Response to Intervention: Reading and Reading Disabilities

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Abstract

Reading is a skill that is required in a variety of settings. It is a skill that begins developing early in children's school years and continues to develop well into their adult lives. Unfortunately, many children struggle to become successful readers with only basic classroom instruction. Therefore, it is imperative that schools use a three-tiered Response to Intervention approach to target children who have, or are at risk of having, a reading disability. Response to Intervention has proven to be successful in providing much-needed targeted interventions so that students of all ages can become proficient readers.

The ability to read fluently and comprehend text is a crucial skill that everyone requires at some level, whether in an educational, workplace, or everyday setting. Literacy is often introduced to children before entering kindergarten; it develops throughout their school years, and then continues to grow beyond exiting school. It is vitally important that as children grow, their ability to read increasingly difficult texts grows, too. However, some children are unable to read adequately with only general classroom instruction, and the large number of struggling readers and children with or at risk of having a reading disability (RD) is concerning. Currently, there is a movement toward using a Response to Intervention (RTI) approach to identify and support students with reading difficulties and those who are diagnosed with RD.

For a substantial number of children, learning to read is a difficult task (Lyytinen & Erskine, 2016). More than 80% of students diagnosed with a learning disability are identified as having RD, making it the most common of all learning disabilities (Lee & Yoon, 2017, p. 213). However, while some children are diagnosed with a specific RD, many are not. While most children can learn to read with quality classroom instruction, that is usually not enough for struggling readers (Denton et al., 2013). Typically, students who struggle with reading or who have been diagnosed with RD have difficulties with reading fluency because of inadequate phonological skills and a slow oral language processing speed (Lee & Yoon, 2017). Without intervention, 74% of struggling readers at age nine continue to have difficulties reading in high school (Lee & Yoon, 2017, p. 213). The students who continue to struggle are at risk of continuous academic failure because learning gaps begin to form and grow as they move on to higher grades and more difficult curriculum goals (Jones, Yssel, & Grant, 2012). In addition, career goals and employment could also be at risk (Lyytinen & Erskine, 2016). Therefore, it is imperative that struggling readers, including those with or at risk of having RD, be provided fluency and comprehension support in the early years of school (Jones et al., 2012; Lee & Yoon, 2017). This extra reading support can be provided in the form of the three-tiered, RTI approach to reading intervention.

RTI is a three-tiered intervention initiative designed to identify and support students who are unsuccessful in academic subjects such as reading, including those who have or are at risk of having RD (Catts, Nielsen, Bridges, Liu, & Bontempo, 2015). RTI is also used to prevent reading difficulties and RD in children (Vaughn & Fletcher, 2012). There are five fundamental components to a successful RTI program: (1) screening students, (2) monitoring students, (3) providing tier one differentiated instruction, (4) providing tier two small-group interventions, and (5) providing tier three intense, individualized interventions (Jones et al., 2012). The three tiers represent increasingly intensive interventions for struggling readers or students with RD who do not respond to the less intensive tiers (Denton et al., 2013; Vaughn & Fletcher, 2012; Wanzek et al., 2013). Eighty percent of students are able to read adequately when provided with tier one interventions; thus, 20% of students require more intensive tier two or three interventions (Collier, 2010, p. 4). Therefore, it is critical that the three-tiered RTI identification procedures are

conducted as early in a child's education as possible, in order to prevent RD or limit the effects and gaps that can occur from inadequate reading (Catts et al., 2015).

