Response to Intervention in the Social-Emotional-Behavioral Domain: Perspectives from Urban Schools

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Abstract

This article examines the application of the popular Response to Intervention (RTI) approach to the early identification and service delivery for students with social, emotional, and behavioral difficulties in schools. The article begins with an explanation of the RTI model as applied to the social behavior domain, based on the empirical research base. It proceeds to share data from focus group interviews with exemplary urban special education teachers about RTI strategies used in their schools and classrooms and what it would take to implement RTI in this domain. The article then discusses implications for school personnel who are interested in adopting an RTI model in this domain.

Keywords
RTI, social-behavior

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Starting with *universal screening*, an RTI approach will allow for early identification of children at-risk for social-emotional-behavioral difficulties. Universal behavioral screening techniques should be accurate, sensitive, and specific so as to identify risk factors in students. These screening measures should incorporate multiple methods and informants while also being cost efficient and easy to administer (Severson, Walker, Hope-Doolittle, Kratochwill & Gresham, 2007). Recently the Office of Special Education Programs (OSEP) worked with several leading researchers in the field of emotional and behavior disorders in an attempt to identify viable and technically adequate behavioral screening and assessment measures (Severson et al., 2007). The Systematic Screening for Behavior Disorders (SSBD) emerged as the most heartily endorsed measure. The SSBD has a strong norm sample, uses three levels of screening, and has an empirical support base. At the first level of screening in the SSBD, teachers identify students who are at high risk for difficult behaviors. In the second stage of screening, teachers complete a behavior rating scale on students screened as being at high-risk for behavior problems, with the intent to provide additional assessment for this group of students. At the final stage of screening in the SSBD, teachers conduct classroom and playground observations of the target students considered to be most at-risk for behavior difficulties.

Tier 1 or universal interventions are implemented school-wide or class-wide either daily or weekly, to all children in a school. Universal interventions address those social behaviors that all students at a school are expected to demonstrate (Sandomierski et al., 2008). Generally, universal interventions target social and academic development (Gresham, 2004). These could include school-wide expectations, rules, procedures, discipline plans, character building and violence-prevention programs such as Character Counts, and social skills curricula such as Skill-streaming. Generally, the goal of universal intervention is to teach prosocial behaviors necessary for academic and life settings. Sugai, Horner, and Gresham (2002) determine that approximately 80 – 90% of youngsters are well served by these universal interventions.

Simple measures may be used to determine which students are non-responsive to the universal interventions and who need additional support. For instance, office discipline referrals (ODRs) may be indicative of students who need more targeted interventions. In and out of school suspensions are another indicator of behavior problems. Commercially available Internet based information systems such as the School Wide Intervention System (www.swis.org) (May, Ard, Todd, Horner, Sugai, Glasgow, & Sprague, 2008) could be adopted to gather information, enter data, and generate reports on on-site office discipline referral information. These measures are effective in identifying students who demonstrate physical or verbal acting out or externalizing behaviors. Youngsters who are shy, quiet, withdrawn and demonstrate internalizing behaviors, such as depression or high anxiety, are more effectively assessed using teacher nominations or the SSBD (Hawken et al., 2008). It is important to caution that students are to be identified for selected interventions only if high quality academic and behavior instruction and interven-

"Simple measures may be used to determine which students are non-responsive to the universal interventions and who need additional support."

tions have been applied at both the school-wide and classroom levels, and students have not responded appropriately to these interventions.

"Tier II interventions are implemented to build a student's social-behavioral and/or academic-behavioral repertoire, so that students will become more responsive to universal interventions."

