

Augmenting RTI

Using a Pattern of Strengths and Weaknesses
in the Comprehensive Evaluation

3/28/14, WSASP Lecture Series
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WAC 172A-03055

... the group may also consider whether the student exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state grade level standards, or intellectual development, ...



Utilizing PSW in addition to RTI

WSASP Position Statement & Guiding Papers

- Underachievement
 - (Steve, last month)
- Responsiveness Concepts
 - (Susan, opening session)
- PSW
 - Definitely in draft stage in Vancouver



Key Evaluative Concepts

1. Unexpected underachievement
(addressing "Exclusionary Factors" & "r/o clauses")
2. Dual discrepant student performance
3. Spared cognitive abilities are WNL
4. Pattern reveals consistency rather than discrepancy
5. Composite IQ is not necessary



Key Evaluative Concepts

1. Unexpected underachievement
(addressing "Exclusionary Factors" & "r/o clauses")



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- ▶ A child must not be determined to be a child with a disability
- ▶ If:
 - Lack of appropriate instruction in reading, including the essential components of reading instruction
 - Lack of appropriate instruction in math



VPS RTI Framework

- ▶ Reflects a lot of effort from a lot of people across a variety of school teams.

- ▶ Originated from a Title & Sp Ed collaboration
 - RTI/PBIS at the inception (about six yrs)
 - Integrated Triangle – RtI A & RtI B
 - Do receive Basic Ed Support, SSLE (year 4)
 - LAP is a stickler for rules -

- ▶ Multiple revisions
 - Probably in a permanent DRAFT version



RTI in VPS

Three Year Implementation Data
2009/10, 2010/11, 2011/12



DIBELS-Cohort One, RTI vs. non RTI 2011/2012, End of Year Testing

- Cohort One (3 years, consistent implementation)
- ▶ 10.5 % increase in scores from beginning of year
-
- District (Cohort One factored out)
- ▶ 6.83 % increase in scores from beginning of year



2012 End of Year Testing Results Summarized

Combined Grade Level RTI % improvement over non-RTI

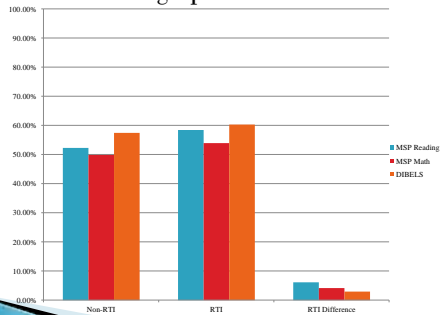
- ▶ MSP Reading 1.31%
- ▶ MSP Math 2.72%
- ▶ DIBELS 3.67%

Title Schools: Spring 2012
RTI vs. Non-RTI with Similar Demographics

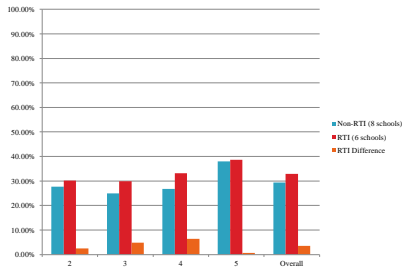
| Test: | Non-RTI | RTI | RTI Difference |
|-------------|---------|--------|----------------|
| MSP Reading | 52.31% | 58.43% | 6.12% |
| MSP Math | 49.88% | 53.97% | 4.09% |
| DIBELS | 57.40% | 60.27% | 2.87% |

Demographics considered free/reduced lunch levels, ELL, Special education, and size of school using 3 control schools and 3 RTI schools

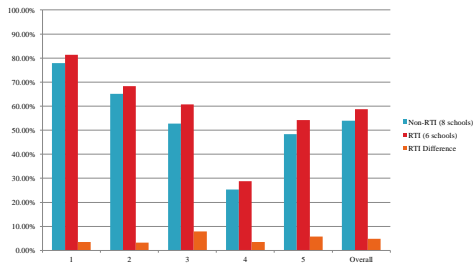
Spring Benchmarking, 2012 Title Schools with Similar Demographics



