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School psychologists involvement with response-to-intervention and students with social, emotional, and behavioral difficulties

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SCHOOL PSYCHOLOGISTS INVOLVEMENT WITH RESPONSE-TO-INTERVENTION AND STUDENTS WITH SOCIAL, EMOTIONAL, AND BEHAVIORAL DIFFICULTIES

by
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Dedication

I would like to dedicate this manuscript in memory of the school psychologist of Sandy Hook Elementary School, Mary Sherlach. The bravery she demonstrated on December 14, 2012 will not be in vain.

Acknowledgements

I would like to thank Dr. Terri Allen and Dr. Roberta Dihoff for their

encouragement, guidance and help throughout this process. I would like to thank Dr.

Williams for allowing and supporting Stacey and I in our will to take "the road less

traveled by". I would also like to thank everyone who listened, or pretended to listen, to

my cries of woe during this semester of sheer insanity, especially my main squeeze.

Abstract

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The current school reform is being driven by shifts in thinking about school improvements, including a willingness to consider prevention versus remediation. Response-to-Intervention is a buzz word in education right now as it is the framework by which this shift in thinking is to be implemented. Preventatively addressing the mental health needs of students is a pressing issue for educational professionals as the population of students who exhibit social, emotional, and behavioral problems continues to be underserved. Since school psychologists are trained in Response-to-Intervention procedures, the purpose of this study was to determine if school psychologists are involved in Response-to-Intervention procedures in their school district, and if their RtI procedures are addressing the needs of students who are socially, emotionally, and behaviorally at-risk.

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Introduction

Need for Study

Due to the current political climate, the reauthorization of IDEA (U.S. Department of Education, 2007), and the public's dissatisfaction with schools, the roles of educational professionals are changing, including that of school psychologists (Fagan & Wise, 2007). This study investigates how school psychologists have responded to their role change in response to the reauthorization of IDEA (U.S. Department of Education, 2007) which provides an alternative to the discrepancy model with the implementation of Response-to-Intervention (RtI) procedures. While the RtI model was initially intended for use in determining IDEA eligibility category of Specific Learning Disability (SLD), current literature (Batsche, Elliot, Graden, Grimes, Kavaleski, & Prasse, 2005; Fox, Carta, Strain, Dunlap, & Hemmeter, 2009; Gresham, 2005; Pearce, 2009; Sugai, Horner, & Gresham, 2002; Saeki, Jimerson, Earhart, Hart, Renshaw, Singh, & Stewart, 2011; Pavri, 2010) now demonstrates how the three tier model is applicable to early identification and service delivery to students with social, emotional, and behavioral problems.

Addressing the needs of students who have social, emotional, or behavioral difficulties is a pressing issue for educational professionals as this population of students continues to be underserved (U.S. Department of Education, 2009; National Association of School Psychologists, 2005). Since the 1990s, school settings have no longer been regarded by society as exclusive safe havens. With the most recent school shootings in

December of 2012, the nation is yearning for preventative measures to be taken to address the mental health needs of students.

The current study addressed preventative measures to be taken in confronting the mental health needs of students by focusing on school psychologists' degree of involvement in RtI procedures and specifically if their RtI procedures are addressing the needs of students who are socially, emotionally, and behaviorally at-risk. Response-to-Intervention procedures should include both academic and behavioral approaches to address the needs of all students.

Purpose

The current study aimed to examine school psychologists' knowledge of RtI, and their districts support of RtI implementation. Additionally, the researcher examined school psychologists' working practice with students who exhibit social, emotional, and behavioral needs and the degree of involvement school psychologists' have in RtI implementation in their district.

Hypothesis

This researcher believes that if school psychologists' knowledge of RtI and their district of employment support RtI implementation, then they are likely involved in the RtI process. This researcher also believes that school psychologists will be working to address the needs of students who exhibit social, emotional, and behavioral problems. The following research questions will be asked to support the researcher's hypothesis:

Research Question 1: Are there any significant positive relationships between school psychologists' knowledge of RtI, their district's support of RtI, and school psychologists' degree of involvement with RtI?

Research Question 2: Are there any significant positive relationships between school psychologists' working practice with students with social, emotional, and behavioral difficulties and their degree of RtI implementation?

Operational Definitions

For the purpose of clarity and understanding, the following terms are defined:

IDEA: a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities (U.S. Department of Education, 2007).

Emotional and Behavioral Disorders (E/BD): refers to a condition in which behavioral or emotional responses of an individual in school are so different from his/her generally accepted, age appropriate, ethnic or cultural norms that they adversely affect performance in such areas as self care, social relationships, personal adjustment, academic progress, classroom behavior, or work adjustment (National Association of School Psychologists, 2005).

