



DLD Position Statement 1 – February 2014

Intensive Interventions for Students With Learning Disabilities in the RTI Era

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Response to intervention (RTI) reforms have changed the structure of many aspects of special education for students with and at risk for learning disabilities (LD). Regardless of the structure of services, the core of special education for students with LD remains intensive instruction. Many students with LD are not being provided with appropriate instruction that consists of intensive, individualized interventions based on the best available evidence. To encourage schools and districts to examine the intensity, individualization, and research base of their instructional approaches for students with LD, the Council for Exceptional Children's Division for Learning Disabilities offers the following position statement:

RTI reforms provide a structure for delivering instruction to students with and at risk for LD. Students with LD require appropriate instruction that includes intensive, individualized interventions based on the best available evidence to help them improve in their areas of need, successfully access the general education curriculum, and make progress toward standards. Special education for students with LD should not be either accommodations/adaptations OR intensive interventions, but both. We suggest that the design and implementation of these intensive, individualized, research-based interventions will likely require changes in how schooling is now provided to the vast majority of students with LD.

Despite the potential advantages of RTI reforms, many students with LD do not make the academic progress needed to meet grade-level expectations and to succeed in postsecondary settings. We propose that interventions that are intensive, individualized, and based on the best available evidence are necessary for many students with LD (Vaughn, Wanzek, Murray, & Roberts, 2012). Effective implementation will require changes from the typical modes of instructional delivery as well as in the training and support commonly provided for school personnel.

Extant research provides several directions for enhancing the effectiveness of interventions by intensifying their content and features (Vaughn & Wanzek, in press; Wanzek & Vaughn, 2007; Wanzek et al., 2013). Students with LD require intensive treatments over time that are characterized by small group or 1:1 instruction; explicit, systematic instruction addressing the critical elements associated with success in reading, writing, or math (or combinations of these); frequent occurrence (e.g., daily); and meaningful duration for each instructional session (Vaughn et al., 2012). These features of intensive instruction will facilitate active engagement, interest and motivation, and abundant opportunities for practice and feedback. Continued research on how interventions might be constructed to meet the individual needs of students with LD is vital.

Best available research evidence serves as the foundation for designing and implementing appropriate interventions for students with LD. For example, one means for individualizing instruction is to make data-based decisions using ongoing

progress-monitoring data (National Center on Intensive Intervention, 2013). These data may also be used in conjunction with data collected on implementation fidelity to assess and refine the impact of individualized adaptations and modifications to interventions.

Additionally, many programs and practices also meet criteria as evidence-based for many students with LD. Despite these resources, some students with LD do not respond adequately to research-based interventions that typically are effective, and practices with substantial research support do not exist that universally meet the individualized needs of all students with LD in all instructional and behavioral areas (National Center on Intensive Intervention, 2013). In these cases, we recommend that special educators use practices supported by the best available evidence (e.g., a practice comprised of elements that are research-based). Additional research should continue to develop evidence about intensive interventions that have a high probability for success for students with LD and that take into account learner characteristics that may impact their efficacy, such as English language proficiency.

The provision of intensive, individualized interventions based on the best available evidence for students with LD should occur at the more intensive tiers of service provision within an RTI model (Fuchs, Fuchs, & Stecker, 2010). Such instruction is likely to require adjusting the organization of students' schedules to ensure that these interventions can be implemented (e.g., making time in the day for this instruction) in a manner that maximizes engaged instructional time for students with LD. The provision of appropriate instruction also requires highly trained personnel (e.g., special education teachers) with relevant expertise and clinical skills. Ongoing training and supports are necessary to (a) enable school personnel to use progress-monitoring data to individualize instruction; and (b) identify and utilize the best available evidence when selecting, implementing, and adapting instructional practices and programs.

The following questions may assist in guiding school personnel as they consider the appropriateness of their interventions for students with LD:

- Is the intervention provided for a sufficient duration and intensity to allow for success?
- Is a well-prepared professional with appropriate credentials, experience, and training providing the intervention?
- Is the intervention provided in groups that are small enough to maximize learning, provide adequate opportunities for students to respond with feedback, and allow teachers to individualize instruction to meet students' needs?
- Is the intervention provided in combination with the collection of ongoing, valid, and reliable progress-monitoring data that are sensitive to change to ensure that appropriate adjustments to instruction may occur as needed as a function of student data?
- Is the amount and type of intervention adjusted based on students' response data to ensure that students are making adequate progress?
- Does the best available evidence suggest the intervention may be effective for students with LD?
- Are other factors that could affect students' responses to interventions considered when making decisions about how to adjust instruction (e.g., language proficiency, behavior)?

In 1996, Kauffman argued that,

“Compared to the general practice of education, special education is instruction that is more urgent, more intensive, more relentless, more precisely delivered, more highly structured and direct, and more carefully monitored for procedural fidelity and effects.” (p. 206)

Fifteen years later, we believe that the field still does not adequately meet the needs of the majority of students with LD. And, we believe we can do better, as evidence suggests that feasible changes in the structure, delivery, and content of intervention can result in improved outcomes for this population.

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