A recent movement in schools is the implementation of multitiered models of service delivery. Known as response to intervention (RTI; Barnes & Harlacher, 2008; Jimerson, Burns, & VanDerHeyden, 2007; NASDSE, 2006), multitiered systems of support (MTSS, Kansas Multi-Tiered Systems of Support, n.d.), or instructional decision making (IDM; Ikeda et al., 2002), these models refer to a tiered framework of services in which research-based instruction is matched to the “data-based needs of students” (Graden, Stollars, & Wehby, 2007, p. 29). This approach to education, which transformed RTI for the remainder of this article, has a philosophical background of prevention, early identification, collaboration, and use of research-based, effective practices (Brown-Chidsey, & Steege, 2005; NASDSE).

With that philosophy in mind, it easy to understand how RTI is a paradigm shift for many schools (Reschly, 2008). Historically, schools have worked in silos where teachers provide instruction independent from other professionals in the building (Schmoker, 2006). When students are identified as having special needs, they are grouped with other students with similar labels (e.g., special education, talented and gifted, etc.). With RTI, these silos are deconstructed as educators spend more time collaborating with each other to develop instructional plans for all students. Instead of grouping students together based on identified labels, students are grouped based on their instructional needs (NASDSE, 2006; Tilly, 2008). In addition, educators collect and analyze various types of data and gather information on fidelity of implementation of instruction. All of this may require new skills from educators, restructuring of their roles, and even a reorganization of school programming and teams. Consequently, implementation of RTI is a 3- to 5-year process for sites to reach full implementation (Tilly, 2008).

Because implementation is a multiprocess, the question of what factors enable a smooth and successful transition is posed. It is not difficult to find within the literature what RTI is and how it may look within schools (Brown-Chidsey & Steege, 2005; Greenwood-Kratchowll, & Clemons, 2008; Jimerson et al., 2007), but there is relatively less research on how to implement RTI successfully (Greenwood et al.; Kurns & Tilly, 2008). To provide practitioners with more direction for implementation, this article examines factors related to the successful implementation of RTI.

CONCEPTUAL FRAMEWORK OF RTI

Within the literature, there is slight variation on what are the key components of RTI. For example, the National Association of State Directors of Special Education (NASDSE, 2006) and St. Croix Education River District (SCRED, n.d.) identified multiple tiers of intervention, a problem-solving orientation, and the use of an integrated data collection system as the three key components of RTI. Comparatively, Brown-Chidsey and Steege (2005) wrote that RTI’s core features are high-quality instruction, frequent assessment, and data-based decision making. Other sites have added to these features. For example, Colorado’s Department of Education (n.d.) lists six features of intervention as a problem-solving process, staff, family and community partnering, and positive school climate (Colorado Department of Education, n.d.). Kansas’ State Department of Education has identified assessment, instruction, and problem solving as components of their RTI model, but also included leadership, professional development, and empowering culture as other components (Kansas MTSS, n.d.). Although some states and researchers may use different language or identify additional components, three common components comprise any RTI model: (a) a comprehensive assessment system; (b) a range of effective, research-based instruction (embodied in tiers or levels); and (c) use of the problem-solving model (Shm, 2008).

Given these three components, the question of what factors may be related to the successful implementation of RTI is presented. As an analogy, consider the goal of running a marathon and the weeks of training and preparation that go into it. Such a training plan would call for a certain amount of running and exercising per week, but not everyone who begins a training routine will complete it, let alone run (and finish!) the marathon. Do factors such as amount of sleep, type of running shoes, and the training climate affect the likelihood of running the race? Similarly with RTI, what factors affect the likelihood of implementing RTI and finishing that race?

METHODOLOGY

To identify a set of factors that affect RTI implementation, articles that described implementation efforts were gathered by searching the literature using keywords related to RTI (e.g., RTI implementation, lessons learned, factors affecting implementation, etc.). This review was not an exhaustive one, but it provided a starting point in the literature on RTI implementation. If the article specifically identified factors or lessons learned from implementation, as opposed to being a conceptual paper, it was retained for analysis. A list of factors related to implementation was created after reviewing the references obtained. A factor was included within the list if (a) the authors identified the factor as important to implementation or provided data that the factor was important, and (b) it was not foundationally related to the three components of RTI.

For example, Graden et al. (2007) noted that a systems-level focus was a critical factor for success, but a systems-level focus is inherent to the range of instructional tiers. Thus, this factor was not retained for the purposes of the analysis. Comparatively, the importance of school administration in leading implementation (i.e., leadership) was retained as a factor because (a) it was described as important to implementation and (b) it is conceptualized as distinct from the three RTI components (Chard & Harr, 2008; Clemons & Kratchowll, 2008; Marston, Reschly, Lue, & Myenskes, & Cantzer, 2007; Peterson, Prasse, Shinn, & Swordick, 2008; Vaughn et al., 2008).

Once a factor was identified as important to RTI implementation, the factors were grouped together based on conceptual similarity. For example, several research-
ers talked about the importance of ongoing training of staff and coaching (Abbott et al., 2008), and others pointed out the need to understand the why behind RTI (Ikeda et al., 2002). These two discussions were considered conceptually similar and were categorized under the factor “Professional Development” (see Table 1). This process is admittedly qualitative and based on the authors’ judgments of how these factors conceptually relate, but an effort was made to draw similarities between descriptions among the references in order to identify a manageable list of factors.

RESULTS

After the list of factors was identified, the percentage of references that mentioned a particular factor was calculated. A total of 13 factors were identified across 20 total references. The most common factors identified were Professional Development and Staff Buy-In, as 55% and 50%, respectively, of the references reported these factors as important to implementation. Leadership, Time for Collaboration, and Broad Ownership were the next 3 most commonly reported factors. The entire list of factors is displayed in Table 1.