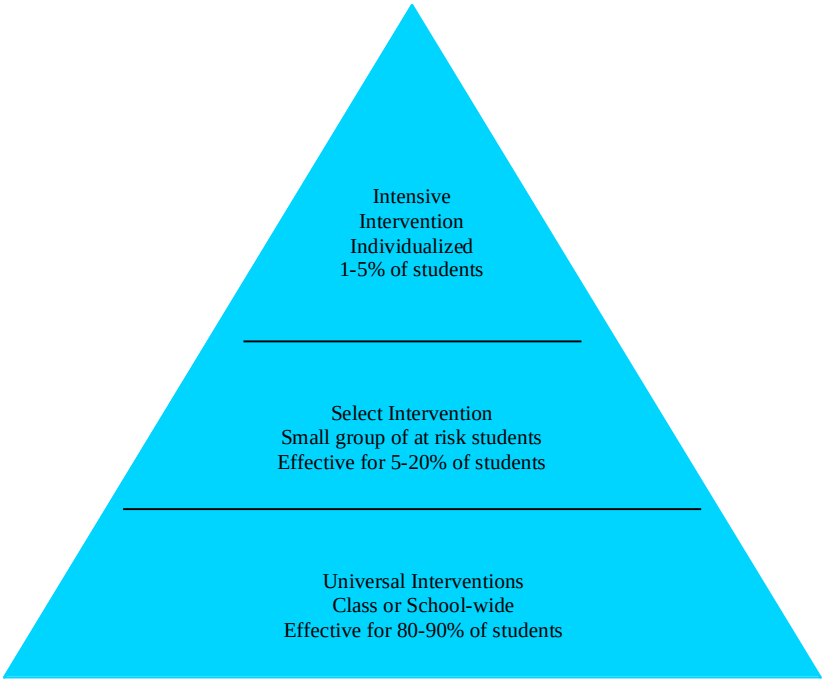
Tier II or selected interventions are targeted at those students (10 – 20%) in the class who are not responsive to the universal interventions received by all. It is important to note that a large number of students who demonstrate behavior difficulties also have academic difficulties which likely need to be remediated. Tier II interventions are implemented to build a students' social-behavioral and/or academic behavioral repertoire, so that students will become more responsive to universal interventions. Behavioral interventions that are easy to administer in small groups, and are not too time and personnel intensive would be appropriate such as social skills training, group counseling, or mentoring programs (Gresham, 2004; Sandomierski et al., 2008). Often, individually focused interventions such as a behavior contract, self-management strategy, or behavior reduction techniques such as response cost or differential reinforcement might be employed (Gresham, 2005).

Ongoing progress monitoring, at minimum biweekly, is required to ensure that the students are indeed responding appropriately to the intervention. Daily behavior report cards can be developed and used by the teacher to monitor the effectiveness of interventions adopted. A daily behavior report card report is similar to a home-school note or good note home, and is used by the student and teacher to monitor the effectiveness of an intervention applied toward a target behavior. Target behaviors are first defined, and a plan is developed to rate the student on these behaviors, usually several times daily (Chafouleas, Riley-Tillman, Sassu, LaFrance, & Patwa, 2007).

Tier III or targeted interventions are provided to the group of students, generally no more than 1 – 5% of a class, who exhibit chronic academic and/or behavioral difficulties and are not responsive to Tier II interventions (Sugai et al., 2002). At this point, more in-depth data is collected on the student, including a review of interventions already used. The intensity and persistence of the problem behaviors in these students requires individualized and comprehensive interventions that are resource-intensive and often reach beyond the school system. Mental health, juvenile justice, and social service agencies may be involved. Generally, a functional behavior assessment (FBA) is conducted to learn about the relationship between the student's behavior and variables in his or her environment and positive behavior support interventions are tailored to reduce the specific problem behavior and replace these with positive behaviors (Gresham, 2005). The purpose or communicative intent of students' behavior is investigated. Again, the students' ongoing progress is frequently monitored, either daily or weekly, using direct measures such as teacher-rating scales or direct observation of target behavior.

Figure 1

Social- Emotional- Behavioral RTI Framework



Application of Social-Emotional-Behavioral RTI in Urban Schools

Special education teachers are often viewed as a resource to others at the school when it comes to implementing academic and behavior interventions. A group of urban special education teachers who worked closely with school administrators and general education teachers were interviewed to determine the extent to which schools have the capacity to implement an RTI approach in the social-behavior domain. Focus group interviews were conducted to learn about how the RTI model is being used at their schools and to ascertain special educators' perceptions about the feasibility of the RTI approach in the behavioral domain. The following questions were explored using focus group interviews:

1) What early identification, intervention, and progress monitoring strategies do exemplary urban special education teachers report using in the social-emotional-behavioral domain?

