

Modifying instruction so intervention isn't needed

Response to instruction — rather than intervention — may lead to more precise and personalized instruction in the regular classroom.

By George Manthey

I first encountered the word “intervention” (in an educational setting) while a new teacher in the mid-1970s. At that time, the primary teachers voluntarily increased their class sizes so that one teacher could be freed up to provide “intervention.” Truthfully, I was never quite sure what that was — although I liked the teacher and the kids seemed happy going. But as a child of the ‘60s, intervention seemed like what our government was doing in Vietnam rather than what should be happening to my fragile first graders.

It must be only coincidence that now that our country is involved in another intervention in a different part of the world, the “intervention” word is back in use in educational circles.

Response to Intervention, or RtI, is a system for determining what approach to use when students are having difficulty. RtI is praised as a responsible and efficient method to determine the type and extent of any special programs for students when the first experience of instruction is not enough. In a nutshell, the idea is that each level of intervention is determined based on how the student responds to the current one.

Why not Response to “Instruction”?

This is an incredibly reasonable approach. However, I’m wondering if we’ve chosen the wrong “i” word to name this program. Why don’t we call it Response to Instruction? Notice the change when the words are switched. For example, here is what happens to this description of RtI (from the International Reading Association) when the word “intervention” is changed to “instruction.”

Instruction is (rather than Interventions are) intense (an additional 30 minutes of reading learning per day), student responses are closely monitored and documented, and are designed to produce immediate results.

By substituting the words, it becomes the instruction

that should be intense rather than the intervention. Which makes one wonder about the ways instruction could be monitored, modified and intensified so that intervention is not required. Most likely, figuring out how to provide precise and personalized instruction in the regular classroom is going to be the key to attaining high levels of learning for all.

RtI, whichever “i” word is used, is based on a medical model: treat the patient; then, based on a reaction to treatment, select the next treatment. Of course, to do this well it’s necessary to have accurate feedback. Also, the more precise and personalized the treatment, the greater are the chances for success.

The quirks of the classroom

And this is where such a medical approach often breaks down in education. It’s difficult to know the precise effects of instruction. The quirks of personalities and a classroom structure that requires treating 20 to 30 individuals all at the same time can make instant knowledge of results very difficult.

In 1989 Royce Sadler pointed out the question that RtI attempts to solve: “How [can] judgments about the quality of student responses ... be used to shape and improve the student’s competence by short-circuiting the randomness and inefficiency of trial and error learning?”

If RtI is the answer to this question, it will require that it become the work of regular education and not special education. Which is why I believe the “i” words should be switched. As I learned in my first year of teaching, students may be sent out for “intervention,” but their “instruction” is my responsibility.

RtI is based on a medical model — treat the patient; then, based on the reaction to treatment, select the next treatment. The more precise the treatment, the greater are the chances for success.

George Manthey is assistant executive director of ACSA's Educational Services Department.

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