DISCUSSION

Professional development. RTI implementation requires an array of new skills from staff (Tilly, 2008), so it is no surprise that professional development (PD) was the most reported factor. First and foremost, PD should be ongoing, structured, and deliberate (Batsche, Curtis, Dormon, Castillo, & Porter, 2007; Peterson et al., 2007). Professional development should focus on just that—development—which includes ongoing coaching and ample opportunities to practice new skills with feedback (Peterson et al., 2007). As for the content, the PD should include knowledge of high-quality instruction, knowing various assessment practices within an RTI system (i.e., screening, diagnostic, and formative), and using data to plan instruction. Additionally, PD should include the difference between individual problem-solving and group-/school-level problem-solving (Ikeda et al., 2007), both small and large group format for trainings (Abbott et al., 2008; Chard & Harn, 2008), and include a thorough understanding of why RTI is being implemented (Ikeda et al., 2002). Altogether, it is clear that PD is a factor that requires deliberate planning and follow-up.

Staff buy-in. Staff buy-in is more than just agreeing to implement RTI. It includes understanding what RTI is, what it takes to implement RTI, and how it is different from previous practices (Tucker & Sorrnson, 2007). There is a major belief change that accompanies RTI implementation, as staff will move from focusing “within” the mindset of the previous model toward an ecological framework of discussing student difficulties (Hughes & Dexter, n.d.; Peterson et al., 2007). In particular, Ikeda and colleagues (2007) noted that although some schools implemented practices associated with RTI well, they did not integrate the belief system associated with it. As a result, many teachers were frustrated with the process. Teachers felt that help was not provided until students were qualified, even though students were provided with additional instruction prior to referral. Therefore, part of the buy-in process should include an understanding that additional support is provided earlier, is more targeted to students’ needs compared to previous models of service delivery, and that the goal of any intervention or instructional strategy is to correct the identified problem, not place the child in special education.

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HOW SCHOOL PSYCHOLOGISTS CAN HELP

School psychologists are in a great position to both facilitate and provide professional development. Because of their knowledge of assessment and instruction, school psychologists can serve as coaches for staff as they learn and use new skills. School psychologists can also observe instruction to provide feedback, and they can participate in data meetings to help staff analyze results. They can provide trainings on topics such as the difference between individual- and group-level problem-solving, use of CBM for progress monitoring, and how to visually display data. Given the flexibility in their schedules and their training in consultation, assessment, and instruction, school psychologists can surely be a part of the ongoing piece of professional development identified by many researchers in this article (Abbott et al., 2008; Denton, Vaughn, & Fletcher, 2003).

School psychologists can also help with establishing buy-in from staff by facilitating an understanding of RTI: what it is, and what it is not. School psychologists can use their consultation skills to facilitate the discussion of how RTI differs from previous practices and of its theoretical framework. Other things that school psychologists can do is create monthly newsletters that answer questions about RTI or hold “brown bag” where they lead a discussion of RTI during a lunch hour. Making the paradigm shift takes time, and ensuring understanding of RTI can be facilitated by school psychologists.

The factors listed in Table 1 are a starting point for professionals to consider when implementing RTI. Although this review was a qualitative one and there was not a measure of how successful sites were with RTI implementation, school psychologists can hopefully use the list in Table 1 to move forward with implementation. RTI implementation is not an easy process, and with the stress of budget cuts and a taxed economy, resources are scarce. The good news is that as schools implement RTI, there is an opportunity for school psychologists to redefine their roles.

<table>
<thead>
<tr>
<th>Table 2. The Top Five Identified Factors and Practical Ways School Psychologists Can Accommodate</th>
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<td><strong>Factor</strong></td>
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| Professional Development | - Provide inservices on various topics  
- Observe instruction and provide feedback/coaching to staff  
- Create ways to measure fidelity (e.g., observation forms, protocols) |
| Time for Collaboration | - Meet weekly with leadership to identify when/where staff can meet  
- Discuss importance of time for staff to meet with stakeholders  
- Help create a master schedule that includes a time block for data analysis and collaboration |
| Staff “Buy In” | - Lead discussions on why RTI is being implemented and what it takes to do so  
- Reframe discussions that focus solely on the students to ones that incorporate alterable/ecological variables  
- Identify ways for staff to communicate with leadership and vice versa |
| Leadership | - Provide expert knowledge of RTI  
- Work with leadership to align resources to enable implementation  
- Take on leadership roles by facilitating team meetings, collaborating with staff, and spreading the vision of RTI |
| Broad Ownership | - Participate in data teams and encourage collaboration  
- Model collaboration and emphasize ownership of all staff for all students when in meetings  
- Share the change in identification of specific learning disabilities and the importance of data from supplemental interventions |
Len Pennington, 1930–2010

by Tom Fagan

Leonard William Pennington, Jr. was born on April 14, 1930 in Arlington, VA and died on October 15, 2010 in Madison, WI. He earned his BS degree and MS in applied psychology from The College of William and Mary in 1952 and 1954, respectively. I am often surprised at how little I know about so many leaders in the field, despite the prominence of their contributions. According to his obituary (http://Madison.com/obit/165844), Len worked as a military intelligence specialist for the U.S. Army (1954–1956) and in the army reserves until 1962. Before the founding of NASP in 1969, and before we met in the 1970s, Len served as the first director for Central Wisconsin Colony’s Development Evaluation Center, and then as a senior supervising school psychologist for the Madison Public School District. Before those positions, he provided psychological services to other agencies including the Oregon (WI) School for Girls, the Wisconsin Diagnostic and Treatment Center’s K-3 prevention model. In C. Green-


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References

