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Sustaining RTI through Consultee-Centered Consultation

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Response-to-intervention (RTI) models utilize a proactive, prevention approach that requires the implementation of a sophisticated, multi-tiered problem-solving process in the regular education environment. Effective and sustainable implementation of these models will necessitate a mechanism to support professional development, treatment fidelity, and the transportability of evidence-based interventions to the unique ecologies of individual school sites. This paper discusses problems related to the implementation of RTI models and outlines professional development issues related to implementation. A case is then made for the use of consultee-centered consultation, because of its focus on consultee development, to sustain the implementation and dissemination of RTI models in schools. The article ends with a presentation of how one RTI model, Instructional Consultation, integrates consultee-centered consultation into its implementation and professional development procedures.

Key Words: Consultation, Response-to-Intervention, Implementation, Instruction

Reauthorization of the Individuals with Disabilities Education Act (IDEA) opens the door for the general education system to revisit how it assesses and provides service for students who are experiencing academic and behavioral difficulties. As opposed to the current regular education practice of relying upon a refer-test-place approach to support students with special academic or behavioral needs, this alternative approach places an emphasis on both assessment, and importantly, intervention in regular education settings. RTI offers regular education teachers assessment options and intervention tools that encourages them to accept instructional responsibility for a broader range of students than the prior model would allow. Within this approach, teachers are no longer encouraged to automatically “give away” responsibility for low achieving students.

The emphasis in RTI on curriculum-based assessment, multiple level problem-solving, and intervention in regular education will require substantial changes in how teachers and psychologists individually and collectively conduct their professional duties (Hoagwood & Johnson, 2002). For example, how will teachers integrate their prior understandings of a student-focused etiology of learning disabilities into an ecologically oriented instructional model? How will teachers adopt “evidence-based interventions” that may work well under ideal conditions in a university learning laboratory, but are then implemented within the ecological complexity of their individual school sites? What mechanism can be used to support teachers’ institute professional development of skills such as the use of single-subject design to document intervention effectiveness? This paper first outlines characteristics and components of the RTI process, and highlights and discusses challenges to its successful implementation as an evidence-based intervention. Next, consultee-centered consultation is defined and a rationale presented for its use as a means to facilitate the development of skills that will be needed by consultees to implement and sustain the RTI model in individual school sites. Finally, the paper ends with a discussion about the use of consultee-centered consultation to facilitate consultee’s acquisition of RTI related skills within Showers and Joyce’s (1996) four levels of professional development.

Elements of RTI

Although several variants of RTI models have been proposed many of them share common conceptual frameworks and have overlapping content and process components (Gresham, 2002). An important component of a variety of RTI models is the use of a dual-discrepancy (DD) decision paradigm to assess and intervene with students who are exhibiting low-impact, higher-incidence school problems. Additionally, as the name implies, RTI models universally use a problem-solving process that is at some level based upon a student's response to evidence-based interventions (EBIs).

Dual-discrepancy. Like the IQ/Achievement model of learning disabilities the dual-discrepancy model uses the concept of establishing a discrepancy to identify students who are "learning disabled" (Reschly, 2003). However, in the DD model the discrepancy refers to students' pre and post levels of performance in response to an evidence-based intervention (Gresham, 2002). If a student is deficient in critical academic skills and exhibits a low rate of learning in response to effective instructional practices then the student may be identified as having a learning disability (Kovaleski, 2003). This concept is a feature of many RTI models.

Response-to-intervention. The RTI process has two defining characteristics, it is a multi-tiered problem-solving model and it requires the use of evidence-based interventions (Walker, 2004). Medical analogies are often used to explain the rationale. For example, when a person complains to a physician of shortness of breath a doctor does not immediately order a heart transplant or radiation therapy for the patient. Instead, a doctor undertakes a diagnostic approach in which she or he gathers information and moves from lower intensity possibilities toward more severe possibilities. Ultimately, a course of scientifically validated medications or procedures are prescribed based upon the patient's response to treatment.

