RTI Thought Leaders Network  
Lynn Fuchs Rethinking RTI Practices a Decade Later

TRANSCRIPT

**Question:** We’ve all come to expect continuous innovation and change in the technologies we use on a daily basis where companies are constantly working to refine and improve the next generation or increase functionality of innovations. RTI is an innovation that began to take hold about 10 years ago. Are there RTI practices that made sense a decade ago which now require re-thinking in light of the continuous search for refinements and improvements in our field?

Lynn Fuchs: Well, the short answer to the question is yes. The longer answer is that yeah, over the past decade research and screening, progress monitoring, and intervention provide the basis for fine-tuning the way that schools practice RTI. So once schools have specified their RTI system and trained their staff in implementing all the different moving parts that are involved in RTI, fine-tuning those practices requires new effort and can be uncomfortable. We all prefer what we know how to do, what we’re familiar with, but I think it’s important for schools to think about fine-tuning the way that they are implementing in RTI. Not talking about dramatic change, I’m taking about smaller ways of making sure that schools are using their resources in the most efficient way while maximizing the opportunities that students have for success. So, and of course this does require change just as trying to learn how to use the latest version of Word requires us to change.

**Question:** So what specifically does the research tell us about how RTI needs to be updated?

Lynn Fuchs: RTI’s greatest accomplishment to date may be the schools’ dramatic increase in formal screening for the purpose of early identification of students who require some additional help. And the way that schools typically conduct this screening is by using brief, one-time universal screenings. But we know from recent research that the use of one-time universal screening produces large numbers of false positives. False positives are false alarms. They are students who appear to be at-risk even though they would do fine if left in the general education program without any special intervention. High rates of false positives raise fundamental questions about the allocation of costly intervention. For example, doctors don’t recommend treatment on the basis of a single elevated blood pressure measurement or on the basis of a high PSA screening or a suspicious mammogram. Instead they all, in all of these situations such universal screening is followed by more accurate but expensive progress monitoring as in blood pressure or diagnostic assessment as in PSA or mammograms. That’s a form of second-stage screening for difficulty, for problems.

So instead of just doing the universal screening and students immediately going into small-group tutoring or some other form of intervention to try to ensure that they make good progress, we do more in-depth assessment with a small sub-set of students who don’t pass the universal screening cut point.

Without a second stage of screening, schools provide costly, small-group tutoring to students who would do fine without those services. Recent studies document that a second stage of screening like the one I’ve been talking about can dramatically reduce false positives and reduce the cost that schools incur in providing small-group tutoring to students who really do, would do fine without that. So when we work with schools we recommend that they conduct the second stage of screening to reduce the costs associated with providing small-group tutoring to students who don’t require it.
Question: Can you give me another example of how RTI practices and research in the area of RTI has impacted students and the success in schools? Can you give us another example of how the research in the area of RTI has helped us know how we need to update our practice?

Lynn Fuchs: Sure. Here’s one more example. In most RTI systems, students must pass through less intensive services before they have access to more intensive services. So for example if schools are using a three-tier RTI system, students must show risk for inadequate progress in general education before being eligible for small-group tutoring, and in the same way they must go through small-group tutoring and, if that proves to be ineffective, if students are unresponsive to that small-group tutoring, then they gain access to more intensive services. But an important question is whether schools could actually predict accurately which students are going to be unresponsive to that small-group tutoring before they receive it. And this would permit schools to avoid providing a period of wait to fail in small-group tutoring before children have access to more intensive services. It would also help schools avoid spending money on small-group tutoring for students whom we can predict will not benefit from it. So in fact studies do show us that with more in-depth assessment we can accurately identify a small pool of students whom are reliably predicted not to respond to small-group tutoring and these students then can go immediately to a level of intensity that can address their needs rather than requiring them to go through a period of services which will not be effective for them. So when we work with schools, we recommend that they do in-depth assessment on a sub-set of students who look like they may not be responsive to secondary prevention or small-group tutoring based on their initial screening data and if the additional in-depth assessment shows that they are unlikely or very unlikely really of responding to small-group tutoring then they can move directly or be fast tracked into more intensive levels of service that can address their needs.