Introduction

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Intensive intervention addresses the needs of students with severe and persistent learning and behavioral challenges, who do not respond to empirically validated interventions that are otherwise effective for most students. Intensive intervention is intended to provide a data-driven, individualized approach to instruction. This book offers a comprehensive overview of intensive intervention and, specifically, one approach to intensive intervention: data-based individualization (DBI). In addition to describing the components of DBI, this book offers practical guidance to those seeking to implement it in their schools. In this introductory chapter, we provide background on the need for intensive intervention, operationalize intensive intervention within the broader framework of a multi-tiered system of support, define DBI, and provide a brief summary of the book's chapters.

THE NEED FOR INTENSIVE INTERVENTION: CHRONICALLY POOR OUTCOMES

In the early 1990s, the U.S. Office of Special Education Programs (OSEP) began reporting the results of the congressionally mandated National Longitudinal Transition Study (NLTS), which provided the first national outcome data that documented relatively poor outcomes for students with disabilities both during secondary school and in their initial years following school. These data indicate significant rates of course failure in high school combined with dropout rates of nearly 40%. Post-high school data reflected

low rates of college enrollment and high rates of both unemployment and underemployment (Wagner, Blackorby, Cameto, Hebbeler, & Newman, 1993).

These sobering data were arguably the impetus for what has been a gradual shift in federal focus over the last two decades from procedural compliance with the Individuals with Disabilities Education Act (IDEA) to accountability for improving student outcomes. At the time of the first NLTS reports, no data were available at national or state levels that reported on the academic performance of students with disabilities. Two very important, related events occurred in the mid-1990s to address this issue. First, the National Assessment of Educational Progress (NAEP) began efforts to systematically include students with disabilities, and to report reading and math achievement data for them as a subgroup. In addition, the 1997 reauthorization of IDEA included provisions requiring states and districts to include students with disabilities in their assessments and to also report data separately for them.

The availability of NAEP and statewide assessment data for students with disabilities has helped educators and policymakers to understand both how well these students are doing academically and the extent to which educational improvement efforts have benefited them. The first reports of NAEP performance data in 1996 and 1998 indicated, respectively, that 62% of fourth graders with disabilities were below basic in math, and 75% were below basic in reading. Unfortunately, the period from 1996 until the most recent 2017 NAEP has shown little change in these achievement trends, despite the fact that during the intervening period there have been significant initiatives intended to improve outcomes for students with disabilities. For example, in 2002, Congress enacted the No Child Left Behind legislation (Public Law 107-110, 20 U.S.C. § 6319), which was designed to improve achievement of all students, including those with disabilities. In addition, the OSEP required states to report academic achievement data, and to develop and implement improvement plans. In 2014, the OSEP went even further when it announced a new effort called Results Driven Accountability, which requires that states identify and focus very intently on a particular student-level outcome (e.g., K–3 reading of students with learning disabilities), beginning with a small set of districts and schools, in order to increase the likelihood of success.

Throughout this time period, the OSEP also funded a parallel set of technical assistance projects designed to identify and support implementation of evidence-based approaches for addressing the academic and behavioral needs of students with disabilities. These projects include the National Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS; 1998–present); the Center on Response to Intervention (CRTI; 2006–2011); the National Center on Intensive Intervention (NCII; 2011–present); and the National Center on Systemic Improvement (NCSI; 2014–present), among others. The work of these centers is particularly important given the broad needs of schools related to implementing multi-tiered systems of support (MTSS), and the more specific challenge for schools to address the needs of students with disabilities for whom efforts to improve achievement have been notably unsuccessful. Given these challenges, the purpose of this book is to help readers understand practices for addressing the needs of students who require the most intensive intervention, most of whom have disabilities, and often do not receive the level of service they require.