Schools also need to adopt the practice of "matching intensity of intervention to problem severity" (Gresham, 2004, p. 4) because as the recent swings in reading instruction between whole language and phonics have demonstrated, one-size intervention does not fit all students. Within RTI the intensity of an intervention is based upon the severity of a student's academic or behavioral issues. Consequently, depending upon his or her responsiveness, a student could potentially move through a tiered system of increasingly intensive interventions.

Tiered levels of problem solving. The RTI process is typically described as occurring across three to four levels of increasingly intensive interventions that are administered to an increasingly smaller proportion of the student population (Kovaleski, 2003). For example, North Carolina is implementing a pilot RTI program that has four tiers: Level I, Benchmark, all of General Education; Levels II & III, Strategic Interventions, 15% of population; and Level IV, Intensive Interventions, 5% of population (Deni, 2004). Depending upon a student's responsiveness to an intervention, he or she may move from being in a skill building small group to receiving individualized instructional modifications. Within each of these levels an intervention will be applied through a distinct problem-solving process: define the problem, develop the plan, implement the plan, and evaluate the student's response to the intervention. The general problem-solving process is facilitated at each level through either dyadic or team-based consultation.

New skills. The implementation of RTI may require educational professionals, especially teachers and school psychologists, to acquire or bolster their skill sets. The Instructional Consultation Team model (Rosenfield & Gravois, 1996), an RTI approach, has four core skill areas that team members need to develop: problem-solving strategies, communication skills, data collection, and curriculum-based analysis. Specific skills that are needed include hypothesis formulation, defining concerns in observable terms, charting and graphing data, conducting a CBA in reading, and active/reflective listening. Most RTI models require knowledge of these core skill areas.

CHALLENGES TO IMPLEMENTING AND SUSTAINING RTI IN A SCHOOL

The scope of the RTI paradigm is broad and its implementation includes change in the life of school systems at the district, building, classroom, and individual levels. What challenges need to be met to transform the programmatic and professional infrastructure of schools from the current refer-test-place model to the RTI, assessment for intervention model? While the specific challenges are many and include fostering system buy-in, revamping schools' intervention practices, widening the scope of classroom instruction, and providing professional development there is one overarching issue (Adelman & Taylor, 2003; Schoenwald & Hoagwood, 2001; Walker, 2004) that subsumes many of these individual challenges: intervention implementation.

A core assumption of the RTI approach is that students will be better served when teachers and allied professionals use an empirically validated problem-solving process that results in the appropriate selection of evidence-based interventions (EBIs) to meet low-achieving students' academic and behavioral needs (Reschly, 2004). However, the seemingly straightforward process, first identifying a student's academic needs and then selecting and implementing an EBI, becomes complicated as it is applied in actual settings. Researchers have identified three key challenges to the problem of implementation: (a) efficacy, (b) transportability and effectiveness, and (c) transportability and dissemination (Hoagwood, 2001; Hoagwood & Johnson, 2002; Schoenwald & Hoagwood, 2001).

Efficacy

Traditionally, interventions focusing on behavioral and instructional problems have been developed in "ideal" settings (Burns & Hoagwood, 2002) in which the efficacy of an intervention is established. Initial studies of instructional interventions are often conducted in a setting that will allow for maximum effect and for control of variables. Accordingly, efficacy trials may exclude "low functioning" or "low IQ" students or be limited to teachers who self-select and volunteer for investigations that seem interesting to them. The experimental research process must normally begin with initial trials conducted in controlled settings to establish efficacy. School districts should not routinely adopt new interventions that have not had their effectiveness and efficacy empirically confirmed. However, once efficacy has been established for an intervention and it then moves from a lab or a highly staffed, research-funded school site, it will come face-to-face with complicated ecological realities inherent in ordinary schools. An intervention that has only been researched through initial efficacy may not be found to be effective or be evidence-based in "natural settings."

Effectiveness and Transportability

Most every veteran educator or school psychologist has had to devote time and energy to tackling the latest "intervention du jour." Every year school districts across the country spend millions of professional development dollars and commit massive amounts of staff and student time to engaging in the newest educational "fix." Programs designed to ameliorate problems ranging from self-esteem, reading levels, citizenship, and motivation are introduced annually. Savvy educators have learned to be skeptical of the promises of new programs and often adopt a "this too shall pass" attitude. What is at the root of this skepticism to innovation? Experienced educators will tell you that many of the programs don't work, were designed by people who have never been in a classroom, or are merely recycled ideas from "when I started as a teacher." These comments refer to the issue of the "research-to-practice gap" or transportability.