Response-to-Intervention (RtI): a school based system designed to identify and meet children's needs through increasingly focused and intensive levels or "tiers" of assessment and intervention.

Assumptions

There are several assumptions that are apparent in this research. It is assumed by the researcher that:

1. School psychologists answered the survey questions truthfully.
2. The survey was a relevant assessment of the variables measured.
3. The issues discussed in this study are of importance and will continue to be of importance to the literature surrounding Response-to-Intervention procedures.

Limitations

The sample of school psychologists may not be representative of the total population of school psychologists in the United States. The sample size of 97 was encountered since participation was voluntary and state associations only sent the email asking for participation one time. An additional limitation could occur as the data consisted of self-rating scales and the survey was not assessed for reliability or validity.

Summary

The current literature review examines the status of students in school with social, emotional, and behavioral difficulties, provides information and an overview of Response-to-Intervention (RtI) procedures, as well as provides an indication as to why school psychologists are essential in the RtI process. The present study examines the degree of involvement school psychologists have in RtI procedures and specifically, if their involvement in RtI is related to the needs of students with social, emotional, and behavioral difficulties. If their involvement in RtI is related to the needs of students with

social, emotional, and behavioral difficulties, than we may infer that RtI is a valid service delivery model for social, emotional, and behavioral problems in schools.

School psychologists were asked to complete a 28-item survey pertaining to their knowledge of RtI, their school district's support of RtI, their involvement in RtI and working practice relevant to students exhibiting social, emotional, and behavioral difficulty. All items were measured on a 5-point Likert scale. Of the 28-item survey used, 22 items measured the relationship between the variables and the implementation of RtI. In addition, 6 items of demographic data were collected, including: school psychologists' employment status, years of experience, degree held, the state they work in, the type of community the school district is located in, and the grade levels that they serve.

Chapter 2

Literature Review

Emotionally and Behaviorally Disturbed Students (E/BD)

In our current educational system, all students must be progressing to meet adequate standards according to legislation. "All" students includes typically developing and functioning students, students with disabilities, and students who have "slipped through the cracks" (Fagan & Wise, 2007). Among this group of students who have "slipped through the cracks" are those who exhibit social, emotional, or behavioral difficulties. Addressing the needs of students who have mental health or behavioral difficulties is a pressing issue for educational professionals (U.S. Department of Education, 2009). Poor emotional and behavioral development is a barrier to learning and interferes with the acquisition of academic, vocational, and social skills, and negatively affects adult adjustment (Gresham, 2005; Merrell & Walker, 2004; U.S. Department of Health and Human Services, 2001; Quinn, Osher, Warger, Hanley, DeHaven Bader, Tate, & Hoffman, 2000; Thomas & Grimes, 2008; National Association of School Psychologists, 2005). If these students are not learning, they are not progressing, and our school systems are not meeting federal standards.

There are a variety of issues surrounding the population of students with emotional disturbance and behavioral problems. The most general and major criticism in the education of these students is that they are underserved (U.S. Department of Education, 2009; National Association of School Psychologists, 2005) in public school systems (Long & McQueen, 1984). According to the National Center for Health Statistics (2008) approximately 8.3 million children (14.5%) aged four to 17 years old have parents who have talked with a health care professional or member of their child's

school staff about their child's emotional or behavioral difficulties (Simpson, Cohen, Pastor, & Reuben, 2008). The U.S. Surgeon General has referred to this gap (U.S. Department of Health and Human Services, 2001) as a "major public health issue" because most psychiatric disorders manifest themselves in early years and recur in adulthood. "The public health directive to intervene is clear… but the reality is different" (U.S. Department of Health and Human Services, 2001). The gap the U.S. Surgeon General is referring to is the disparity between the percentage of youth needing mental health services, which is greater than 20% and those who are receiving services, which is less than one percent (Gresham, 2005). Students whose mental health needs are unidentified are at an increased risk of juvenile delinquency and involvement in the criminal justice as young adults (Mash & Dozois, 2003). While data suggest that a large percentage of students manifest conditions that negatively affect their ability to function in schools, many with these needs are not identified (Hoagwood, 2001).