It is critical that, during the RTI process, students at risk for RD are identified early and accurately (Catts et al., 2015). Evidence shows that screening students as early as kindergarten or grade one, and then providing them with RTI support, has led to positive reading outcomes (Catts et al., 2015; Wanzek et al., 2013). In fact, the effects of targeting students in kindergarten and grade one are more positive than the effects of RTI in grades two and higher (Denton, Fletcher, Taylor, Barth, & Vaughn, 2014). Consequently, using universal screening measures, such as letter naming fluency, to determine the students at risk of RD is a vital aspect in the RTI process; these screening batteries can predict future reading outcomes and help teachers to target the at-risk students before a gap in learning occurs (Catts et al., 2015). Some screening measures can take place even before a child begins school; letter knowledge and sounds at ages three and four can also predict reading failure (Lyytinen & Erskine, 2016). Therefore, it is possible to determine the children who are at high risk for difficulties in attaining adequate reading skills; these children can be supported before they can experience failure at school. Screening students is an effective and necessary step in the RTI process (Jones et al., 2012), but there are also numerous individual, familial, and demographic risk factors that can help to identify children at risk of RD.

Currently, more than 10% of English readers read inadequately (Lyytinen & Erskine, 2016, p. 25), but there is no single risk factor that can be used to predict who these students will be (Snow, Burns, & Griffin, 2017). However, individual, familial, and demographic risk factors, in combination, can provide some insight into who is affected by RD (Snow et al., 2017). For example, many children with reading difficulties or RD have a genetic history of inadequate reading (Lyytinen & Erskine, 2016). In fact, 40% of children with a familial risk of RD faced difficulties in acquiring reading skills; 20% of those students encountered severe reading problems (Lyytinen & Erskine, 2016, p. 26). In addition to familial background, limited home literacy experiences, low socio-economic status, or being diagnosed with specific language or hearing impairments can all contribute to reading difficulties (Snow et al., 2017). Taking into account the various risk factors and information gathered from screening measures, effective prevention and early intervention techniques can be provided to children beginning in tier one of the RTI program.

Students who are perceived to have or be at-risk of RD during the screening process are provided with the first tier of intervention within the whole-class setting; this intervention is included in everyday instruction and is intended to be a preventative measure for RD (Jones et al., 2012). During tier one interventions, classroom instruction is given to all students, but differentiation is also provided to those needing support in reading (Jones et al., 2012). Differentiated instruction is varied to meet students' needs, and the instruction can be altered to target specific lagging skills such as reading fluency and comprehension. In this tier, teachers can use whole-group instruction, but they can also work with struggling students in small groups, in pairs, or one-on-one. The main idea behind differentiated instruction is that "one type of instruction does not necessarily work for all students" (Collier, 2010, p. 69); in other words, the learning needs of the students direct the teacher's instruction and they engage in activities that meet their specific needs, strengths, and preferences. During a typical reading or language arts class, differentiation would include whole-group modelled and shared reading, small-group guided reading, and supported daily independent reading (Denton et al., 2014). Differentiated instruction provides supports not only for students who have been identified as struggling readers, but for the class in general, because the instruction is tailored to meet each student's needs (Jones et al., 2012). It is critical that students are continuously monitored throughout this first tier of intervention; students who do not respond to classroom differentiation can then be provided with more intensive, tier two interventions.

When students have not responded to the first tier of intervention, they require tier two interventions, whereby they receive more intensive, small-group support (Collier, 2010). One

example of a tier two intervention is the Levelled Literacy Intervention (LLI), whereby students receive targeted decoding, comprehension, and/or fluency support to supplement their classroom instruction (Ransford-Kaldon et al., 2010). Throughout this short-term intervention, struggling students are placed in small groups outside the classroom, and the interventionist follows a set of structured, predictable lesson plans. Although the intervention is located outside the general classroom, it is linked to classroom instruction and there is a home-school connection to include students' families (Ransford-Kaldon et al., 2010). The goal of tier two interventions is to accelerate the progress of struggling readers. They are designed to be short term and are therefore monitored frequently; for the majority of students placed in a tier two intervention, the additional support they receive provides them with the skills they need to become adequate readers (Ransford-Kaldon et al., 2010). However, for a small number of students, tier two interventions are not enough and they require even more intensive, tier three support (Denton et al., 2013).