2) What are exemplary urban special education teachers' attitudes towards the use of RTI in the social-emotional-behavioral domain?

3) What would it take for schools to adopt an RTI approach in the social-emotional-behavioral domain?

Methodology

Participants. Nine special education teachers (7 female and 2 male) from 3 urban school districts in the Western United States participated in the focus group interviews. Participants taught across three large diverse urban school districts on the West Coast, each serving 26,000 to 88,000 students, many of who were English language learners and on free and reduced price lunch. The schools the

teachers worked at varied in the extent to which they implemented an RTI model. All schools used some version of a tiered system of interventions, and one school had a full-fledged RTI model in place, primarily for academic interventions.

The participants had taught students with disabilities for between one to eleven years. Eight of the nine participants had prior experience working with individuals with disabilities in a different capacity (e.g., para educator, parent, ABA therapist, etc.) prior to pursuing their special education certification. Six participants taught students with disabilities in a pull-out program. Two participants were team leaders providing consultation and support to general and special educators across schools in the district. The final participant served as a resource specialist providing both pull out services and support in inclusive settings. Five participants taught at the elementary level, two at a middle school level, one at the high school level, and one supported teachers across all grade levels. All participants served students with a range of mild/moderate disabilities including learning disabilities, mental retardation, autism, other health impairments, and emotional and behavioral disturbance. Please see Table 1 for participant demographics.

Table 1
Participant Demographics

Name*	Gender	Age	Ethnicity	Highest education	Grade levels taught	Type of educational Setting	Years of tchng exp	Years teaching students with disabilities	Type of disabilities served
Luisa	F	35 - 39	Caucasian	Bachelor's +	9th and 10th	Self-contained	1.5	1.5	BD/ED, OHI
Roxanne	F	50 – 54	Caucasian	Masters	1st – 3rd	Self-contained	10	10	LD, MMR, Autism, BD/ED
Heather	F	30 –34	Caucasian	Masters	2nd – 4th, & 8th	Self-contained	5	5	LD, MMR, ADHD
Carol	F	45 – 49	Caucasian	Bachelor's +	2nd - 4th	Self-contained	11	11	LD, Autism, MMR, ADHD
Marco	M	30 – 34	African-American & Caucasian	Bachelor's +	Middle school	Team Leader	9	9	All
Stephanie	F	30 – 34	Caucasian	Bachelor's +	Middle school	Self-contained	6	5	BD/ED, Autism, ADHD
Jake	M	25 – 29	Caucasian	Bachelor's +	4th – 5th	Self-contained	4	4	LD, BD/ED
Fay	F	30 –34	Asian-American	Masters	K – 5th	Resource support, inclusion	7	7	LD, MMR, Autism, OHI
Jennifer	F	35 – 39	Caucasian	Masters	All	Team Leader	10	10	All

* Participant's names have been changed to preserve confidentiality.

The participants were graduates of a special education credential program at a large, urban, comprehensive public University and had been nominated by their University professors and fieldwork supervisors to a "Demonstration Network" based on demonstrated excellence in practice. University faculty nominated these participants as demonstrating exemplary practice based on ongoing classroom observations, interviews with administrators and site-supervisors, and interviews with the candidates themselves. Excellence in practice was documented in the following areas: theoretical and historical foundations of special education, assessment for planning and progress monitoring, program planning, instructional implementation, managing the teaching and learning environment, and professionalism and interpersonal skills.

Procedures. Email invitations were sent to members of the Demonstration Network of teachers. Of those who responded as being willing to participate, the nine participants were available at mutually determined times to participate in focus group interviews. All participants had completed coursework and /or professional development related to RTI and had a working knowledge of RTI, primarily in the area of learning disabilities.