INTENSIVE INTERVENTION AND MTSS

We believe intensive intervention, and specifically DBI, is best situated as the most intensive tier, often conceptualized as Tier 3, within MTSS. This is because many of the components of DBI, which you will learn about in later chapters of this book, can be implemented most successfully in schools that have a strong core and supplemental intervention (e.g., Tier 2) program already in place. For example, DBI requires valid, reliable progress-monitoring data to identify students who are not making progress, despite participating in a generally effective Tier 2 intervention. When schools do not have some sort of MTSS in place, accurate identification can be challenging.

The good news is that it appears that there is widespread interest across the country in MTSS. A review of department of education websites for all 50 states and the District of Columbia indicates that every state references initiatives or guidance related to implementation of tiered systems of support (Bailey, 2018). Some states are actively funding statewide initiatives through local or external funding. The Federal Every Student Succeeds Act (ESSA) references "multi-tiered system of support" five times, and permits its use to address K–12 as an allowable use of grant funds [Sec 2224(e)(4)]. Furthermore, ESSA explicitly recognizes MTSS as an approach for improving outcomes for students with disabilities and English language learners [Sec 2103 (b)(3)(F)]. Seven states have included MTSS (or "response to intervention") in their ESSA plans as strategies for ensuring positive outcomes for students with disabilities. This recent reauthorization of ESSA represents the first time that the terms *response to intervention* or *multi-tiered systems of support* have appeared in federal law or regulation.

You may have noticed a variety of terms that have been used in the education literature to describe tiered systems of support. For example, *response to intervention* (RTI) is often used to describe academically focused frameworks, or procedures used for disability identification, and *positive behavioral interventions and supports* (PBIS) is the term used for multi-tiered systems that address social and behavioral needs in schools. More recently, MTSS has emerged as an alternative term for both RTI and PBIS, and often as a broader term for a system that integrates the two. MTSS reflects a recognition that many students need both academic and behavior interventions and supports; therefore, schools really need a system that integrates planning and delivery of services and support for both of these domains. Regardless of terminology, MTSS frameworks are intended to help schools use data and evidence-based practices to organize service delivery into "tiers" of increasing instructional and intervention intensity.

In this book, we use the term MTSS in the way that it is described in the previous paragraphs and generally avoid using the term RTI. We use the terms Tiers 1, 2, and 3 to mean the following: *Tier 1* refers to core instruction (academics) and the schoolwide behavior management program (behavior); *Tier 2* intervention is the next level of intensity, typically provided for small groups of students who need support in academics or behavior beyond that provided in Tier 1; and *Tier 3* is the most intensive tier for both academics and behavior, and typically involves an individualized plan for a student, although services may be provided to small groups of students. We recognize that some schools may have more than three tiers, but we believe this creates unnecessary

complexity and confusion, and can make implementation of MTSS even more challenging. For this reason, we use *Tier 3* to refer to the most intensive level of intervention within MTSS. Although Tier 3 should not exclusively serve students with disabilities, it is often the case that students who require this type of ongoing, individualized support are also students who are receiving special education services. We argue that schools should be integrating services for students with disabilities seamlessly within the larger MTSS system (see Bailey, Chan, & Lembke, Chapter 7, for further discussion).

DATA-BASED INDIVIDUALIZATION

Estimates indicate that approximately 5% of all students fail to respond sufficiently to generally effective, research-validated intervention programs (e.g., Tier 2 or secondary interventions within MTSS). This number corresponds to about 40% of the population of students with disabilities and may include students who are not making adequate progress in their current instructional program or individualized education program (IEP). These students typically present with very low academic achievement even though they might already be receiving specialized services, and they may also exhibit intense or frequent behavior problems.

These students' severe and persistent difficulties suggest that they need an intensive intervention; that is, they likely require significant adaptations to intensify their current intervention program to facilitate meaningful progress. The approach to intensive intervention that we address in this book is DBI, which is a systemic method for using data to determine when and how to effectively provide more intensive intervention to students who need it. The origins of this approach is four decades of research on experimental teaching that was first developed at the University of Minnesota (Deno & Mirkin, 1977) and later expanded upon by others (Capizzi & Fuchs, 2005; Fuchs, Deno, & Mirkin, 1984; Fuchs, Fuchs, & Hamlett, 1989).

