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Response to Intervention: What Is It and Why Should School Nurses Get Involved?

By Lindsey Minchella, RN, MSN, NCSN, Indiana

Response to Intervention (RtI) is an approach in general education designed to improve student success by providing early and effective interventions for students who have difficulty learning. Students struggle with learning for many reasons, including learning styles, language competence, cultural issues, disabilities, social-emotional issues, inadequate instruction, and health problems. For years, educators have attempted to provide help to students using a variety of approaches, including teaching teams, early reading and math assistance, and special education. However, those approaches have not been applied systematically, and health concerns have not always been addressed.

In 2004, Congress added provisions to the federal education laws (Individuals With Disabilities Education Act and No Child Left Behind) to encourage school districts to provide additional support as early as possible for all students who have difficulties learning, using research-based methods and highly qualified teachers (Individuals With Disabilities Education Improvement Act of 2004; No Child Left Behind Act of 2001, 2002a, 2002b). The laws aim to help more students succeed. Currently, many schools are focusing on complying with the law by using the RtI process. RtI is an alternative to the traditional model, in which schools waited until students failed before taking formal action (special education referral) to evaluate and treat learning problems (National Center for Learning Disabilities, 2006).

The goal of RtI is improved achievement, and the process has been shown to improve student outcomes (Elliott, 2006). Increasingly intensive research-based interventions are added as needed, using a multi-tiered, problem solving approach. Individual student data are collected and used to monitor progress, and those results are used to make decisions about the need for further interventions (National Center for Learning Disabilities, 2006). Schools are not required to use the RtI approach. But many do so or they design support methods that are based on RtI principles.

What Are the Benefits of RtI?

RtI can be viewed as the foundation of good instruction, potentially benefiting students through:

- Collaboration between general educators, special educators, educational support services, families, and community.
- Accountability through the use of research-based instruction and through measurement of responses to interventions (i.e., what works and what doesn't).
- Prompt identification through universal screening and prompt action to help students learn.
- Elimination of labels (such as learning disability) while the student is in the RtI process.
- Increasing the number of students who succeed in regular education.
- Reducing unnecessary psychological testing.
- Increasing the appropriateness of referrals for special education (e.g., specific learning disabilities).

Studies have shown that some school districts have significantly decreased special education referrals using RtI methods, thus decreasing time, cost, and potential stigmatization. In addition, those schools have shown that student success measures have increased (Elliott, 2006).

What Does RtI Implementation Generally Look Like?

School districts vary greatly in how they implement RtI. Most models are based on three tiers of school supports, with increasing intensity of interventions in the higher tiers.

- In the first tier, universal screenings help to identify at-risk students, who are provided with supplemental interventions in the regular setting for up to eight weeks. Students whose progress does not show improvement move to the second tier.
- In the second tier, collaborative intervention teams specifically chosen for each case (e.g., teacher, reading specialist, school nurse, parent) meet to identify the student's needs and plan targeted interventions. Data are collected to monitor progress, evaluate the plan, and revise interventions. Interventions in the second tier may last up to about one grading period.
- The third tier provides intensive intervention services for students who require extensive support

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to succeed academically, socially, emotionally, and behaviorally. Students who do not respond are considered for special education eligibility. The data collected during Tiers 1, 2, and 3 are included in the special education evaluation and are used to make the eligibility decision (National Center for Learning Disabilities, 2006).

An example of the RtI tiered intervention model specifically addressing school nurses, the Health Services Model for Student Success from the Colorado Department of Education, can be found on page 20.

Why Should School Nurses Get Involved in RtI?

School nurses work in settings where students' education is everyone's primary goal. Students at risk for educational failure may have social, emotional, or physical health concerns that must be addressed before learning can occur. Basic health and safety needs must be fulfilled before achievement and mastery can take place (Maslow's Hierarchy of Needs). School nurses can help educators understand this relationship between health and learning.

School nurses provide valuable input about the needs of students with health issues who have difficulties learning. For example, students may struggle due to:

- Fatigue related to juvenile rheumatoid arthritis.
- Respiratory compromise from cystic fibrosis.
- Drowsiness due to seizure or psychotropic medications, or
- Frequent health office visits due to social-emotional issues at home.

The school nurse has the expertise to identify these concerns and to recommend appropriate health accommodations or interventions to allow students full access to their education. School nurses also link families, health care agencies, community services, and school services to support school success for students. School nurses help students manage their health needs, thus facilitating the success of the educational process.