Schoenwald and Hoagwood (2001) describe transportability as "the movement of efficacious interventions to usual care settings" (p. 1092). Modern schools are complex environments whose func-

tioning is impinged upon by macrosystem issues (i.e., state of the economy and current legislative mandates), mesosystem issues (i.e., interactions between police and schools), and microsystem issues (i.e., current class size). Within this context Schoenwald and Hoagwood describe six dimensions in which there may be contrast between research and practice settings: (a) intervention characteristics, (b) practitioner characteristics, (c) client characteristics, (d) service delivery characteristics, (e) organizational characteristics, and (e) service system mandates. Intervention development has not traditionally focused on bridging the research-to-practice gap to ensure an intervention's transportability — implementation has often been left to chance.

Integrity. Once an intervention reaches a site and implementation has begun, the issue of integrity (Gresham, 1989; Walker, 2004) cannot be overlooked. Is there consistency of delivery? Are central components ignored? Is consistency possible? For example, the CBA process requires that an intervention's effectiveness be evaluated, often through the use of a single-subject protocol. However, graphing intervention effectiveness requires a time consuming, multiple step process that necessitates fidelity to insure validity. Teachers and/or school psychologists used to the laxer implementation of many of the interventions undertaken in current pre-referral protocols may not understand or follow the more rigorous steps of data-based problem-identification and charting needed for a valid evaluation of intervention effectiveness.

These questions address some of the salient issues related to integrity: Who has training in evaluation? Who should be responsible for carrying out the evaluation step? Can the intervention be adopted as originally designed (Hoagwood, 2003-2004; Schoenwald & Hoagwood, 2001)? The implementation of an RTI model may need to begin with the basic question of professional responsibility and contain some mechanism to support the transfer of knowledge and skill between professions.

Dissemination and Transportability

Dissemination refers to whether interventions are sustained beyond their original adoption within settings of normal practice (Burns & Hoagwood, 2002; Rones & Hoagwood, 2000). To realize dissemination an intervention must include a planned, directed path that addresses how sustainability will be achieved. How will an intervention's goals become a part of the school's goals? What processes will be used to facilitate training, buy-in, and organizational support? Who will conduct the intervention in question, under what circumstances and to what effect (Schoenwald & Hoagwood, 2001)? Factors known to be important to dissemination include: comprehensive training (Knoff & Batsch, 1995), participatory action and collaboration (Nastasi, 1998), and supervision and monitoring (McDougal, Clonan, & Martens, 2000).

In order for RTI models to successfully enter schools and then become a long-term presence they must address issues beyond efficacy and actively plan for transportability for effectiveness and dissemination. Programmatic content cannot simply be downloaded into schools via single-session workshops or through administrative mandate. Transportability of RTI models requires an embedded diffusion process that takes into account professional development needs, adaptation to the school's unique ecological context, a workable evaluation process, and a means to encourage system acceptance of the model (Glisson, 2002). The next section of the paper discusses how consultation may be used to facilitate the implementation of RTI through the various phases of professional development of the personnel responsible for the process.

SUSTAINING RTI THROUGH CONSULTATION

RTI models are noteworthy for their ambitious reach across the entire population of general education students and for their multilayered range of interventions. The RTI initiative embraces a preven-

tion perspective and reframes students' functioning from a point of view of deficit to one of potential; this conceptual shift in turn reframes how teachers and school psychologists should conduct their professional business. General education professionals are challenged to problem-solve and use assessment in the service of effective intervention, and to use intervention within the context of regular education.

The process of implementing and sustaining an RTI model is daunting because of the requirement that educators effectively acquire new skills, effectively use data-based decision making to inform intervention, and effectively master and adapt EBIs to their unique school setting. How can these training challenges be met? One piece of the answer may be to focus on the process of professional development that is tied to RTI's implementation. The RTI model will not become embedded simply because of its conceptual merits, someone will have to be responsible for ensuring that skill acquisition, EBI implementation, and collaboration during problem-solving really occurs. Consultation is an interpersonal problem-solving process that can be used to meet these challenges.