The disservice to children with social, emotional and behavioral problems may be due to a variety of reasons including unavailability of resources and mental health professionals (Long & McQueen, 1984), insufficient financial support, controversial and vague aspects in the definition and interpretation of the term *Emotionally Disturbed* (Gresham, 2005; Skiba, Grizzle, & Minke, 1994; Olympia, Farley, Christiansen, Pettersson, Jenson, & Clark, 2004), grouping those who are classified as E/BD into one homogenous category, and the extent to which evidence-based practice is being utilized in schools (Shinn & Walker, 2010). Topping and Flynn (2004) surveyed school psychologists about their working practice with seriously emotionally disturbed and found that most yearned for further training and staff development as they felt their

interventions had not been resulting in effective solutions. Gresham (2005) states that the reasons for this disservice to the E/BD population of students are philosophical, as school systems have had a long history of believing that they are not accountable for the mental health needs of students. For many, school is the only source of behavioral or mental health services as only a small number of students receive needed mental health services (National Association of School Psychologists, 2005). It is also possible that the needs of children at-risk for E/BD have overwhelmed the capacity of schools to effectively accommodate these students (Gresham, 2005; U.S. Department of Education, 2009). Saeki et al. (2011) argued that a disproportionate amount of time is spent on serving a small number of students with social, emotional and behavioral problems and to remedy this issue, school systems must engage in early identification of and intervention with students at risk for such problems.

It is not a new notion that a student is considered eligible for special education services under the assumption that they have received proper and appropriate instruction and interventions within the general education classroom (Willis & Dumont, 2006). However, it is likely that the integrity with which behavioral interventions are being implemented is lower than what is reported in the literature (Gresham, 2005). Many schools have historically addressed student behavior problems by prescribing reactive consequences such as detention, suspension, and expulsion (Skiba & Rausch, 2006). Students with emotional and behavioral problems are three times as likely to be suspended over ten days and five times as likely to be placed in residential settings compared to other students with disabilities (Data Accountability Center, 2010). Students deemed ineligible for Special Education Services under IDEA are thus not

protected by it. Students receiving special education services cannot be suspended without IEP services for more than ten days, but there is no protection from exclusionary discipline procedures for the students who are ineligible for services.

The implication of the lack of services available for these children promises them dismal outcomes while at school and upon exiting school (Smith, Katsiyannis, & Ryan, 2011; Mash & Dozois, 2003) because of the disciplinary exclusions they face, and poor academic performance (Bradley, Doolittle, & Bartolotta, 2008). Only 20 percent of students with E/BD who exited the school system in 2006-2007 received their high school diploma (Data Accountability Center, 2010).

The consequential approaches historically used by schools are reactive as opposed to proactive and preventive. Using Response-to-Intervention as a service delivery model for students with social, emotional, and behavioral problems is designed to prevent the escalation of problems into more debilitating forms of social, emotional, and behavioral functioning (Saeki, et al., 2011).

Overview of Response-to-Intervention (RtI)

Response-to-Intervention is a three-tiered model that moves from universal conditions for all students (tier one), to targeted interventions of varying degrees of intensity (tier two), to very intensive interventions for individual students (tier three) (Thomas & Grimes, 2008). When tier one and tier two interventions are effectively planned, delivered, and assessed for outcome, and still prove to be unsuccessful for the student, a move to tier three assessment and intervention is warranted.

Tier one, also known as Universal Screening, is provided for all students within a school or classroom either daily or weekly to understand (a) how many students are

responding to the instruction, (b) if the current instruction is effective, (c) how many students are at risk for failure, and (d) which students need additional assessments (Thomas & Grimes, 2008). Universal screening of academic skill areas and social-emotional areas are equally important. Relying solely on teacher referral is no longer best practice.

Tools used for universal screening must coincide with the school's curriculum and instruction as well as must provide an understanding for school personnel of the general academic and behavioral health of students in their school (Thomas & Grimes, 2008). Examples of universal screening tools are school-wide expectations, rules, discipline plans, social skills curricula, character building, violence prevention programs, bullying prevention plans, positive behavior supports, etc. "The major goals of universal interventions are to facilitate and enhance the academic and social development of students" (Thomas & Grimes, 2008).

Tier two, also known as Targeted or Selected Interventions are a group of interventions that focus on those students who did not respond to universal interventions and comprise about five to ten percent of the school population (Sugai, Horner, & Gresham, 2002). These interventions are delivered in a small group setting or in the general education classroom. According to Pavri (2010), "tier two interventions are implemented to build a student's social-behavioral and/or academic-behavioral repertoire, so that students will become more responsive to universal interventions."

