

# Using Response to Intervention (RTI) as a Means of Restructuring to Prevent Counsellor Burnout

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## **Abstract**

*As the responsibilities of school counsellors have expanded from traditionally supporting students with academic and career planning, to include often complex mental health issues such as depression, anxiety and substance abuse, it becomes increasingly important to structure counselling intervention models that support the health and wellness of both students and counsellors. Using a Response to Intervention (RTI) model of counselling intervention provides an opportunity to meet the needs of students more effectively, while enabling counsellors to manage their caseloads more efficiently.*

As outlined by Manitoba Education, Citizenship and Youth (MECY), school counsellors are responsible for supporting the educational, career, and personal/social development of students (MECY, 2007). These responsibilities mean that counsellors routinely deal with complex student needs, which include cases of depression, anxiety, suicidal ideation, pregnancy, substance abuse, school violence, and child abuse, while also providing support in course selection, career exploration, and post-secondary planning. In addition to offering student support, counsellors also deal with the ever-emerging expectations of other individuals, such as parents, teachers, administration, and outside agencies. These tasks alone are monumental and further complicated by large caseloads, time-consuming non-guidance-related activities, and constant role ambiguity (Curry & Bickmore, 2012; Moyer, 2011). School counsellors faced with high job demands, and the realities of merging education and mental health, may feel stressed and overworked, potentially making them more vulnerable to professional burnout (Falls & Nichter, 2010; Gunduz, 2012). One way to address the needs of counsellors, in order to reduce stress, is to examine the current resources, and consider restructuring these resources to create a counselling program that provides greater role clarification and access to large numbers of students in a more effective manner. Response to Intervention (RTI), as a counselling intervention, is a three-tiered model that offers the opportunity to provide meaningful supports for students, while providing counsellors with a greater ability to manage their caseloads, increased collaboration with colleagues (thus reducing role ambiguity), and perhaps a platform from which to argue for a reduction in the amount of non-guidance-related duties.

## **Factors Contributing to Counsellor Stress and Burnout**

Often contributing to the professional counsellors' job stress is the feeling that they are unable to keep up with daily demands and are therefore not providing services to students in a manner that matches their own expectations (Gunduz, 2012; McCarthy, Kerne, Calfa, Lambert, & Guzmán 2010). Other research suggests that the inability to keep up with daily demands stems from spending an increasing amount of time on inappropriate duties, largely administrative tasks, which are non-counselling related (Evans & Payne, 2008; Rayle, 2006). In addition to extra duties is the pressure from teachers, parents, and at times administration, to produce quick "band-aid" solutions to student problems that they have not been successful in solving. All of these factors, combined with role ambiguity (when roles are not clearly articulated or understood by others) leave counsellors vulnerable to high levels of stress, as they often find themselves having to justify, explain, and defend their role in supporting students' academic, career, and social-emotional development (Dahir, Burnham, Stone, & Cobb, 2011). Restructuring student services, by utilizing the RTI model, may serve to address many of the

factors that contribute to counsellor stress and potential burnout, while more effectively and efficiently providing counselling supports to students.

### **RTI as an Instructional Model**

RTI is a tiered instructional process that utilizes universal screening and process monitoring to assess learning strengths and weaknesses in order to match instruction to student needs (Canter, 2004; Ockerman, Mason, & Hollenbeck, 2012; Shapiro, 2013). Typically, RTI is a three-tiered model. Tier one involves using strategies and providing instruction to students in a classroom setting as directed by the teacher. The expectation is that if skilled teachers are implementing the tier one program with integrity, then approximately 75%-85% of the students will achieve at least minimum standards of the desired outcomes (Shapiro, 2013).

Tier two often involves problem solving at a team level, whereby school personnel collaborate to develop the intervention plan (Canter, 2004). Tier two interventions are required for students who are not meeting minimum standards through tier one instruction and require supplemental intervention in order to meet the desired outcomes (Ockerman et al., 2012; Shapiro, 2013). Educators offer instructional programs to smaller groups and focus on the specific needs of the students as identified through an assessment process.

