, there is a clear gap in the number of trained personnel available to implement interventions across all three tiers. The trained personnel that are available to implement interventions do not always have access to the materials and resources necessary for them to be implemented. This is a major barrier that was cited many times when participants were asked what needs are present that are preventing schools from moving forward with RTI for social-emotional concerns. If schools have trained personnel available to implement interventions, but they do not have access to resources, the effectiveness and success of an intervention may be impeded. Along with

access to resources, there are many other factors that contribute to whether or not an intervention is selected for a student.

Out of the nine factors that were assessed for how much they impact the selection of an intervention, six of them were rated as strongly or moderately impacting selection by more than 80% of participants. This suggests that several factors are considered important when determining what intervention will be chosen. The three factors that were rated highest included available resources, compatibility with student, and ease of implementation. These ratings fit with the responses from the open-ended items, where participants reported the value of resources and time, as well as the need to match an intervention to the needs of the student. Schools are aiming to be efficient while making the most of their available resources and keeping the focus on student needs.

All three groups of school populations appear to have needs in terms of trained personnel and inventoried interventions. Specifically, schools with a large number of students receiving free or reduced lunch need more trained personnel and easier access to resources required to implement interventions. Although there are needs for all groups across tiers, it seems as though the interventions requiring the most training and knowledge to implement are the ones receiving the least amount of support. It is important for schools to emphasize the value of professional development and training, even if this is done internally with smaller groups of professionals to reduce the need for funding. Schools within the same division could benefit from learning from each other and sharing experiences. If schools are going to build a fund of interventions that can be applied to all three tiers, more collaboration and team problem solving is necessary across school divisions.

A limitation of this study is that it only included school divisions in the Commonwealth of Virginia. Future research should aim to include a more diverse sample than just one state of identified schools by the Department of Education. It would be beneficial to look at what other states are doing and how they are using RTI for social-emotional concerns. While looking at other states, future research that looks at school population should also consider funding provided to groups with low and high percentages of students receiving free or reduced lunch. Although this research did not support the idea of “lost” schools (i.e. the middle group of socioeconomic status), other research with a larger sample size may find that these schools receive the least amount of funding. Additionally, future research should compare resources and readiness across grade levels to determine if there is a difference in needs for elementary, middle, and high school students. A limitation of this study is that the responses for all three school levels were combined into one data pool and not used to compare information. To obtain a better response rate, this type of survey research may best be completed in the fall or early winter, when schools are generally less busy than late winter and spring. It may also be helpful to make phone contact with each individual who is identified as the RTI coordinator or point person for each school. By doing so, the researcher could explain more about the study and the importance of looking at school needs and resources for RTI implementation for social-emotional concerns.

In the future, the Department of Education may use this information to reach out to schools in order to provide more support. If so, the DOE should consider the need for professional development and training in RTI for social-emotional concerns. It appears as though schools have some knowledge of this process, but that more specific and ongoing

training is needed. Additionally, the DOE can use this information to determine school needs for moving forward with RTI for social-emotional concerns. Although it may not be fiscally possible to provide the amount of resources required to allow this process to run smoothly for every school, the DOE may find other ways to support school systems as they move forward.

The results of this study suggest that school systems in the state of Virginia have many strengths, as well as needs, when it comes to addressing social-emotional concerns within a Response to Intervention (RTI) framework. In general, schools are focusing on RTI for academic concerns and have expressed low readiness in terms of applying this framework to social-emotional concerns. This is consistent with current research that suggests that schools are mostly focused on academic achievement and place social-emotional development as a lesser priority. An important point to emphasize to school systems is the research that shows the strong relationship between academic achievement and social-emotional competence (Fleming et al., 2005; Malecki & Elliott, 2002; Wentzel, 1991). Through a continuum of services, the powerful messages being sent to students should begin to define success as a healthy balance between these two domains.

**APPENDIX**

**Available Resources in Schools for Implementing RTI in the Social-Emotional Domain**

The purpose of this survey is to determine what resources are available in schools that are identified by the Virginia Department of Education as RTI implementation sites. Please answer the following questions/statements based on the resources currently available for addressing social-emotional concerns in your school.