In many ways, school nurses are already involved in the process of RtI for students at risk. The RtI problem solving approach is familiar to the school nurse because of its similarities to the six steps of the nursing process (assessment, diagnosis, outcome identification, planning, implementation, and evaluation). School nursing practice also emphasizes evidence-based practice, which RtI principles emphasize.

The Role of School Nurses in RtI

School nurses have a long history of working collaboratively with families, teachers, mental health workers, administrators, and community service workers. We have

critical roles in collaboration around RtI efforts, including the following:

- Clarifying the relationship between health and learning for team members.
- Serving as a team member with expertise in health, medical conditions, and treatment strategies.
- Screening for students for social, emotional, and physical health needs.
- Identifying and addressing health-related barriers to learning.
- Teaching team members about the potential health impact of chosen interventions.
- Identifying and using evidence-based practices for health interventions.
- Coordinating medical services to ensure that health needs are met.
- Coordinating community, family, and school services to ensure that needs are met.
- Helping parents understand their child's developmental and educational needs.
- Responding to students in critical need (e.g., suicide ideation, homelessness, chronic disease management).

How Can School Nurses Become Involved in School Intervention Teams?

School nurses must understand their integral role on the RtI team and its implications for the health and educational success of students. But we may need to make our presence known. To get started,

- Identify key people responsible for RtI in your schools.
- Talk to them and inform them about the relationship between health and learning.
- Give examples of struggling students you have helped.
- Ask to be included in RtI training and to be included in school intervention teams.

In my school district, I met with the administrator of an RtI training grant. She was very receptive to the ideas presented in this article. As a result of one 30-minute meeting, all school nurses in the district were invited to participate in a day-long RtI training program, and all were encouraged to join their schools' intervention teams. School nurses must teach other professionals in our schools how we can contribute to the educational success of our students. We know that healthy students learn better!

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3. IRIS Center for Faculty Enhancement at Vanderbilt University, <http://iris.peabody.vanderbilt.edu/>
4. National Association of School Psychologists, www.nasponline.org
5. National Association of State Directors of Special Education, www.nasdse.org
6. National Center for Learning Disabilities, <http://www.nclld.org/>
7. National Research Center for Learning Disabilities, <http://www.nrcld.org/>
8. New Roles in Response to Intervention: Creating Success for Schools and Children, www.nasponline.org/advocacy/rtifactsheets.aspx
9. Project Forum, Office of Special Education Programs, <http://www.projectforum.org>
10. SchwabLearning.org: Responsiveness to Intervention, www.schwablearning.org

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Lindsey has been a school nurse for 21 years. She is active in NASN at the state and national levels. Lindsey thanks the members of the NASN Rtl Task Force, Catherine Watigny, Nichole Bobo, Florrie Deaner, Susan Luethold, Pam Murphy, Ann Bannister, Pam Parker, Isa Chase, and Kathy Patrick for their help with writing this article.

Helpful Resources

1. American Speech Language Hearing Association, www.asha.org

Training School Paraprofessionals:

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By Cathy Raible, RN, MEd, Arizona, and Penny Morgan Overgaard, RN, BA, Arizona

In August 2007, a special medical needs training class was offered in the Mesa School District. This class was designed specifically for transportation monitors, bus drivers, and health assistants. This class was a collaborative effort between Phoenix Children's Hospital and the Mesa Public Schools nurses. More than 60 participants attended.

Lecture topics included tracheostomy emergencies, suctioning, use of a manual resuscitator bag, grand mal seizure precautions, dislodgement of gastrostomy buttons, emergency care of central lines, and confidentiality. The curriculum was designed to include several methods suited to adult learning: lecture, visual and written materials, and group discussion.

Hands-on practice was an important part of the class and was accomplished by setting up several practice stations manned by MPS nurses. Each station covered a different skill set, where the paraprofessional staff could review equipment, practice student care, and ask questions. Check-off sheets were used as participants rotated around the room. Staff could suction dolls and become familiar with actual medical products. The nurse facilitators were able to address fears and offer emergency scenarios in these small-group rotations. Although this class was not intended to replace the individual parent and school nurse training, it provided the basis for a general understanding of the needs of students with chronic medical conditions.



This four hour class was well received by participants and had many positive outcomes. The class addressed specific problems that may require immediate intervention and the importance of understanding the paraprofessional role during an emergency.