Participants attended two, hour-long focus group interviews facilitated by the author at the local University. The focus groups were structured using semi-structured interview questions that were followed up with probing questions as needed. The first focus group inquired into strategies used in universal screening and identification, school-wide and class-wide preventative strategies adopted at the school, targeted interventions to build positive behavior repertoires, and intensive interventions for students with significant difficulties. At the second focus group meeting, a month later, a member check was conducted where the interviewer reviewed the participants' responses to the previous focus group questions and sought clarification and elaboration of responses as needed. The participant feedback enhanced the trustworthiness of the data gathered. Questions at the second focus group session related to teacher attitudes and perceptions of use of the RTI model, and what it would take for their school to consider adopting RTI. Interviews were audiotaped and transcribed for later analysis.

Data analysis. The author coded the emerging themes using grounded theory approaches (Glaser & Strauss, 1967). This process comprised of development of initial themes, categorization of these themes, grouping themes by category, looking for errors and inconsistencies, and refining themes using the extant literature (Huehls, 2005).

"Some participants expressed a general sense that their school could be doing more in the area of social-emotional-behavioral needs, and others reported that their school had many resources and supports."

Results

Participants were initially asked about the extent to which they felt their school addressed the social-emotional-behavioral needs of students. There was variability in their responses. Some participants expressed a general sense that their school could be doing more in this area, and others reported that their school had many resources and supports for students. The participants most frequently cited counseling services and referrals to both in-school counseling and community-based mental health services as ways in which their school addressed student needs. Secondary teachers indicated that their schools adopted a punitive approach where students with social

and behavioral difficulties were sent to on-campus suspension, referred for special education, failed their courses, or received a disciplinary transfer. Some teachers at the elementary level reported a greater emphasis on building a community atmosphere at the school with home-school activities, multicultural programs, and monthly family events being commonplace. Teachers reported that youngsters with internalizing problems, who did not call attention to themselves, were largely ignored by the school system and their needs largely remained unaddressed.

Tier I or universal interventions

When asked about the school-wide and/or class-wide programs and techniques adopted by their school to facilitate social, emotional, and behavioral skills in students, participants reported using several school-wide and/or class-wide positive behavior supports. Amongst the techniques cited were *school-wide incentive programs* such as the use of tokens exchanged for a reward, and rewards when they were caught doing something good e.g., earning "school cash" for good behavior. One of the districts where participants worked had adopted Safe and Civil Schools (Sprick, 2008), a school-wide positive behavior support model, in all of its elementary and middle school buildings. At these schools, site-based teams reviewed data on student behavior in their process of establishing goals and determining priorities for the school. Most schools used *positive relationship building techniques* such as checking in with students, informal teacher-student lunch gatherings, and showcasing students' strengths and talents to enhance faculty-student and student-student relationships. *Character Education programs* taught desirable traits and rewarded students for demonstrating these. The school counselor often conducted *mini-lessons* on topics such as bullying and teasing with large and small groups of students. *Mentoring programs* were also identified where community members and school personnel could volunteer to mentor a student of the same gender and ethnicity, and weekly mentor-mentee meetings were arranged where a curriculum was implemented to support participating students.

Marco talked about an innovative program that his school had implemented called "student alerts". Photographs of students who were at-risk for behavioral and/or academic difficulties were shared confidentially with the school staff as part of these alerts. Staff received professional development on how to provide encouragement and support to the students highlighted through the alerts. Anecdotal evidence indicated that this technique was very successful in orienting the student toward the desired behavior.

Tier 2 or selected interventions

When asked about the specific strategies or techniques used at the school to identify students who may be experiencing social/emotional/behavioral difficulties, teachers reported that the process of identifying students with behavioral difficulties was much like that used to identify students with academic difficulties. Classroom teacher observation and referral were most common. Often a general education teacher would approach the special education teacher asking for informal consultation and support. A *prereferral intervention team* was often convened. Some secondary teachers reported that it could take a while to convene the prereferral team at their school site with an occasional student getting arrested in the meantime. Parents may or may not be invited to this initial team meeting to discuss the students' demonstrated difficulties. Most often, the complaints or referrals dealt with students demonstrating externalizing behaviors. Students demonstrating internalizing behaviors most often went unrecognized and unattended to. In some instances, behavior problems resulted in disciplinary referrals to the truancy center or the

school office, or referrals to the school counselor.