Consultation

Consultation is generally defined as an indirect service through which a consultee (i.e., a teacher) gains support for a client (i.e., a student) by engaging in a problem-solving process with a consultant (Bergan & Kratochwill, 1990; Caplan, 1970). For instance, in a school setting a teacher may initiate consultation with a school psychologist in order to problem-solve about ways to provide classroom support for a child who is a frequent target of bullies. In this case, the teacher has primary responsibility for the student and the school psychologist has a primary responsibility to facilitate the teacher's acquisition of new perspectives and possible solutions to the work problem (classroom interventions to stop bullying). Within the field of consultation there is wide variation in the methods and goals associated with different types of consultation. Behavioral Consultation utilizes behavioral theory and is primarily defined by its emphasis on the use of behavioral technology and the systematic structure of consultation (Bergan, 1977). Mental Health consultation utilizes psychodynamic theory and is defined by its use of an external consultant who works with the consultee to overcome issues such as theme interference (Caplan, 1970).

Consultee-centered consultation. This type of consultation evolved out of Caplan's original model and has developed to the point that it is in many ways distinct and incompatible with the form of consultation traditionally known as Caplanian Mental Health Consultation (Lambert, 2005). The contemporary definition of consultee-centered consultation was developed over three international seminars in past 10 years and contains the following key elements (Knotek & Sandoval, 2003):

1. Consultee-centered consultation emphasizes a non-hierarchical helping role relationship between a resource (consultant) and a person or group (consultee) who seeks professional help with a work problem involving a third party (client).
2. This work problem is a topic of concern for the consultee who has a direct responsibility for the learning, development or productivity of the client.
3. The primary task of the consultant is to help the consultee pinpoint critical information and then consider multiple views about well-being, development, intrapersonal, interpersonal and organizational effectiveness appropriate to the consultee's work setting. Ultimately, the consultee may reframe his or her prior conceptualization of the work problem.
4. The goal of the consultation process is the joint development of a new way of conceptualizing the work problem so that the repertoire of the consultee is expanded and the professional relationship between the consultee and the client is restored or improved. As the problem is jointly reconsidered, new ways of approaching the problem may lead to acquiring new means to address the work dilemma.

The name “consultee-centered” consultation itself reflects the core focus of the consultation relationship, which is predicated on facilitating change in the conceptual understandings of the consultee. While the expectation exists that clients will ultimately be better served through consultation, the prime goal of this type is to reframe consultees’ knowledge and reconceptualize their understanding of the work problem. Consultee-centered consultation seeks to facilitate change through the interpersonal process of the relationship, and can be considered as open with respect to the content discussed during consultation. This type of consultation is well suited to support the implementation of the RTI model because: (a) it is also prevention focused; (b) it is designed to foster consultee’s adaptation to novel work problems, such as, deciding how to implement new interventions; and (c) it is content neutral and can be used to discuss implementation issues ranging from individual cases to system wide sustainability.

HOW WILL RTI HAPPEN?

Acquisition of the skills, simple (i.e., filling out information forms) and complex (i.e., integrating intervention results into a coherent, data based interpretation) that are needed to successfully impact the students who RTI is designed to benefit will not occur magically. Successful implementation of RTI will require that school personnel learn skills such as curriculum based assessment, assessment for intervention, and intervention evaluation, and then, conceptually integrate each of these discrete skills within a superordinate explanatory framework. Typically, professionals such as school psychologists learn these abilities, which are part and parcel of the problem-solving process, over several years of course work and internships. How then will these capabilities be acquired by other professionals in the work environment? Classroom teachers, upon whom much of the RTI implementation process depends, are not usually trained in fine-grained academic and behavioral analysis, and intervention design. Rather, teachers’ preservice training usually emphasizes grade level curricular and instructional practices. Successful implementation of an RTI model will be more likely to occur when professional development occurs across four increasingly demanding levels of professional development (Showers & Joyce, 1996).