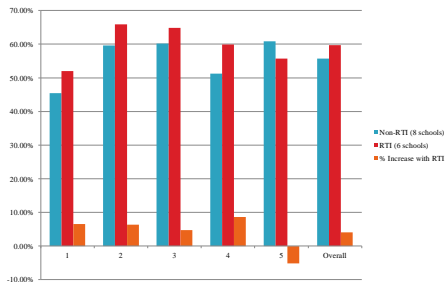
RBA, Fall, 2012



MBA, Fall, 2012



DIBELS, Winter, 2012/13



Transformative Concepts

- › Underachievement is unexpected
- › RTI as essential to rule-out clauses



Rule-out clauses

- › Visual, hearing, motor disability
- › Intellectual disability
- › Emotional or behavioral disability
- › Cultural factors
- › Environmental or economic disadvantage
- › Limited English Proficiency
- › Lack of appropriate instruction



Discussion

- › How does RTI address rule-out clauses in SLD?
- › To which rule-out clauses may RTI apply?
- › Are there some that RTI does not address?



Rule-out clauses

- ▶ Visual, hearing, motor disability
- ▶ Intellectual disability
- ▶ *Emotional or behavioral disability*
- ▶ Cultural factors
- ▶ *Environmental or economic disadvantage*
- ▶ *Limited English Proficiency*
- ▶ *Lack of appropriate instruction*



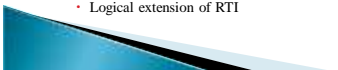
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- ▶ A child must not be determined to be a child with a disability
- ▶ If:
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Team RTI

- ▶ Shift in thinking
- ▶ PBIS is about changing adult behavior
- ▶ RTI really is as well
 - Abandon refer-test-place
 - Change the instruction v fix the kid
 - Adult adapts to the student's need
 - Instructional responsibility is the teacher's
 - (don't blame the kid)
- ▶ And PSW will be too
 - Change from meeting eligibility criteria to "Diagnostics Matter"
 - Treatment approach to instruction & intervention
 - Logical extension of RTI



Sticking Points in VPS

- ▶ Implementation of Core
 - ▶ Triangles, Rectangles,
 - ▶ Pyramid RtI
- ▶ Responsiveness
 - Tier II
 - Tier III
 - Action Teams &
 - Student Support Plans



Questions?

- ▶ Unexpected underachievement



Key Evaluative Concepts

1. Unexpected underachievement
(addressing "Exclusionary Factors" & "r/o clauses")
2. Dual discrepant student performance



Dual Discrepant

- ▶ Discrepant from Peers
 - How are most of the students in the class doing?
 - How is the student we are worried about doing relative to his/her peers?
- ▶ Discrepant Individually
 - What is the student's rate of learning when provided a targeted intervention?



Evaluating Students Suspected of SLD

- OrRtI v NCRTI
- No SLD by default
- We are not good enough



Unexpected Underachievement

- ▶ Essentials of SLD Evaluation
 - This concept resonated with the psychs
- ▶ Existence of a healthy core
 - Tier I Meetings
 - Focus on instruction for all
 - Fidelity concepts
 - TPEP
 - Connect RTI & PBIS to 5D's
- ▶ Targeted Intervention & Responsiveness



Questions?

- Dual Discrepancy



Expected Underachievement?

- Rectangles v triangles



Questions for Cara?

- Cara Heisler, VPS School Psychologist



Key Evaluative Concepts

1. Unexpected underachievement
(addressing "Exclusionary Factors" & "r/o clauses")
2. Dual discrepant student performance
3. Spared or intact abilities

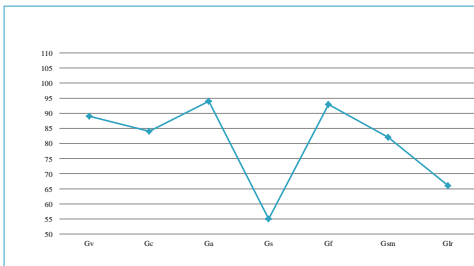


Communities of Practice in VPS

- ▶ Psych PLC
 - Journal articles, White Paper, Discussion (2010/11)
 - Essentials of SLD (2011/12)
 - Essentials of CHC (2012/13, 13/14)
 - Case studies (currently)
- ▶ Emerging Partnerships
 - SLP's joining the psychs
 - ELL joining the psychs
- ▶ Continuing challenges