As you will learn in more detail later in Chapter 1, the DBI process begins by adapting and intensifying a supplemental, evidence-based intervention program (e.g., a Tier 2 intervention) when a lack of sufficient progress is evident. Teachers then conduct progress monitoring on a weekly basis to determine the student's response. If progress is insufficient, they adapt to intensify the intervention, continuing the progress monitoring and adaptation cycle until the student responds. While the process is to a degree "trial and error," the adaptations are not random but are instead guided through the intelligent use of formal and informal diagnostic information. And, procedures have also been developed to systematize intensification.

Over the last several years, the team members involved in writing this book have been working with states, districts, and schools to help them implement DBI. In the process, we have learned several important lessons about what it takes to effectively implement DBI, as well as some of the challenges that implementers often face. For example, we have learned that most schools implementing MTSS are challenged when it comes to implementation at Tier 3. Even schools with well-developed systems for Tiers 1 and 2 are uncertain about how to meet the needs of students who require intensive intervention. We have also found that many schools implementing MTSS in both academics and

behavior for some time often have some components of Tiers 1 and 2 that are not working well. These have included difficulties charting and using progress-monitoring data, the tendency to use Tier 2 interventions that are not evidenced based, and use of decision rules for Tier 2 services that result in too many students receiving these services. One implication of these challenges is that schools need professional development and ongoing support from trainers and coaches who have deep expertise in components of both DBI *and* MTSS. And perhaps equally importantly, these staff members need to be knowledgeable about *how to implement* systems such as DBI and MTSS.

OVERVIEW OF THE BOOK CHAPTERS

With these considerations in mind, this book is intended to provide an overview of the components of the DBI process, and recommendations for its successful implementation. Part I, The Process of Data-Based Individualization (Chapters 1–4), covers the DBI process, its critical components, and how it may be used to support different groups of students. Part II, Implementation of Data-Based Individualization (Chapters 5–7), addresses factors that may help promote successful implementation of DBI. Each chapter includes key terms, frequently asked questions, and application exercises.

In Chapter 1, Amy Peterson, Louis Danielson, and Douglas Fuchs provide an overview of the five components of the DBI process and its rationale, along with illustrative case examples. They discuss considerations for DBI implementation, including how to identify students for DBI; monitoring fidelity of DBI; and developing a systematic process for intensification. In Chapter 2, Jill M. Pentimonti, Lynn S. Fuchs, and Allison Gruner Gandhi describe screening, progress monitoring, and diagnostic assessment, and explain how each type of assessment is used within DBI. Chapter 3, by Laura Berry Kuchle and T. Chris Riley-Tillman, covers how intervention teams might approach planning for DBI in a manner that addresses both academics and behavior. And in Chapter 4, Christopher J. Lemons, Samantha A. Gesel, and Lauren M. LeJeune discuss how the principles of DBI may be applied to support students with intellectual disabilities.

Part II of this book turns to more practical considerations for implementing DBI. In Chapter 5, Sarah V. Arden and Jennifer D. Pierce address the critical concept of implementation readiness. In Chapter 6, authors Teri A. Marx and Steve Goodman describe how effective use of school teams can support implementation. Finally, in Chapter 7, Tessie Rose Bailey, Gail Chan, and Erica S. Lembke provide recommendations about how to align DBI within a schoolwide MTSS framework and with special education. We also provide a Glossary near the end of the book to help readers understand key terms and vocabulary.

Although we have organized this book so that individual chapters may be read in isolation, we strongly recommend that readers review all the chapters to develop a strong grounding in the critical components of DBI and its implementation. We also recommend that readers begin with Chapter 1 to learn the steps of the DBI process and relevant terminology. Regardless of how you use this book, we hope you find it useful as you prepare to support students with intensive needs to be successful in school. Decades of stagnant, poor outcomes for students with disabilities require a stronger

commitment to training school personnel in this evidence-based approach to individualizing instruction for students with intensive needs.

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