Tools used in tier two may include but are not limited to: behavioral contracts, self-management strategies, tutoring, social skills training, point systems, preferential

seating, a signal system for asking for help, and reinforcement delivery (Thomas & Grimes, 2008). At tier two, it is important for teachers and school psychologists to work together to monitor student progress and evaluate the effectiveness of the interventions being utilized (Thomas & Grimes, 2008).

Intensive interventions are delivered in tier three. These interventions are individualized and comprehensive and are provided for those students who did not respond to universal screening and targeted interventions. Generally this number falls between one and five percent of a class and these students will exhibit chronic academic and/or behavioral difficulties (Sugai, Horner, & Gresham, 2002).

For those students who exhibit emotional and behavioral problems, intensive tier three interventions might include special education services or other programs in the local school, regional programs at the district level, a referral for mental health treatments, or placement in an intensive hospital-based or residential program (Thomas & Grimes, 2008). They could also include token economies, individual or group counseling, behavioral contracts, and point systems.

RtI for Social, Emotional, and Behavioral Problems

Response-to-Intervention is a problem-solving process that utilizes all efforts to evaluate and resolve children's school performance deficits (academic, behavioral or mental health). These problem-solving efforts persist until effective solutions are found. While the majority of RtI literature available is relevant to identifying learning disabilities and standard procedures in the academic carry-out of the three-tiered model (Fletcher, Francis, Morris & Lyon, 2005; Marston, 2005; Jimerson, Burns, &

VanDerHeyden, 2007), the RtI model can provide a methodology to assist the population of students with mental health and behavioral difficulties in achieving success within the academic environment (Batsche, Elliot, Graden, Grimes, Kavaleski, Prasse, et al., 2005; Fox, Carta, Strain, Dunlap, & Hemmeter, 2009; Gresham, 2005; Pearce, 2009; Sugai, Horner, & Gresham, 2002; Saeki et al., 2011; Pavri, 2010). As with RtI for academics, struggling students receive support of progressive intensity; a problem-solving, data-driven process is used to determine appropriate, research-based interventions, and students are monitored to determine progress (Council for Exceptional Children, 2011).

Implementation of the RtI framework requires a district-wide conceptual shift from the "refer-test-place" approach to "refer-intervene-evaluate". Since the reauthorization of IDEA (U.S. Department of Education, 2007) and the regulations to implement it, RtI procedures are the preferred model over assessment techniques. In a study by Pavri (2010), special education teachers hailed RtI as an objective approach involving scientific practices used to make decisions about children. Willis & Dumont (2006) provide evidence that in many cases, RtI is a quicker and more efficient approach than an individual evaluation. RtI may be an effective approach for preventing and remedying the social, emotional, and behavioral problems of students who respond to behavioral interventions and therefore, more intensive services in special education would not be warranted (Saeki et al., 2011). Schools that use RtI for behavior report improved services for students, decreased discipline referrals, and improved teacher performance (Council for Exceptional Children, 2011).

While the literature is available to demonstrate the benefits of Response-to-Intervention, its implementation is a system-wide change which requires organizational

readiness (Crothers, Hughes, & Morine, 2008), or administrative and district acceptance and support. All levels of school personnel must agree that they are committed to studying, understanding, and having an impact on the social-emotional health of the student body (Sugai, Horner, & Gresham, 2002).

No single procedure should be considered definitive in providing evidence of emotional and behavioral symptoms; rather, this determination should be based on an integration of multiple methods of assessment in adherence with the Response-to-Intervention model. RtI demands improved educational planning and programming as the goal of RtI is not to make these youths eligible for special education services, but to evoke a response to an appropriate intervention that allows the child to learn in the appropriate setting.

Role of the School Psychologist in RtI

Changes in legislation, regulations, and policies have likely opened up opportunities for school psychologists to apply their training and knowledge of RtI within their district or school. School psychologists can help facilitate RtI implementation for mental and behavioral health as effective system-level change calls upon three areas of their expertise: an understanding of human behavior from a social systems perspective, an ability to use collaborative planning and problem solving procedures, and a familiarity with principles for organizational change (Shinn & Walker, 2010).

School psychologists must act as leaders to provide support, and professional development to move schools toward an RtI model that incorporates screening, assessment, and intervention of social, emotional, and behavioral health domains of

students. School psychologists are especially qualified to provide a range of services to children suspected of having E/BD (National Association of School Psychologists, 2005).

The National Association of School Psychologists recommends that school psychologists be guided in the assessment of emotional and behavioral disorders by a three-tiered service delivery model (RtI) whose goal is promoting school success for all students (Thomas & Grimes, 2008). School psychologists practice Response-to-Intervention (RtI) by systematically observing how a student or a group of students respond to one or more evidence-based interventions (Fagan & Wise, 2007).