Qualities of Effective Professional Development

As school districts attempt to provide ongoing professional development, it has become apparent that some forms of training are more efficacious than others (Baldwin & Ford, 1988; Joyce & Showers, 1996). And while numerous training approaches have been attempted, from single-session presentations to year-long demonstrations, the bottom line for professional training programs is whether the programs ultimately contribute to the achievement and success of students in classrooms (Roy, 1998). Joyce and Showers (1996) suggest that four major levels of impact are needed to insure that education professionals can adequately implement a new intervention: awareness, conceptual understanding, skill acquisition, and application of skills. The levels are as follows:

Level One. An awareness of the problem is heightened through didactic presentations that result in a person’s ability to cite the general ideas and principles associated with the intervention. In RTI, the trainee would be able to cite important features of the model such as research-based interventions and primary prevention.

Level Two. An individual’s deepening conceptual understanding of an intervention is facilitated through modeling and demonstration. For example, within RTI an individual who had acquired conceptual understanding of the paradigm would be able to conceptually articulate the difference between assessment for referral and assessment for intervention.

Level Three. Skill acquisition occurs when a person engages in simulated practices that are observed and commented on by a facilitator. A person learning the RTI process would, for instance, be given the opportunity to simulate how to obtain district norms for curriculum based measurement of 3rd graders' reading fluency.

Level Four. This level of professional development is reached when a person is able to demonstrate a successful application of the new intervention within the actual context of his or her school site. A teacher who is able to implement the RTI process with fidelity to meet the academic needs of students with a range of academic problems will have successfully attained this level of professional development.

When a person has achieved the tasks present in each of these four levels he or she is able to conceptually understand the linkages between the goals and means of the training. Training to implement RTI models will likely vary greatly and occur unevenly across schools, districts, and states. How many districts have the professional development funds to train the personnel who will implement RTI (referred to from here on as implementers) beyond the usual didactic sessions? Further, how many districts will have a development structure in place that supports application of skills in the actual context of individual classrooms? While it would be preferable if districts had the funds to train RTI implementers through the level of application of their skills during actual implementation, in this era of restricted budgets this may be little more than wishful thinking. Consultee-centered consultation cannot replace a well funded and staffed training program; however, it can be used within each of the four levels of impact to augment and support implementation of RTI models.

CONSULTEE CENTERED CONSULTATION APPLIED ACROSS LEVELS OF PROFESSIONAL DEVELOPMENT

Awareness

RTI is not yet a term automatically recognized by the education community at large. Disciplines such as school psychology and special education that have traditionally focused on serving students with special needs likely have a heightened awareness and professional investment in RTI. However, professionals whose roles are traditionally less defined by special education may not be as aware of the principles, motivations, methods and goals involved in the process.

The implementation of RTI models generally requires the participation of professionals from a variety of disciplines, with a variety of experience, and with a variety of prior knowledge about RTI as an intervention. It would therefore be reasonable to expect that as schools move on a large scale to adopt RTI that some educators in a district may not be as aware of the particulars of the model or even the overall reasons for its adoption. Teachers who are not aware of the problems that RTI is designed to impact may have a difficult time internalizing the conceptual foundations of the model. For example, assessment in RTI has purposes that may be new to a teacher. If she or he is not aware of the assessment-for-intervention dynamic embedded in the model then she or he will not be successful at implementing it with fidelity. Consultee-centered consultation can be used to facilitate change in the conceptual understandings of the consultee.

Conceptual Understanding

RTI represents a conceptual shift in the goals of the provision of academic and behavioral interventions in classroom settings. It presupposes that a careful assessment for intervention will allow many students to have their needs met through the targeted delivery of efficacious instruction. The

concept of direct linkage of assessment and intervention in the service of primary prevention differs substantially from the more common practice of assessment for tertiary intervention. RTI supplants the more passive wait-to-fail approach that typifies how children currently receive support. Presently, many teachers understand assessment as associated with standardized assessments that will be used in what amounts to the first tertiary intervention. Ms. Turner, a second-grade teacher, typified this perspective when she told her school psychologist, "I need this child assessed so that I can get him out of my class and into special ed so he can get some help. Those folks might be able to do something for him." How will teachers and other implementers reconcile their preexisting belief that the best support for many struggling students will be to give up responsibility for struggling students and remove them from their present instructional environment?