**Please have the school principal or designee verify this information prior to submitting the completed survey. This can be done at the time the survey is completed or responses can be saved and submitted after responses are reviewed.**

**Thank you!**

**Title of person completing the survey:**

**Title of person reviewing the survey:**

**Introduction**

1. Individuals in my school have expressed an interest in addressing social-emotional concerns within an RTI framework.

|          |         |               |          |          |
|----------|---------|---------------|----------|----------|
| 1 -----  | 2 ----- | 3 -----       | 4 -----  | 5 -----  |
| Strongly | Agree   | Neither Agree | Disagree | Strongly |
| Agree    |         | nor Disagree  |          | Disagree |

2. Personally, I am interested in addressing social-emotional concerns within an RTI framework.



**The following questions refer to interventions that are appropriate for addressing the social-emotional concern as identified through data analysis. The same interventions may be applicable at different tiers depending on the need of the student. The questions specify intervention levels but may be applied on a continuum across tiers. Please answer the questions based on interventions that address the causes of the concern as identified through the data analysis process.**

7. My school has some interventions available that could be incorporated into an RTI framework for social-emotional concerns.

|          |         |               |          |          |
|----------|---------|---------------|----------|----------|
| 1 -----  | 2 ----- | 3 -----       | 4 -----  | 5        |
| Strongly | Agree   | Neither Agree | Disagree | Strongly |
| Agree    |         | nor Disagree  |          | Disagree |

8. My school has programs and resources that can be applied to address needs at all 3 levels or tiers.

|          |         |               |          |          |
|----------|---------|---------------|----------|----------|
| 1 -----  | 2 ----- | 3 -----       | 4 -----  | 5        |
| Strongly | Agree   | Neither Agree | Disagree | Strongly |
| Agree    |         | nor Disagree  |          | Disagree |

### **Part 1 - Identifying Universal Intervention Resources**

In Tier 1, all students receive high-quality, scientific researched-based intervention. This intervention is delivered by the general education teacher in the regular education setting. If a significant number of students are not successful with the intervention, instructional and behavioral variables are analyzed to determine where the intervention needs to be strengthened. The social-emotional needs of the students who are least successful are

addressed during the examination of any core difficulties (Virginia Department of Education).

9. My school has a bullying prevention program that could be applied as a universal intervention.

Yes                  No                  Developing                  Unsure

10. My school uses positive behavior supports in a way that could be applied as a universal intervention.

Yes                  No                  Developing                  Unsure

11. My school has a character counts or similar program that could be applied as a universal intervention.

Yes                  No                  Developing                  Unsure

12. My school has a school-wide counseling program (such as PATHS) that could be applied as a universal intervention.

Yes                  No                  Developing                  Unsure

13. My school has other programs that could be considered for use as a universal intervention for social-emotional concerns.

Yes                  No                  Developing                  Unsure

14. If you responded that your school uses other interventions for social-emotional concerns at the universal level, please list them here:

## Part 2 – Identifying Secondary Intervention Resources

Tier 2 is supplemental targeted intervention that ensures additional support and intervention in smaller groupings (Virginia Department of Education).

15. My school utilizes small group counseling that could be applied as a secondary intervention.

Yes                  No                  Developing                  Unsure

16. My school utilizes referral to a school psychologist for small group counseling, consultation, and behavioral interventions that could be applied as a secondary intervention.

Yes                  No                  Developing                  Unsure

17. My school utilizes referral to a school counselor for small group counseling that could be applied as a secondary intervention.

Yes                  No                  Developing                  Unsure

18. My school has other programs that could be considered for use as a secondary intervention for social-emotional concerns.

Yes                  No                  Developing                  Unsure

19. If you responded that your school uses other interventions for social-emotional concerns at the secondary level, please list them here:

### Part 3 – Identifying Tertiary Intervention Resources

Tier 3 is an individualized level of intervention that provides for more individualized support for social-emotional concerns (Virginia Department of Education).

20. My school utilizes individual counseling with a school psychologist that could be applied as a tertiary intervention.

Yes                  No                  Developing                  Unsure

21. My school utilizes individual counseling with a school counselor that could be applied as a tertiary intervention.

Yes                  No                  Developing                  Unsure

22. My school utilizes referral to a behavioral specialist that could be applied as a tertiary intervention.

Yes                  No                  Developing                  Unsure

23. My school has access to support services from private or public providers that are implemented **inside** the school that could be applied as a tertiary intervention.