School psychologists have a role in every tier of the Response-to-Intervention process. Best practice declares it should be the same school psychologist who consults with teachers at tier one and tier two and to whom that student is referred to for more comprehensive tier three assessments and intervention (Thomas & Grimes, 2008). At tier three, school psychologists should collaborate with multidisciplinary teams to conduct more comprehensive assessments (Thomas & Grimes, 2008). School psychologists are able to provide assistant to other members of the educational team in developing and executing intervention plans (National Association of School Psychologists, 2005). School psychologists may have to educate teachers in their knowledge of RtI for students exhibiting behavioral and emotional symptoms to ensure integrity in the process. Teachers should frequently use this knowledge to evaluate and improve a student's educational experience (Quinn, et al., 2000). Professional collaboration and agreement is essential to study, understand, and have an impact on the social, emotional, and behavioral health of the student-body in a school (Sugai, Horner, & Gresham, 2002).

Chapter 3

Methodology

The current study aimed to examine the degree of involvement that school psychologists have had in Response-to-Intervention practices in their districts and if that involvement is related to their knowledge, their district's support of RtI, and their working practice with students who are socially, emotionally, and behaviorally at-risk.

Participants

A survey was completed by 97 practicing school psychologists who were employed in various settings (central city, city/town, suburb, and small town/rural area) serving various schools (elementary, middle, and high school) in New Jersey, Delaware, Pennsylvania, New York, and North Carolina. Out of the 97 practicing psychologists, 38 (39.5%) worked in New Jersey, 23 (23.9%) worked in North Carolina, 18 (18.7%) worked in New York, 14 (14.5%) worked in Delaware, three (0.03%) worked in Pennsylvania, and one did not reply. In regards to the community they work in, 11 participants (11.5%) worked in a central city, 26 (26.8%) worked in a city or town, 25 (25.7%) worked in a suburb, 34 (35.1%) worked in a small town or rural area, and one did not reply.

Within the sample of school psychologists, 35 (36.5%) participants had zero to three years of experience working in the field, 25 (26%) had four to ten years of experience, 36 (37.5%) had ten or more years of experience, and one participant did not reply. When asked about their education, 24 (24.7%) reported that their highest degree held was their Master's, 55 (56.7%) reported their highest degree held was a specialist degree, and 18 (18.6%) reported having their Doctorate degree. Eighty-four (88.4%)

participants described their employment status as full time, eight (8.4%) participants

described their employment status as part time, two (2.1%) were retired, one (1.1%) was

unemployed, and two participants did not respond to this question.

Materials

Subjects participated in a self-constructed survey (see Appendix A) by the

researcher that questioned the participants on their knowledge of Response-to-

Intervention (RtI), their district's support of RtI, their involvement in RtI procedures in

their district, and their working practice with students with social, emotional, and

behavioral difficulties.

There were three defined variables in the research study: school psychologists'

knowledge of RtI, their district's support of RtI, and school psychologists' working

practice with students who exhibit social, emotional, and behavioral problems. Of the

28-item survey used in the study, 22 items measured the relationship between the

variables and the implementation of RtI.

Design

These data were analyzed using a bivariate analysis for the purpose of

determining any empirical relationship between them. Three separate bivariate

correlations were conducted for the three variables. Additionally, demographic data were

collected, including: employment status, years of experience working as a school

psychologist, highest degree held, state of employment, the type of community setting in

which they were employed, and the grade levels of the students they serve.

The survey items in this research study were chosen to answer questions the researcher had about factors that influence RtI implementation and more specifically, RtI implementation for students with social-emotional and behavioral needs.

Procedure

Participants were asked to complete the survey through an email from their state association for school psychologists. The email included the purpose of the study, instructions for completion, a statement ensuring confidentiality of all responses, and a link to the website "Survey Monkey". Participation was voluntary and subjects could withdrawal their participation at any time. The results from "Survey Monkey" were analyzed using SPSS for Windows.

Chapter 4

Results

The first hypothesis questioned if there would be any significant positive relationships between school psychologists' knowledge of RtI, their district's support of RtI, and school psychologists' degree of involvement with RtI.

A bivariate correlation was conducted in order to address whether or not there was any relationship between school psychologists' knowledge of RtI and the degree of involvement they have had with RtI procedures in their school district. It was found that there was a statistically significant positive correlation ($r=.490$, $p=.000$), between school psychologists' knowledge of RtI and their involvement with RtI (See Figure 1). This appeared to demonstrate that as school psychologists' self ratings of knowledge of RtI increased, their involvement with RtI also increased.