Educational professionals often consider tier three as special education, and students receiving tier three supports are at high risk for not meeting the outcomes even with tier two interventions (Canter, 2004; Shapiro, 2013). This tier may also include students not formally identified as requiring special education, but whose needs require intensive supports (Ockerman et al., 2012). Usually, this tier utilizes smaller groups consisting of 3-5 students and one-on-one instruction.

Fundamental in the success of the RTI model is the progress monitoring of students within each tier, with an increased focus on tier two and three (Shapiro, 2013). The purpose of this monitoring is to assess whether the chosen intervention is meeting the progress needs of the student. Instruction programs in tier two and three involve differentiations on several levels, including skill development, frequency, and intensity. With regular progress monitoring, professionals can make adjustments to programming in a timely fashion, in order to meet the needs of students more effectively. When earlier interventions are in place, it often results in a reduction in the number of referrals and inappropriate special education placements, and a restructuring of school personnel to meet the needs of all students (Canter, 2004).

### **RTI as a Counselling Intervention Model**

While the original purpose of RTI was to address inadequacies in conventional methods for identifying students with potential learning disabilities, its multi-tiered approach has recently become an integral part of creating comprehensive counselling programs that attend to similar inadequacies within past models of school counselling (Gresham, 2007; Ryan, 2011). Gresham (2007) suggested that conventional methods in counselling are failing, as "the behavioural characteristics and needs of students at risk or with emotional disturbances (ED) have overwhelmed the capacity of schools to effectively accommodate these students" (p. 14). Consequently, educators and counsellors often spend a disproportionate amount of time and energy working with a small number of students who exhibit behavioural or social-emotional problems (Saeki et al., 2011). This approach means that counsellors are most often providing reactive counselling strategies or crisis counselling, rather than proactive preventative services. Not only is this method weak in addressing student needs, it also creates an atmosphere of high demand and low control for counsellors, thus increasing job stress (Falls & Nichter, 2007; McCarthy et al., 2010). Adopting an RTI approach to counselling may serve to reduce the number of students requiring intensive interventions, by instilling earlier interventions that more

efficiently and effectively prevent or reverse social-emotional and behavioural problems of students.

RTI as a counselling model is a multi-tiered structure, whereby each tier represents the level and intensity of counselling intervention required for students (Ockerman et al., 2012). A main goal of RTI is to provide effective intervention, using evidence-based strategies in order to match the gravity of student problems with appropriate tier, or targeted interventions (Gresham, 2007; Saeki et al., 2011). All levels of intervention call for use of appropriate strategies that serve to reduce or prevent problems, rather than respond reactively with inappropriate measures.

Tier one involves evidence-based counselling interventions at a school-wide level, which focus on prevention and also include frequent assessment for early identification of students requiring more targeted interventions (Ockerman et al., 2012; Saeki et al., 2011). These interventions occur in all settings for all students, thus requiring school staff to share a collaborative approach in supporting the mental health of students. Counsellors and teachers work together to provide a counselling curriculum and universal screening to most students, approximately 80%-90% of the school population, through regular core courses (Sprague, n.d.). Implementation of these two elements enables identification of possible school-wide social-emotional or behavioural concerns. For example, if data collected revealed a growing number of students experimenting with marijuana, the next step may be to address this behaviour by developing a Drug Awareness campaign to reach most students. Benchmark monitoring and assessment must occur periodically, in order to monitor student progress and determine whether the intervention was successful or adjustments are required.

Tier two interventions take on a more targeted approach and serve students identified as having greater needs and requiring more focused support (Ockerman et al., 2012). The primary goal of tier two interventions is to reverse harm for students identified as being at risk, approximately 5%-10% of student body, for a particular problem (Saeki et al., 2011; Spague, n.d.). For example, the benchmark assessments and monitoring during the Drug Awareness campaign may identify a small number of students as at risk for drug abuse. These students may then receive more focused group or individual supports, such as continued school counselling, Addictions Foundation of Manitoba (AFM) counselling, and parent training and collaboration, which specifically address the areas of concern. Evidence-based drug intervention practices would be utilized, as would frequent assessment and monitoring necessary, in order to gauge student progress and the success of the intervention.