Looking for Patterns





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And

If used as part of ...,

a discussion of the student's pattern of strengths and weaknesses in performance, achievement or both, relative to age, state grade level standards, or intellectual development



PSW in Vancouver

- It's been quite a journey
- Communities of Practices
 - Building upon RTI
 - CHC Theory
 - The Comprehensive MDT
 - Hypothesis development
- Key Concepts & Decision Rules
- Challenges and questions

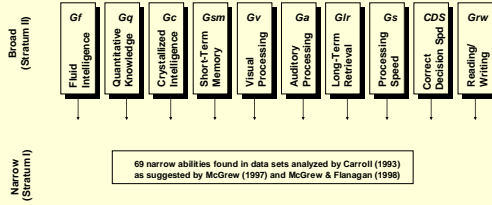


Why CHC Theory?

- ▶ Last summer – WSASP Retreat
- ▶ Sort of a Position Statement invitational
 - Several different practitioners and university professors
 - Each broke up into three teams
 - Almost everyone on the PSW Committee brought their own copy of at least one of the CHC books
 - Endorsed CHC and recommend it as the base of the Washington PSW Model



Carroll-Horn-Cattell theories CHC Theory



Adapted from K. S. McGrew & D. P. Flanagan (1998). *The Intelligence Test Desk Reference (TDR): Gf-Gc Cross-Battery Assessment*. Boston: Allyn & Bacon.

Spared Cognitive Abilities

- ▶ Two cognitive strengths?
 - Two broad cognitive abilities that are also at least average
- ▶ Three cognitive strengths?
 - Three broad cognitive abilities that are also at least average
- ▶ “g” value

Intact or Spared Abilities

- ▶ Determine if there are enough intact abilities (strengths) to support SLD identification
 - Recommended *at least 3* areas of strength *AND* areas of weakness related to academic area of concern (2013)
 - This has been revised since August. Cohesiveness (2014)
 - Two cohesive broad abilities within the average range
 - Areas of weakness related to reason for referral

Cohesiveness?

An attempt at making sense of wonky scores:

- ▶ Standard scores are converted
 - 87 & 94
 - 82 - 92 & 89 - 99
- ▶ Within a standard deviation
 - 79 & 91 are only 12 apart



Questions?

- ▶ Spared or intact cognitive abilities
- ▶ Cohesiveness



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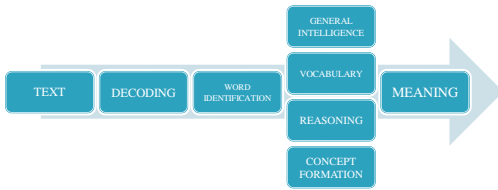
Broad Cognitive Abilities & Processes

Assessment for SLD typically includes

- Academic:
 - Reading and Writing (Grw)
 - Quantitative Knowledge (Gq)
- Cognitive:
 - Crystallized Intelligence (Gc)
 - Fluid Intelligence (Gf)
 - Visual Processing (Gv)
 - Auditory Processing (Ga)
 - Short Term Memory (Gsm)
 - Long Term Storage and Retrieval (Glr)
 - Processing Speed (Gs)
- Executive Functioning (EF)

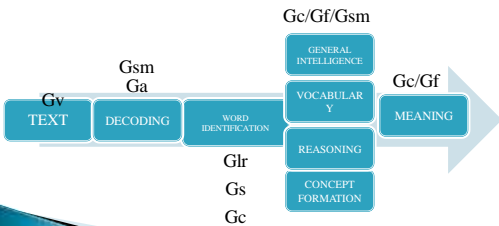
Reading

Adapted from Shaywitz



Cognitive Abilities & Reading

Integrating CHC Theory with Shaywitz



Abilities related to referral

| Early Literacy | Third grade and up |
|----------------|--------------------|
| Gc | Gf |
| Glr | Gc |
| Gsm | Glr |
| Gs | Gsm |
| Ga | |