A second bivariate correlation was conducted in order to address whether or not there was any relationship between the participants' school district's support of RtI and their degree of involvement with RtI procedures in their school district. The bivariate correlation demonstrated there was a statistically significant positive correlation ($r=.384$, $p=.000$) between the school psychologists' district support of RtI and the degree of involvement in RtI (See Figure 2). This appeared to suggest that as the school psychologist's district support increased, their involvement with RtI increased as well.
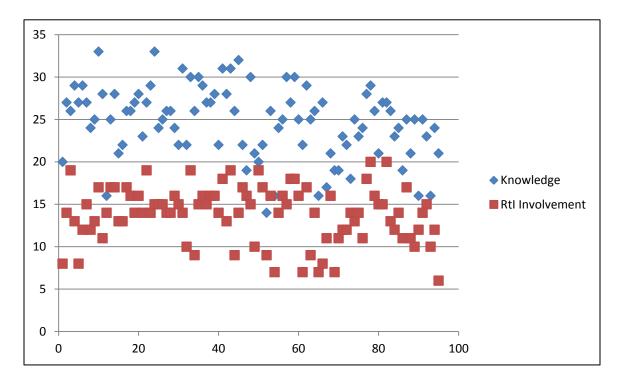
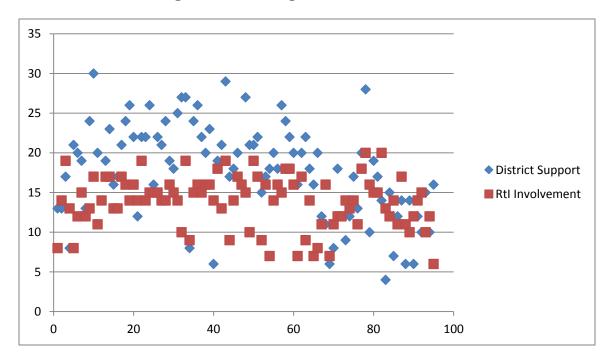**Figure 1: Knowledge and RtI Involvement**

Figure 2: District Support and RtI Involvement

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The second research question asks, are there any significant positive relationships between school psychologists' working practice with students with social, emotional, and behavioral difficulties and their degree of RtI implementation?

A bivariate correlation was conducted in order to address whether or not there was a significant relationship between school psychologists' self ratings of working practice with students with social, emotional, and behavioral difficulties and RtI implementation. The bivariate correlation demonstrated that there was a statistically significant positive correlation (r=.543, p=.000), between the school psychologists' working practice with students with social, emotional, and behavioral difficulties and RtI implementation (See Figure 3). This appeared to suggest that as school psychologists' working practice with students with social, emotional, and behavioral difficulties increased, their involvement in RtI procedures in their school districts also increased.
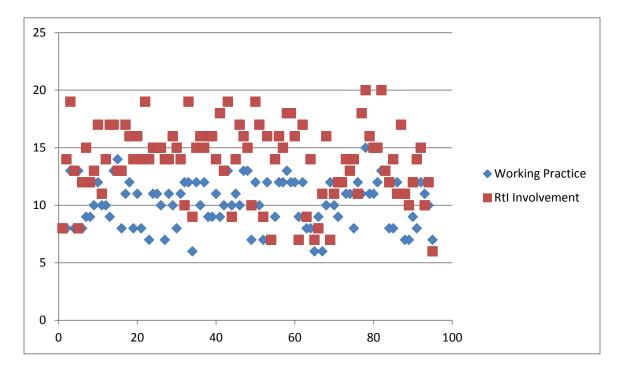
Figure 3: Working Practice and RtI Involvement

Chapter 5

Discussion

Summary

The current study examined the degree of involvement school psychologists have in RtI procedures and specifically, if their involvement in RtI is related to the needs of students with social, emotional, and behavioral difficulties. If their involvement in RtI is related to the needs of students with social, emotional, and behavioral difficulties, than we may infer that RtI is an appropriate service delivery model for social, emotional, and behavioral problems in schools.

Research question 1 asked: Are there any significant positive relationships between school psychologists' knowledge of RtI, their district's support of RtI, and school psychologists' degree of involvement with RtI? A statistically significant positive correlation was found between school psychologists' self ratings of knowledge and their involvement with RtI. Furthermore, a statistically significant positive correlation was found between the school psychologists' district support of RtI and their involvement in RtI. These findings appeared to demonstrate that as school psychologists' self-ratings of knowledge and district support of RtI increased, so too did their involvement in the RtI process.