Several teachers reported that *ongoing communication with parents* was both a necessary and effective technique. Teachers regularly communicated with their student's families using planners, phone conversations, and face-to-face meetings. Many schools were using a *pyramid of interventions* approach, with teachers being required to document the use of more than one intervention prior to initiating a prereferral team meeting on a student.

"Teachers in general education sometimes don't feel as empowered as we special educators feel to deal with behaviors when they come up. They feel like their hands are tied behind their backs."

> *Roxy*- Teachers in general education sometimes don't feel as empowered as we special educators feel to deal with behaviors that come up. They feel that their hands are tied behind their backs. To a certain extent they don't want to single kids out because they need something extra. Or they don't have the energy to deal with it, or they don't know how.

Tier 3 or targeted/intensive interventions

Teachers were asked about the targeted approaches they have used to build positive social-emotional behavior in the students they work with. In most instances, the special education teachers identified themselves as the primary resource for students who had been identified as having chronic behavioral difficulties. *Academic interventions* were generally considered to have a desirable effect on difficult behaviors. For instance, Amy clarified, "Half the students I have with significant behavior problems cannot read- they have made a lot of growth academically this year and they are beaming- it has really changed their behavior too".

Most special education teachers reported that they were acculturated to always look for the *student's strengths* and find positive behaviors to work with. Token economies, praise, tangible reinforcers, tickets, raffles, and good telephone calls home were widely used across grade levels and school sites.

A *level system* was often adopted where students had to earn a certain number of points, based on classroom behavior, in exchange for a privilege. The psychologist was viewed as a valuable resource for leading *small group* discussions around topics such as anger management, making good choices, pregnancy prevention, and bullying. *Building relationships with students* was believed to be key to the intervention process. Students were provided non-contingent attention. A strong message shared with students was that they were separate from their behaviors, and even though the teacher did not like their behaviors that did not suggest that she did not like the student.

> *Jenny*- really letting them see that you can separate the person from the behavior. You are not bad, your behavior is bad. Especially by Middle School and High School, they are quite lumped in together.

Teachers took the time to get to know the student as a person, both at school and outside school settings. Teachers often made home visits to get to know the family and home context and see the child in a different

setting. For some students, the use of social stories and role-playing appeared to be effective. Other teachers used individual or group meetings with students to process problems evidenced and assist with problem solving.

Clearly *data collection* leads to effective interventions. In some instances, teachers reported using a Functional Behavior Assessment or an antecedent-behavior-consequence (ABC) analysis to better conceptualize and intervene with the students' problems. Others referred to *collaborative approaches* where various school personnel, including the bus driver, assisted in collecting structured observation data to monitor student progress toward established objectives.

Special education teachers were usually the case managers for students who needed more intensive interventions. *Behavior contracts and point systems* such as level systems, *token economies*, and *class-wide or individual contracts* were widely cited. Promoting supportive relationships with an adult at school such as checking in with the assistant principal or counselor each morning were reported. Another approach commonly used by the special education teacher was *focusing on student strengths*. Marco described how he had a whiteboard in his classroom with two columns on it, one for positive comments on student behavior and the other for negative comments. Each time he called on a student for breaking a rule or misbehaving, he had to say three positive things about the student. His students were welcomed to draw his attention to instances when he did not keep up the 3:1 ratio of positives to negatives.

Teachers also discussed being reflective about *classroom instructional strategies and routines* and reflecting on ways to enhance student engagement.

> *Jenny*- This is a time to go back to see what's my structure, pacing, are my lessons engaging or am I back to the same old drone of my voice because I am tired. It is a good opportunity for us to go back and consider what can we do to implement more structure and consistency in their day.