Yes                  No                  Developing                  Unsure

24. My school utilizes referral to support services from private or public providers that are implemented **outside** the school that could be applied as a tertiary intervention.

Yes                  No                  Developing                  Unsure

25. My school has other programs that could be considered for use as a tertiary intervention for social-emotional concerns.

Yes                      No                      Developing                      Unsure

26. If you responded that your school uses other interventions for social-emotional concerns at the tertiary level, please list them here:

#### **Part 4 – Factors Influencing Selection of Interventions**

27. Please rate the following factors based on how they impact the selection of an intervention:

Match with the social-emotional concern based on data analysis

1 ----- 2 ----- 3 ----- 4  
 Strongly      Moderately      Slightly      Does Not Impact  
 Impacts      Impacts      Impacts

Materials required

1 ----- 2 ----- 3 ----- 4  
 Strongly      Moderately      Slightly      Does Not Impact  
 Impacts      Impacts      Impacts

Available resources

1 ----- 2 ----- 3 ----- 4  
 Strongly      Moderately      Slightly      Does Not Impact  
 Impacts      Impacts      Impacts

## Compatibility with teacher

1 ----- 2 ----- 3 ----- 4

|          |            |          |                 |
|----------|------------|----------|-----------------|
| Strongly | Moderately | Slightly | Does Not Impact |
| Impacts  | Impacts    | Impacts  |                 |

## Compatibility with student

1 ----- 2 ----- 3 ----- 4

|          |            |          |                 |
|----------|------------|----------|-----------------|
| Strongly | Moderately | Slightly | Does Not Impact |
| Impacts  | Impacts    | Impacts  |                 |

## Preparation of intervention

1 ----- 2 ----- 3 ----- 4

|          |            |          |                 |
|----------|------------|----------|-----------------|
| Strongly | Moderately | Slightly | Does Not Impact |
| Impacts  | Impacts    | Impacts  |                 |

## Duration of intervention

1 ----- 2 ----- 3 ----- 4

|          |            |          |                 |
|----------|------------|----------|-----------------|
| Strongly | Moderately | Slightly | Does Not Impact |
| Impacts  | Impacts    | Impacts  |                 |

## Ease of implementation

1 ----- 2 ----- 3 ----- 4

|          |            |          |                 |
|----------|------------|----------|-----------------|
| Strongly | Moderately | Slightly | Does Not Impact |
| Impacts  | Impacts    | Impacts  |                 |

## Adaptability to other settings

1 ----- 2 ----- 3 ----- 4

|          |            |          |                 |
|----------|------------|----------|-----------------|
| Strongly | Moderately | Slightly | Does Not Impact |
| Impacts  | Impacts    | Impacts  |                 |

### Part 5 – Personnel Support

28. Teachers and support personnel have access to program resources and materials needed to implement interventions for social-emotional concerns at the universal level.

Yes                  No                  Developing                  Unsure

29. My school has personnel who are trained to implement interventions for social-emotional concerns at the universal level.

Yes                  No                  Developing                  Unsure

30. Teachers and support personnel have access to program resources and materials needed to implement interventions for social-emotional concerns at the secondary level.

Yes                  No                  Developing                  Unsure

31. My school has personnel who are trained to implement interventions for social emotional concerns at the secondary level.

Yes                  No                  Developing                  Unsure

32. Teachers and support personnel have access to program resources and materials needed to implement interventions for social-emotional concerns at the tertiary level.

Yes                  No                  Developing                  Unsure

33. My school has personnel who are trained to implement interventions for social-emotional concerns at the tertiary level.

Yes                  No                  Developing                  Unsure

**Open-Ended Questions**

34. What is the approximate number of students in your school?

1-500

501-1,000

1,001 +

35. What percentage of students receives free or reduced lunch?

0-25%

26-50%

51% +

36. How would you describe the area where your school is located?

Rural

Suburban

Urban

37. When did your school first start discussions about using an RTI framework for the social-emotional domain?

38. Describe your experiences with consultation with the Virginia Department of Education related to RTI implementation in the social-emotional domain.

39. Describe your school's readiness to consider using an RTI framework for social-emotional concerns.

40. Describe your school's needs in terms of moving forward with RTI for social-emotional concerns.

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