Tier three provides intensive individualized supports for students on a one-to-one level (Ockerman et al., 2012; Saeki et al., 2011; Spague, n.d.). In order to reduce harm, RTI aims tier three interventions at students with the most severe difficulties, approximately 1%-5% of the student population, who have not responded to tier two interventions (Ockerman et al., 2012). Tier three often incorporates wrap-around support through multi-agency involvement. For example, any student who did not respond to tier two interventions targeting drug abuse, and displays severe difficulties in this area, may receive continued support from AFM, parent collaboration, and the school counsellor, in addition to intensive intervention through other agencies such as The Behavioural Health Foundation Treatment Centre, or the Child and Adolescent Treatment Centre (CATC). Monitoring and assessments occurs frequently in this tier, in order to determine whether the intervention strategies are working.

### **RTI as a Tool for Stress Reduction**

One of the main factors contributing to counsellor job stress is high student-to-counsellor ratios, resulting in caseloads that are difficult to manage, especially when utilizing conventional models. The tiered framework of an RTI counselling intervention model advocates for counsellors to spend the greatest amount of their time, approximately 70%, implementing guidance curriculum at the tier one level (Ockerman et al., 2012, p. 10). This strategy is contrary

to historical models of counselling in which the majority of time is spent in individual counselling, which creates an impossible situation wherein counsellors often have caseloads of 450 students or greater. Using an RTI model, whereby counsellors give most of their attention to tier one intervention, provides the most efficient means for serving the greatest number of students, thus enabling counsellors to manage large caseloads with potentially less stress.

Because an RTI model of counselling intervention also supports a school-wide approach to mental health and wellness of students, counsellors may experience a lessening of the burden of solving all social-emotional or behavioural problems that students may experience while attending school. Tier one interventions are often offered to students through core programs and team-taught with classroom teachers. This increased collaboration between counsellors and school personnel may also serve to lessen the role ambiguity that counsellors experience as they take on a more visible role that becomes valued within the school culture. Perceived role stress decreases as ambiguity decreases, and a counsellor's role becomes more clearly articulated in terms of responsibility (Culbreth, 2005). Greater clarity in terms of a counsellor's responsibilities and functions may also assist counsellors in avoiding non-guidance-related activities that add to job stress, as administration and stakeholders become more aware of the vital role that counsellors play in the larger school community.

### **Conclusion**

Although counsellors cannot avoid all job stress, counsellor burnout is preventable by recognizing and addressing the contributing factors, and making adjustments to current practices which would then enable counsellors to perform at their best. Among the significant aspects that may affect stress levels of school counsellors are large caseloads that create a high demand with not enough time to see students, too many non-counselling duties assigned, and an unclear understanding of the school counsellor's role. In addition to these factors, job stress is associated with external demands from administration, teachers, parents and students, who all think that their needs are most important. In order to reduce job stress, school counsellors can advocate for reduced caseloads, appropriate duties, and clarification of their roles, by providing information to administration and other stakeholders regarding the impact that they have on student success. Supporting the need to develop a comprehensive counselling program, by restructuring the current model to an RTI model of counselling intervention, may play a major part in this advocacy. RTI enables counsellors to spend the majority of their time in direct service to students, offering meaningful supports, thus managing large caseloads more efficiently and collaborating with school personnel more frequently. Manageable caseloads, greater visibility, and increased success of counsellor interventions may reduce role ambiguity and inappropriate task assignment, consequently protecting counsellors from burnout.

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### **About the Author**

*Karen Klassen has been an educator for 15 years, teaching in a number of school divisions throughout Manitoba. After 12 years of classroom teaching, Karen has spent the last 4 years as a counsellor in a large high school. She has earned a B.Sc. and an after-degree B.Ed., and is currently completing her M.Ed. in counselling.*