The number of students identified as being at risk diminishes as each tier of intervention is provided; therefore, only the students with the greatest impairment in reading and language skills require tier three interventions (Denton et al., 2013). Tier three interventions involve intensive, individualized instruction, with even more frequent monitoring, and are designed to prevent the need for special education (Collier, 2010). Whereas tier two interventions typically use evidence-based intervention programs, tier three interventions are individualized to target each child's specific needs (Denton et al., 2013). Tier three interventions often include explicit instruction in the areas of decoding, comprehension, and fluency. Explicit instruction has resulted in increased positive outcomes in reading for students who did not find success in tiers one or two (Denton et al., 2014). Explicit instruction in fluency often includes repeated reading (RR), which positively affects a student's decoding and comprehension abilities, too (Jones et al., 2012). After reading a passage several times, students can gain automaticity and can read more fluently (Lee & Yoon, 2017). Fluency, word knowledge, and comprehension are all inter-related and enhance one another (Jones et al., 2012); therefore, only when students read fluently can they focus on the meaning of the text (Lee & Yoon, 2017). Tier three interventions are not meant to be short-term; the intervention often lasts several months, or even one or more school years (Denton et al., 2013). In many cases, the individualized, tier three interventions accelerate children's learning so that they can eventually reach grade level requirements; however, if tier three interventions are not sufficient, the data collected through the process can be used to refer students to a special education program (Collier, 2010). While the three-tiered RTI initiative has proven to be successful when students are identified as struggling readers early, it also has the potential for success for students in grades 3-12.

Given the success of the RTI program at the elementary level, many schools are also implementing the RTI approach with upper-elementary and secondary students (Wanzek et al., 2013). After the early elementary school years, the emphasis on reading instruction diminishes, which means that students who do not read adequately by this time may face serious consequences in their overall academic achievement (Wanzek et al., 2013). At this level, the screening and identification processes of RTI are less significant because it is usually clear who the struggling readers are (Vaughn & Fletcher, 2012). In addition, tier one, the preventative measure in RTI, is typically no longer feasible (Vaughn & Fletcher, 2012). Instead, bypassing the less intensive interventions and beginning with tier two interventions is more likely to provide positive outcomes (Bemboom & McMaster, 2013). Most often, older struggling readers have the ability to decode, but have difficulties comprehending what they are reading (Bemboom & McMaster, 2013). Therefore, explicit practice in fluency, vocabulary, and comprehension, either in small groups (tier two) or individually (tier three), can be effective interventions for older readers (Wanzek et al., 2013). With older students, tier two and three interventions are not quick fixes; they require extended periods of intervention, often for more than one year in order to maintain reading growth. Thus, it is not too late to intervene with older, struggling readers; reading can be improved in small amounts over a length of time if they are provided with explicit

instruction in small-group or individual interventions and if administrative support is provided (Vaughn & Fletcher, 2012).

Even with all of the success using the RTI initiative, there are still a number of obstacles in the way of implementing the program; one of these obstacles is a lack of administrative support (Jones et al., 2012). Ongoing administrative support is key to executing a successful RTI initiative; administrators can motivate and guide teachers toward providing an effective RTI program. It is not feasible to expect teachers to engage in the RTI process without their support and guidance (Petrone, 2014). This support also includes providing teachers with meaningful professional development and appropriate resources for each tier of intervention, and enabling collaboration between teacher-peers (Petrone, 2014). In addition, administrators need to provide teachers and school staff with scheduled time to provide intensive interventions, because they generally do not take place in the regular classroom (Jones et al., 2012). Therefore, receiving support from administrators is crucial, and is the likely first step to facilitating a successful RTI program.

There have been many positive outcomes resulting from using the RTI initiative with struggling readers, as well as students with RD, as compared to using only general classroom instruction. Many schools have already implemented, or are in the processes of implementing, an RTI program that will target the needs of students from kindergarten to grade 12. It is important that struggling readers and students with RD be identified as soon as possible, in order to prevent academic failure and learning gaps. Those students who are identified as at risk then have numerous opportunities to meet their learning needs through the three-tiered, increasingly intensive program. For older students who are not experiencing reading success, and who may have gone unnoticed, skipping to tier two interventions has proven to be the most successful; they more than likely have already experienced academic failure and it is important to accelerate their learning as quickly as possible. However, their success is likely to occur at a slower rate than in those students who are screened and provided with interventions early on. RTI is a beneficial initiative that, if supported and used, will help many struggling readers and those with RD become successful in school, work, and their everyday lives.