Some implementers will have little trouble reconceptualizing their beliefs about when and where to first begin to intervene with students experiencing academic and behavioral problems. However, for teachers such as Ms. Turner, there may be an unresolved conceptual disconnect between their preexisting beliefs and those that undergird the RTI model. When Ms. Turner was told by the school psychology that the new policy in her school was to first undertake an assessment that would lead to an actual intervention her response was "What do you mean I can't refer this student (immediately) to the CST (Child Study Team)? Don't you want to help this child?" Implementers who share Ms. Turner's beliefs may face a mismatch between their current belief and skill (refer unsuccessful students on to the experts) and the principles of RTI (primary prevention, and shared responsibility).

Consultee-centered consultation offers a process to help the implementer address this work problem of conceptual mismatch. First, the consultant will work to understand the implementer's beliefs and conceptualization of the relevant issues (role of special education, and role of assessment). Using questioning and other communication skills the consultant might ask "How do you see the problem? How is your view of the problem different from the view embedded in the RtI/EBI? What are the similarities between the two views?" After the consultant and the consultee have jointly explored alternate ways to see the problem, the consultant will then help the consider alternative ways and means to address the problem.

Skill Acquisition

RTI will require many implementers to acquire new skills. Some districts may have the funds and training time available to offer the ongoing professional development that will allow implementers to move beyond conceptual understanding and simple awareness of the issues embedded in the RTI model. However, in districts that do not provide implementers with an opportunity to practice simulations or to get feedback from a supportive coach other mechanisms may be needed to support an individual's acquisition of skill. Consultee-centered consultation can be used to problem-solve with the consultee about possible ways and means to gain needed practice.

In a systems example, an intervention facilitator was having a difficult time arranging for her Instructional Consultation Team to meet. During the meetings the team members would, among other things, role-play and provide each other with scenarios in which to practice their own coaching skills. However, the principal would not allow the team to meet during school hours, instead suggesting that the team meet Friday nights for dinner at a local restaurant. The team's acquisition of skills was thought by the facilitator to be suffering as a result. The facilitator met with her project consultant and initially conceptualized the problem as being about the personal relationship between herself and the principal in which neither she nor principal were going to budge, on principle. The consultation task was to first understand the facilitator's view of the problem and to then jointly reconceptualize the problem as one

of the institutionalization of the intervention. Upon further discussion it became evident that the team had managed to develop a very cohesive structure for its members to acquire and practice skills, the problem was actually in how to go about making it a part of the school's problem-solving culture.

Application of Skills

In the Showers and Joyce model, the final aspect of professional development needed to implement a new intervention occurs through the application of the skills the implementers have learned, "for real" in the school. Accordingly, the RTI model must be practiced during application with appropriate feedback and discussion. Consultee-centered consultation may be used to help the implementer reflect on best practice, mistakes, or unexpected road blocks. Consultees may bring problems both large and small to the consultation. "Based upon the screening half of my students need help with fluency skills, our RTI model says I'm to only pick the lowest 10% to work with." Or, "We keep running out of evaluation forms and my copying allowance is all used up." In either case, the consultant will endeavor to understand the consultee's conception of the problem and then discuss and formulate possible alternative explanations and interventions.

Consultation can be used at each level of professional development to increase the implementer's ability to carry out an RTI model with understanding and fidelity. One RTI model, Instructional Consultation (Rosenfield & Gravois, 1996), uses consultation along the dimensions of implementation and professional development to support implementer's acquisition of skills and the transportability of the model.

Instructional Consultation Teams

Instructional Consultation (Rosenfield & Gravois, 1996) was originally conceived of as an ecologically grounded model of consultation that incorporated the consultee-centered approach described in Caplan's (1970) model of mental health consultation. It is a structured, systematic, and data-driven problem-solving consultation process focused upon improving the instructional ecology of schools. One of the central goals of Instructional Consultation (IC) is to change how consultees (teachers) frame students' school problems away from viewing them as internal, child-centered deficits and toward understanding student learning as a result of the interaction of instruction, task and student entry skills. This perspective provides an intervention framework in which a student's instructional difficulties can be described as an instructional mismatch between a student's current instructional level, and the curriculum and instruction presented to the student. IC interventions are designed to bridge the gap between a student's instructional level and instructional delivery in his or her regular education classroom by using the consultation process to help the teacher or consultee acquire new means to address a student's academic/behavioral problems.