Research question 2 asked: Are there any significant positive relationships between school psychologists' working practice with students with social, emotional, and behavioral difficulties and their degree of RtI implementation? A statistically significant positive correlation was found between school psychologists' working practice with students who are socially, emotionally or behaviorally at-risk and their degree of RtI implementation in their district. This appeared to suggest that as school psychologists'

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working practice with students at-risk for social, emotional, and behavioral disorders increased, their involvement in RtI procedures in their school district also increased.

The results of these analyses appeared to have shown that the implementation of RtI was influenced by school psychologists' knowledge and district support of RtI, and that the degree of RtI implementation was positively correlated to working practice with students who exhibit social, emotional, and behavioral difficulties. With the bivariate correlations between the three variables and RtI implementation, working practice with students who exhibit social, emotional, and behavioral needs had the strongest correlation. It can be inferred from these results that school psychologists are already approaching intervention with students with these needs from a three-tiered, preventative delivery model.

Integration and Implications of Findings

The current school reform is being driven and sustained by a number of seismic shifts in thinking about school improvements including applications of increased knowledge, a willingness to consider prevention versus remediation and recognition of the importance of early intervention (Shinn & Walker, 2010). Response-to-Intervention is the framework by which these shifts are to be implemented. One issue that the nation is yearning for educators to take preventative and early intervention measures with is addressing the mental health needs of students who experience these difficulties. The population of students who exhibit social, emotional, and behavioral problems continues to be underserved (U.S. Department of Education, 2008; National Association of School Psychologists, 2005). While the reasons for this disservice are unclear, a potential

solution may be in the forefront of the knowledge and training that school psychologists are receiving in their graduate training and professional development opportunities.

School psychologists are transitioning in their role from the "gatekeepers" of special education to full partners and consultants in data-based decision making for designing and providing effective instruction and interventions. The data from the current study appeared to demonstrate that school psychologists encompass a vital role in the RtI process because of their knowledge, opportunities for growth and support from their district, and their working practice with students who exhibit social, emotional, and behavioral difficulties.

Due to the positive correlations of school psychologists' knowledge and district support of RtI with RtI implementation, it can be inferred that these two factors are necessary for RtI to be implemented in schools. Literature on system-wide change also supports the notion that knowledge and district support are necessary for system-wide implementation (Thomas & Grimes, 2008; Shinn & Walker, 2010). Because school psychologists' involvement with RtI appeared to be positively correlated to the needs of students with social, emotional, and behavioral difficulties, we may infer that RtI is an appropriate and applicable service delivery model for students in schools. Whether or not RtI for behavior and mental health is an official service delivery model in the districts where the participants in this study worked, many school psychologists may have the capacity to facilitate the three-tiered framework into their schools as many have the knowledge and district support to do so.

While the literature has demonstrated RtI as an appealing and promising approach to the prevention of serious social, emotional, and behavioral difficulties in children and youth (Pavri, 2010; Batsche et al., 2005; Fox, et al., 2009; Gresham, 2005; Pearce, 2009; Sugai, Horner, & Gresham, 2002; Saeki et al., 2011), this study may provide empirical support that aspects of Response-to-Intervention for mental and behavioral health in students is currently being implemented in schools. The results support the notion that school psychologists have the knowledge and district support to serve as a valuable resource for administrators and general educators in their school districts and that system-wide change is underway.

Limitations and Future Directions

The current study presented several limitations. While 97 participants provided insight into school psychologists' involvement in RtI procedures targeting mental and behavioral health, these results cannot be generalized to a larger population. However, within the sample at hand, participation was evenly distributed across four of the five states associations asked to participate (39.5% worked in NJ, 23.9% worked in NC, 18.7% worked in NY, and 14.5% worked in DE). Surveying many more school psychologists across the United States may provide data that would represent the population of school psychologists.

The survey used was created specifically for the current research. Therefore, the survey was not previously assessed to measure reliability or validity. Reliability and validity must be considered when assessing individuals, in addition to examining self-report. A survey is valid if it actually measures what it is supposed to and reliable if the same results are achieved when an individual is assessed more than once (Kimberlin &

Winterstein, 2008). Another limitation of the survey was that it consisted of self-report data. Problems with self-report measures include participants' not knowing information required to respond to a question, and incorrect information being reported (Leong & Austin, 2006).

Future studies may want to take into account state administrative codes on special education classification. Further research must also be conducted to assess the reliability and validity of the survey. Additionally, surveying many more school psychologists across the United States may provide data that would represent the population of school psychologists.