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Demonstration Nurse
 Mesa Public Schools, Mesa, AZ

Cathy has been a school nurse for 16 years, most of which were in special education. She also teaches school nursing classes at Gateway Community College. Cathy is the owner of Hands on Learning, a company that manufactures The Nickie® Special Medical Needs Training Doll.

Penny Morgan Overgaard, RN, BA
 Phoenix Children's Hospital

Penny is currently the manager of the Trach & Airway Program. This program is designed to care for children with airway diagnoses including tracheostomies, airway surgeries, home ventilators, and other illnesses that affect the airway. In addition, Penny is the editor of *Health Education Matters*.

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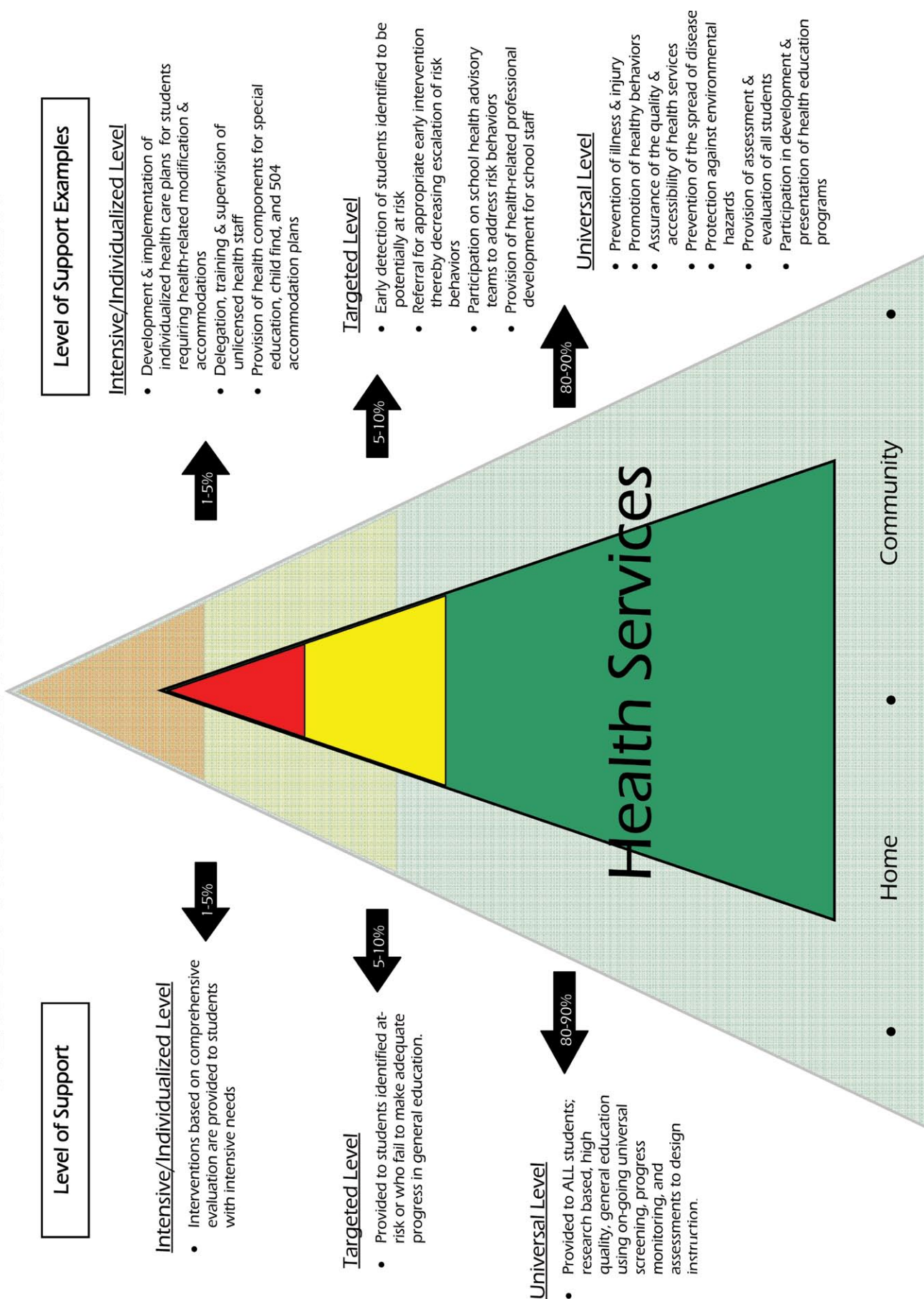


Figure 1.