Flanagan & Alfonso
Ppt, 2011

Comprehensive MDT

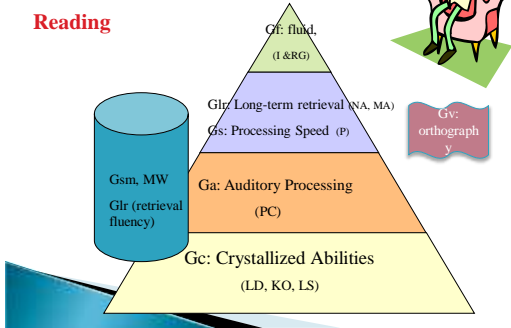
| OT | Sp Ed Teacher | SLP | Psych |
|----|---------------|--------|--------|
| | | | Gf |
| | | | Gsm |
| | | Glr/Gs | Glr/Gs |
| | | Ga | Ga |
| | Gc | Gc | Gc |
| | Grw | | |
| | Gq | | |
| Gv | Gv | | Gv |

Measuring Narrow Abilities

- ▶ Assessment must include 2 qualitatively different narrow abilities within each broad ability (min 2 subtests)
 - (Narrow ability tab in binder)
- ▶ Narrow abilities strongly related to reading, writing and math will vary according to age/grade
 - (Narrow ability tab in binder)

Narrow Abilities

Reading



Decision-rules

- ▶ Initial round of testing
 - Assess all broad/narrow abilities of concern with two qualitatively different measures,
 - determine if additional assessment is needed
- ▶ No Additional Assessment Required: If cohesive
 - two qualitatively different narrow abilities within the broad ability are convergent because the standard scores overlap
 - Scores with one standard deviation
 - Scores that overlap (confidence bands)
- ▶ Additional Assessment Indicated: If divergent
 - two qualitatively different narrow measures within the broad ability do not cohesively cluster

Questions?

- ▶ Pattern reveals consistency

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5. Full Scale Score is not necessary



De-emphasis on IQ

- ▶ Diagnostics Matter
 - ▶ Hypothesis generation & testing
 - ▶ Looking for patterns that make sense
 - ▶ Cohesive broad abilities in the average range
-
- ▶ IQ still relevant for discrepancy model, obviously



Questions?

- ▶ De-emphasis of Full Scale Score



Indecisions

- ▶ Scores between 85 – 89
 - Nomenclature debate
- ▶ Essentials of Cross Battery Assessment
 - Steps in the book
 - Disks
- ▶ Challenges in practice
 - Disk limits testing
 - Averaging narrow abilities without disk



Reactions and Challenges

- ▶ I like that it is a cleaner way of identifying disability or difference
- ▶ What's tricky is making sense when I write it up
- ▶ I think that not having our group in full agreement on a cut off for weakness is tricky
- ▶ It is more time consuming
- ▶ Scores for some areas (Glr, Gsm) can be very different with the same student depending on which tests are given



Proposing a Common Classification System

| Percentile | Standard score | Description | Normative reference | Proficiency level |
|------------|----------------|---------------|---------------------|-------------------|
| 92 – 97 | 121 – 130 | Superior | Strength | Advanced |
| 86 – 91 | 116 – 120 | Above Average | Strength | Advanced |
| 76 – 84 | 111 – 115 | High Average | WNL | General |
| 25 – 75 | 90 - 110 | Average | WNL | General |
| 16 – 24 | 85 - 89 | Low average | WNL | General |
| 9 - 15 | 80 - 84 | Below average | Weakness | Limited |
| 3 - 8 | 70 - 79 | Low | Weakness | Limited |
| <2 | < 69 | Very low | Weakness | Very limited |



Adapted by Bill Link from Flanagan
 The WJUV-Vancouver, 3pe Ed 802

Next Challenges

- ▶ Still aligning CHC with evaluation/referral
- ▶ Still sorting through patterns
- ▶ Still addressing language based learning disabilities

- ▶ Then, connecting CHC Theory to intervention

Intervention & Strategies

- ▶ MDT must ensure there is consistency between areas of weakness and intervention/strategy recommendations on evaluation report and IEP

- ▶ Address how areas of weakness will impact the academic areas and what interventions will support this area

IEP goals as Intervention

- ▶ MDT will need to select assessments related to referral concern
- ▶ MDT will need to examine assessment results to determine specific areas of weakness within reading, writing, or mathematics (drill down)
- ▶ MDT will need to recommend intervention strategies specific to the student's profile
 - Different profiles suggest different interventions

- ▶ Example on how to do this for reading
 - *Activity-in Binder under Reading tab complete 4 subtypes of reading disorders sheet during webinar and be prepared to discuss in table groups

Questions?

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