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Appendix A

Survey

Dear Ma'am or Sir:

     The purpose of this research questionnaire is to evaluate the Response to Intervention methods used by school psychologists, and specifically if Response to Intervention is being used to help students with social-emotional and/or behavioral difficulties. This research is being conducted by Katelyn Hickman-Poloney, a student in the Master of Arts in School Psychology program at Rowan University in Glassboro, New Jersey.

     Your participation in the study should not exceed 15 minutes. There are no physical or psychological risks involved in this study, and you are free to withdraw your participation at any time without penalty. Your answers to these questions will remain confidential and no identifying information will be asked of you.

     By taking this survey you agree that any information obtained from this study may be used in any way thought best for publication or education provided that you are in no way identified and your name is not used. Participation does not imply employment with the state of New Jersey, Rowan University, the principal investigator, or any other project facilitator.

     If you have any questions or problems concerning your participation in this study, please contact Katelyn Hickman-Poloney at (856) 381-3538 or hickma02@students.rowan.edu, or her faculty advisor Dr. Roberta Dihoff, dihoff@rowan.edu.

     If you have any questions about your rights as a research subject, you may contact the Associate Provost for Research at:

Rowan University Institutional Review Board for the Protection of Human Subjects
Office of Research
201 Mullica Hill Road
Glassboro, NJ 08028-1701
Tel: 856-256-5150

1. Employment status: [] Full-time   [] Part-time   [] Retired   [] Not employed
2. Years of experience as a school psychologist: [] 0-3   []4-10   [] More than 10
3. Highest degree held: [] Masters   [] Specialist   [] Doctorate
4. Please indicate which state you work in:
5. In what type of community do you work?
   [] Central city of metropolitan area   [] City/town
   [] Suburb of metropolitan area   [] Small town/rural area
6. With which of the following grade levels do you work? (Please check all that
   apply)
   [] Preschool-Kindergarten   [] Elementary
   [] Middle/junior high   [] Secondary/senior high
   [] Two-year college   [] Four-year college
   [] Other, please specify: _____

1=Strongly Disagree

2=Disagree

3= Neutral

4= Agree

5= Strongly Agree

Please rate the following using the above rating scale.

7. I have a good overall knowledge of Response to Intervention (RtI).	1	2	3	4	5
8. I have not received enough education with respect to RtI in a school psychology training program.	1	2	3	4	5
9. I have gained new knowledge about RtI through attendance at regional, state, and national conferences/seminars.	1	2	3	4	5
10. I have not gained new knowledge about RtI through attendance at local school district in-services/workshops.	1	2	3	4	5
11. I have gained knowledge about RtI through self-directed review of scholarly journals or other published content (e.g. newsletters, on-line, etc.)	1	2	3	4	5
12. I have acquired knowledge about RtI by observing other school district personnel utilizing a problem-solving model.	1	2	3	4	5
13. My level of knowledge of RtI has increased due to the time that I have spent in RtI training.	1	2	3	4	5

14. I have experience providing RtI services for emotionally and behaviorally disturbed students.	1	2	3	4	5
15. My school district is addressing the needs of students with social-emotional problems and behavioral difficulties.	1	2	3	4	5
16. I am personally working to address the needs of emotionally and behaviorally disturbed students.	1	2	3	4	5
17. My school district has many resources and supports to meet the needs of students with social-emotional and behavioral problems.	1	2	3	4	5
18. I have been involved in the development of a social/emotional or behavioral universal intervention within my district or school.	1	2	3	4	5
19. I believe that RTI is effective in identifying students with social-emotional or behavior problems.	1	2	3	4	5
20. I have consulted with teachers and other personnel to select and assist in the implementation of a chosen intervention at Tier 2 that targets social-emotional or behavioral problems.	1	2	3	4	5
21. I have been encouraged by my school district to attend RtI training.	1	2	3	4	5
22. My district administrators encourage me to attend RtI in-services.	1	2	3	4	5
23. I believe that RtI is effective when identifying potential learning disabilities.	1	2	3	4	5
24. I have consulted with teachers and other personnel to remediate social-emotional and behavioral deficits at the individual student level.	1	2	3	4	5
25. The implementation of RtI is a set goal for my school district.	1	2	3	4	5
26. An RtI program has been established within my school district.	1	2	3	4	5
27. There is an RtI data collection system in place in my school/school district.	1	2	3	4	5
28. Teachers in my school are involved in the RtI process.	1	2	3	4	5