Students were encouraged to participate in *goal setting*. For instance, in the morning during advisory Jenny would let students know what levels they were at, and then initiate a goal setting activity to find out what students were going to do to maintain their current level or to move up a level during that week.

External *mental health and counseling services* were also cited as a resource for intensive interventions. Some high schools had on-site mental health support, while other schools worked closely with community mental health agencies that supported the student and their families as well.

Attitudes Towards Using RTI in the Social-Emotional-Behavioral Domain

While there was a tendency for participating teachers to favor an RTI approach, there was healthy skepticism regarding its implementation in the schools. The promise of early intervention, preventing problems from becoming chronic, the impact of interventions on students' academic growth and consequent elevation of self-esteem and self-worth were cited as part of the attraction of RTI. There was also a belief that RTI would help reveal the reason for a student's low performance and behavior difficulties by distinguishing between underlying emotional and learning difficulties. For example, Amy explained, "There may be some emotional issues going on, but anything you can give them that will make them feel successful is going to eliminate some of that. Who is to say that they cannot learn because of the ED, or because of the disability that causes the ED."

RTI was also hailed as an objective approach involving scientific practices used to make decisions about children. Teachers realized that standardized tests that have been an integral part of the discrepancy formula used in the identification of LD have been flawed and biased. Making intervention decisions based on "concrete guidelines" and hard data was reassuring to the teachers. Eliminating subjectivity was believed to reduce bias in how students are identified for special education. Despite this objectivity, teachers were concerned about the lack of consistency in how RTI would be implemented across sites.

"Most of the concerns stemmed from resource implications such as staffing, budgetary concerns, and professional development for both special and general education teachers."

Most of the concerns stemmed from resource implications such as staffing (e.g., who will provide the interventions), budgetary concerns, and professional development for both special and general education teachers (e.g., lack of expertise or technical know-how).

> *Jake*- General education teachers are often uninformed- give it 6 weeks for behavior to see changes. If you are getting more help earlier, you are more likely to continue through with the intervention to see if it really works with the kid. If you don't get the help and are told to keep giving something a chance, I can see how the teachers get frazzled.

> *Jenny*- General education teachers think we have this wealth of knowledge that they have no knowledge of – some of the interventions we do are pretty basic. We don't do this magic with the kids..."

Questions were also raised regarding the role of RTI in high schools. Teachers were frustrated that by the time the student reached high school there was little that could be done to prevent the problem from escalating.

> *Luisa*- By high school, unfortunately, they have heard so many times only the bad part that that has become their whole persona. If you take that away from them, they don't know who they are.... By high school RTI is more about retention and stopping drop-outs than it is about prevention.

Implementation of RTI in Schools

Special education teachers identified several variables that would need to be in place for RTI to be adopted school-wide. Firstly, a standardized student assessment system would be needed that would identify the measures to be used at different tiers and the cut scores or criterion on these measures to determine whether or not a student is responsive to interventions. Secondly, ongoing professional development would be a key component for effective RTI implementation. Professional development on behavioral strategies i.e., the purpose of behavior, antecedents and consequences of behavior, dealing with hard-to-handle students, tiered interventions, classroom and individual behavior planning, etc. would be required. Third, school-wide and class-wide PBS models would need to be developed and systematically implemented. A

collaborative community climate would need to be fostered to allow students to feel comfortable to work together. Fourth, teachers identified a need for a shift in attitudes at their schools for RTI to work. A strong belief that all kids can learn would be needed to make RTI systemic. "A belief that these are still kids and that they can learn, that it is not too late…" (Roxy). Fifth, there would need to be support from school leadership, who would need to allocate resources to allow RTI to take root and be successful. In Jenny's words, "RTI needs to be an accepted philosophy from those above…".

Teachers also called for clear directions on how to implement RTI. They thought it would be essential to show general education teachers "exactly what RTI looks like and how it will work". It would not be sufficient to tell teachers to use interventions without showing them how to implement these. Jake, who taught at a school that had an RTI model in place and had tasted its success, talked about how a boost in student performance motivated school staff to adopt the model.