References

Bemboom, C. M., & McMaster, K. L. (2013). A comparison of lower- and higher-resourced tier 2 reading interventions for high school sophomores. *Learning Disabilities Research & Practice, 28*(4), 184-195. doi:10.1111/ldrp.12020

Catts, H. W., Nielsen, D. C., Bridges, M. S., Liu, Y. S., & Bontempo, D. E. (2015). Early identification of reading disabilities within an RTI framework. *Journal of Learning Disabilities*, *48*(3), 281-297. doi:10.1177/0022219413498115

Collier, C. (2010). *RTI for diverse learners: More than 200 instructional interventions*. Thousand Oaks, CA: Corwin.

Denton, C. A., Fletcher, J. M., Taylor, W. P., Barth, A. E., & Vaughn, S. (2014). An experimental evaluation of guided reading and explicit interventions for primary-grade students at-risk for reading difficulties. *Journal of Research on Educational Effectiveness*, *7*(3), 268-293. doi:10.1080/19345747.2014.906010

Denton, C. A., Tolar, T. D., Fletcher, J. M., Barth, A. E., Vaughn, S., & Francis, D. J. (2013). Effects of tier 3 intervention for students with persistent reading difficulties and characteristics of inadequate responders. *Journal of Educational Psychology, 105*(3), 633-648. doi:10.1037/a0032581

Jones, R. E., Yssel, N., & Grant, C. (2012). Reading instruction in tier 1: Bridging the gaps by nesting evidence-based interventions within differentiated instruction. *Psychology in the Schools, 49*(3), 210-218. doi:10.1002/pits.21591

Lee, J., & Yoon, S. (2017). The effects of repeated reading on reading fluency for students with reading disabilities. *Journal of Learning Disabilities, 50*(2), 213-224. doi:10.1177/0022219415605194 Retrieved from SAGE Journals database.

Lyytinen, H., & Erskine, J. (2016, November). Early identification and prevention of reading problems. In *Encyclopedia on early childhood development: Learning disabilities* (pp. 25-29). Retrieved May 27, 2017, from http://www.child-encyclopedia.com/sites/default/files/dossiers-complets/en/learning-disabilities.pdf

Petrone, K. (2014). *Improving outcomes for students with or at risk for reading disabilities.* New York, NY: Nova Science.

Ransford-Kaldon, C. R., Flynt, E. S., Ross, C. L., Franceschini, L., Zoblotsky, T., Huang, Y., & Gallagher, B. (2010, September). *Implementation of effective intervention: An empirical study to evaluate the efficacy of Fountas & Pinnell's leveled literacy intervention system (LLI) 2009-2010.* Memphis, TN: Center for Research in Educational Policy (CREP). Retrieved from http://files.eric.ed.gov/fulltext/ED544374.pdf

Snow, C., Burns, S., & Griffin, P. (2017). Identifying risk factors to prevent difficulties. *Reading rockets.* Retrieved June 12, 2017, from http://www.readingrockets.org/article/identifying-risk-factors-prevent-difficulties

Vaughn, S., & Fletcher, J. M. (2012). Response to intervention with secondary school students with reading difficulties. *Journal of Learning Disabilities*, *45*(3), 244-256. doi:10.1177/0022219412442157

Wanzek, J., Vaughn, S., Scammacca, N. K., Metz, K., Murray, C. S., Roberts, G., & Danielson, L. (2013). Extensive reading interventions for students with reading difficulties after grade 3. *Review of Educational Research, 83*(2), 163-195. doi:10.3102/0034654313477212

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