The IC/RtI protocol (Gravois, Knotek, & Babinski, 2002; Gravois & Rosenfield, 2002) consists of six problem-solving steps: (a) contracting; (b) problem identification and analysis; (c) strategy and intervention design; (d) strategy and intervention implementation; (e) evaluation of strategy and intervention; and (f) follow-up, redesign, and closure. Overall, this RTI problem-solving sequence looks similar to what is already required by many pre-referral teams. Yet, experience tells us that in many Student Success Teams (SSTs) this sequence is often not followed with a high degree of fidelity or effectiveness (Knotek, 2003b). The IC model is unique because it has procedures in place to ensure the implementation and dissemination of the intervention. Of particular interest is how the model makes use of consultee-centered consultation to support and sustain the transportability of the IC intervention to unique school sites.

Transportability of Effectiveness within Instructional Consultation

Teachers will not master the fine points of CBA, charting, and intervention evaluation through the force of mandate or a one-day workshop, some process has to occur in which concepts and skills are introduced and then mastered within the context of the teacher's own classroom. In IC, the consultant assumes responsibility for fostering the teacher's new conceptualization of the work problem and for developing new skills, while the teacher assumes responsibility for figuring out how to carry out the RTI steps within the context of her classroom.

The IC/RTI process does not leave teachers to their own devices to conceptualize and undertake an ecologically valid problem-solving intervention. The consultant provides a problem-solving framework that allows the consultee to pinpoint critical information and operationalize an aspect of student's academic functioning. For example, a nebulous presenting problem of "can't read" would be narrowed down through the use of a jointly conducted RTI protocol in which a CBA would be used to evaluate a student's language and prior knowledge, word recognition, word study, responding, reading fluency, comprehension and metacognition.

Consultation in IC. Consultation also supports the integrity of the problem-solving intervention by fostering the consistency of the implementation of each discrete step (Knotek, Rosenfield, Gravois, & Babinski, 2003; Gravois & Rosenfield, 2002). Through the application of a reflective communication strategy the consultant helps the consultee monitor his or her fidelity of implementation of each segment. For instance, sometimes teachers are not familiar with the emphasis on data-driven decisions, and this is problematic because each successive step of the IC/RTI protocol relies upon outcome data from the previous one. Teachers who are new to the RTI process have occasionally struggled with allowing data to disconfirm their initial hypothesis. Consultation is used to increase the teacher's awareness of his or her inconsistent use of data and the result is to expand the teacher's problem-solving repertoire to include an increased fidelity to data-driven decision making.

Transportability of Dissemination within Instructional Consultation

All too often intervention programs that are introduced into schools, even effective programs, fail to become embedded in the culture of the site and are allowed to die because they fail to include a mechanism for transportability into the design of the intervention. The IC/RTI model includes the implementation of an embedded teaming structure that facilitates the institutionalization of the RTI process into the school's problem-solving culture. Instructional Consultation teams consist of a facilitator who undergoes extensive consultation training and case manager/consultants, drawn from both teaching and specialist staff members, who meet weekly throughout the school year. The meetings consist of professional development (i.e., practice with decision making with CBAs), case monitoring, documentation, and administrator participation. The development of a collaborative problem-solving team culture is fostered through the facilitator's consultative engagement with the IC members. For instance, the facilitator uses consultation skills such as asking clarifying questions, perception checking or summarizing to support the team's development of group norms, including, decision-based problem-solving and a constructive communication process.

CONCLUSIONS

RTI models offer a means for general educators and support staff to assess, and consequently intervene with, students in regular education classes. However, these models are implemented across the depth of a school's organization structure and will require: (a) professional development; (b) adherence the protocols of evidence-based interventions; and (c) clear, thoughtful collaboration. Consul-

tation offers a means to support the transportability of the RTI model's effectiveness, dissemination and ultimately, sustainability.

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