Finally, several teachers called for policy changes and increased research on RTI. They sought evidence proving that RTI works, and for specific empirical support on curricular, instructional, and assessment strategies that can be applied with fidelity to positively impact student performance. Another teacher recommended the following policy changes for RTI to be successful:

> *Jenny*- if the constraints of NCLB remain in place, then RTI will not work. The two do not go together. If schools are solely measured on test scores, they do not have the time, energy, resources, and even the care to do anything but raise test scores; they are not going to try out interventions… RTI would not take root in a district with tunnel vision for raising test scores.

Implications for Schools

RTI is an appealing and promising approach to the prevention of chronic social, emotional, and behavioral difficulties in children and youth. This approach has received increased attention in the research literature, although there is very little empirical support for its use in the social-emotional-behavioral domain at this time (Fairbanks et al., 2007; Gresham, 2005). While it is critical to determine the effectiveness of such an approach on student outcomes, a parallel line of inquiry relates to whether schools have the capacity to implement RTI across the academic and behavioral domains (Hawken et al., 2008). The data from the focus groups conducted in this study provide insights on how practicing special educators perceive RTI and how RTI is implemented in their classrooms and schools. This investigation also sheds light on special educators' attitudes and concerns underlying school-wide implementation of RTI. The perspective of a special educator is a valuable one, as special educators are prepared to provide academic and behavioral interventions and to serve as a resource for administrators and general educators at their schools. Established RTI models have been of fairly recent origin, primarily since the passage of the Individuals with Disabilities Educational Improvement Act (IDEIA) in 2004. Special educators are increasingly providing pre-referral support and services to students at-risk for learning and behavior difficulties, and are in a position to provide leadership, technical support, and much needed professional development for the establishment and implementation of an RTI model at their school.

The shift in traditional service delivery models will make corresponding demands on schools for the early identification of student needs, implementation of universal

screening measures, identification of appropriate interventions of increasing intensity, and the development of robust progress monitoring measures to determine student response to interventions. Criterion measures and decision rules will need to be determined that allow school-based problem solving teams to determine when a student responds appropriately to an intervention, and when he or she is non-responsive and needs more intensive interventions (Noell & Gansle, 2006). Grouping in tiers is intended to be flexible and dynamic, such that a student can be moved or retained at a particular tier depending on his or her progress. Progress monitoring data must be reviewed every 6- 8 weeks to ensure that the student is not "stuck" at a particular tier of intervention. These questions call for increased research and ongoing professional development for school personnel.

An allied area that schools will need to address when implementing RTI in this domain is securing support and buy-in from all school personnel. Teacher willingness to intervene when difficult behaviors emerge is paramount to this model's success. Building needed technical skills and supports amongst the teachers will help change teacher attitudes, resulting in more flexible staff who are willing to redefine their roles and share their turf with colleagues to better serve students (Danielson, Doolittle, & Bradley, 2007; Fuchs & Deshler, 2007). Similarly, committed administrators who set clear expectations for the implementation of RTI, ensure adequate resources are available, and support the use of empirically based practices facilitate RTI practices at a school (Danielson et al., 2007). As was apparent from the focus group interviews, strong leadership at the district and site level is needed to set the tone for RTI implementation. The social-emotional functioning of youngsters would need to be declared to be a strategic priority, with the necessary resources provided to facilitate needed intervention.

Teachers in this investigation discussed their collaboration with parents when developing and implementing interventions. Parental communication and participation in educational decisions strengthens the interventions implemented (Duffy, 2007). Partnering with parents in an RTI model is very desirable, and requires outreach to the family and community at multiple levels.

In summary, RTI emerges as a promising model for youngsters who experience difficulties in the social-emotional-behavioral domain. Despite the promise of RTI, there is a need for more conclusive research about the specifics of implementation and the feasibility of large-scale adoption of this model.

RESOURCE BOX

Useful resources for positive behavior support and planning are available at http://www.pent.ca.gov

http://www.pbis.org

www.swis.org

http://www.rtinetwork.org/Learn/Behavior/ar/SchoolwideBehavior

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