

Cognitive Framework of 'Response to Intervention' (Rti) Model for Children with Language and Communication Disorders



Education

KEYWORDS : RTI (Response to Intervention), Language and communication Disorders, cognitive framework

V. Hema Nalini

Assistant Professor in English, Department of Education, Avinashilingam University for Women, Coimbatore – 641 043

ABSTRACT

Response to intervention (RTI) is considered by special educators world over as the comprehensive and dynamic model of instruction that serves dual purposes of identifying at-risk children of learning disabilities and providing early interventional strategies for struggling learners to hone their skills. In the current study, an attempt has been made to identify children with language and communication disorders and how the cognitive framework of teaching English through nursery rhymes and short stories had enabled them to turn cognitive deficits into gains. The specific learning needs of the children were identified and the progress made by the learners was monitored by the researcher on a monthly basis; the instructional strategy was modified to address specific learner issues. Progress monitoring based on evidence-based instruction and interpretation of data at regular intervals enabled the children to

Language and communication disorder is an umbrella term that includes speech, language and communication disorders and refer to multifaceted problems in communication. The delays and disorders can range from simple sound substitution to the inability to understand or use one's native language (Gleason, 2001)

It is quite palpable that spoken language lays the foundation for language acquisition and language development later in life, specifically the skills of reading and writing. Spoken and written language have reciprocity and this interconnectedness leads to general language and literacy competence, starting early and continuing through childhood and well into adulthood.

Children with communication disorders face quite a few challenges and difficulties both in receptive and expressive language skills, thinking, learning and social exchanges and formalities and several other cognitive deficits. Academic progress is determined by the production, comprehension, and awareness of language at the sound, syllable, word, sentence, and discourse levels.

Some of the common identifiable causes for speech and language disorders may be: - mental retardation, autism, learning disabilities, hearing loss, cerebral palsy, head injury.

Scientific research vouches that a nurturing and responsive relationship is conducive to the normal and healthy development of a child. Right from infancy through childhood, children develop positive emotional and social relationship with other children and adult care-givers. This relationship is conducive to language acquisition and development. The hallmark feature of Response to Intervention Model (RTI) is the scaffolding provided by the responsible adults and peers in the social milieu and this kind of scaffolding is pivotal in a child with Language and Communication Disorders.

Several key components must be in place to successfully implement an RTI model in schools (Bender & Shores, 2007; Fuchs & Fuchs, 2006; Mellard & Johnson, 2008; Vaughn, 2003). Although other aspects are associated with RTI, the following components serve as a foundation for meeting contemporary needs of all learners.

Most RTI models comprise three tiers of instruction that increase in duration and intensity based on learner needs (Fuchs & Fuchs, 2006; Vaughn, 2003). The tiers are critical to differentiated instruction and to the success of any RTI model:

Tier 1 refers to implementation of the core, general education classroom curricula.

Tier 2 refers to supplemental instruction to support specific needs that surface within Tier 1 instruction.

Tier 3 refers to highly specialized instruction that is more intensive to meet significant needs, including special education.

RTI begins with universal screening (assessment) of all students' strengths and needs (social, emotional, and academic). Results from multiple formal and informal assessments are synthesized to determine students' baseline status. Effective classroom teaching, using research-based instructional approaches, is planned with knowledge gained from the screening. Ongoing progress monitoring and data analysis across intervention levels (NRCLD, 2007) allow teachers to note small changes and adjust instruction accordingly tiers are initiated as prescribed by Fletcher and Vaughn. Interventions include increased time, smaller group size, different instructional strategies, or individualization when deemed necessary (Fletcher & Vaughn, 2009).

Methodology

Altogether, 173 primary school children studying in two private schools in R.S.Puram, a posh neighbourhood of Coimbatore city in the state of Tamilnadu, India constituted the sample. Of the 173 children, some of them who had language and communication disorders had to be identified. Initially, they were identified on the basis of the repetition of the nursery rhyme lines. The responses of the children to nursery rhymes were observed and recorded in the observation notebook and triangulation technique was applied. Later on intervention was provided in individual or small group sessions, in classrooms or when teaming with teachers or in a consultative model with teachers. Progress-monitoring, a constant checking of student progress with evidence-based instruction that is being used in the study –teaching language competency through nursery rhymes enabled the investigator to identify the at-risk children at the same time served as an early interventional strategy. Progress monitoring also enabled the investigator pinpoint specific difficulty of each child.

Once children were identified as at-risk of Language and Communication Disorders, the parents were informed about the problems most likely to be faced by these children. It was difficult for parents to accept the reality. They felt offended and put forth a few misconceptions about Language and Communication Disorders. Table 2 portrays the misconceptions held by parents.

Table 2

They were instructed to consult a speech pathologist and were also oriented on the importance of early intervention. Tier 2 focused on supplemental instruction to support specific needs that surface within Tier 1 instruction.

In Tier 3, intensive intervention was given individually and the time of the intervention was also increased to 50 minutes. The learning outcomes envisaged for children with Language and Communication Disorders is presented in Table 3.

The model closely monitors how each child responds to the intervention—hence, the name RTI. If the child does, indeed, respond to the research-based intervention, then this indicates that perhaps his or her difficulties have resulted from less appropriate or insufficiently targeted instruction. provided versatile learning experiences to children with Language and Communication Disorders.

As RTI has built-in Data-based decision making, it leads to the potential benefits of appropriate instructional decisions. Frequent and constant progress-monitoring and multiple levels of intervention augmented the communicative attempts of the at-risk children. The use of pictures, visuals, pictures, sketches, gestures, colors, sounds, animation and kinesthetic movements further provided interest and enriched the learning experiences. As the RTI Model is research-based instruction that is provided in the setting of the school, it is intensive in nature and collaborative in nature; it lends itself to appropriate levels of intensity. In the current study, increased parental involvement and parental investment in terms of time and effort further enriched the positive gains.

As the intervention was given to the children for 24 weeks, enough time was given to the children to respond. The animated videos of the nursery rhymes were played and the songs were sung with props such as masks and kinesthetic movements. At

the end of 18 weeks, if children did not repeat even a single line of the nursery rhymes, they were considered as at-risk children.

Results and Discussions

The domains and areas affected by Language and Communication Disorders of the sample are given below in Table 3.

Apart from identifying children with

The positive changes brought forth after Tier 3 is given in Table 4.

Conclusions

The nursery rhymes served as a spring board for teaching basic literacy skills such as phonemic awareness, rhythm and stress, word recognition, and comprehension. Animated videos captured the attention of the children when used in Tier 2 and Tier 3 whereas Tier 1 interventional strategy enabled special educators to identify at-risk children. Nursery rhymes used as an interventional strategy

REFERENCE

- Bender, W. N., & Shores, C. (2007). *Response to intervention: A practical guide for every teacher*. Thousand Oaks, CA: Corwin Press. | Fuchs, D., & Fuchs, L. S. (2006). Introduction to response to intervention: What, why, and how valid is it? *Reading Research Quarterly*, 41, 95–99. | Gleason, Jean Berko (2001). *The development of language*. Boston: Allyn and Bacon | Mellard, D. F., & Johnson, E. (2008). *RTI: A practitioner's guide to implementing | response to intervention*. Thousand Oaks, CA: Corwin Press. | National Research Center on Learning Disabilities (NRCLD). (2005). *Responsiveness to intervention in the SLD determination process* [Brochure]. Lawrence, KS: Author. | Vaughn, S. (2003, December). How many tiers are needed for response to intervention to achieve acceptable prevention outcomes? Paper presented at the National Center on Learning Disabilities Responsiveness-to- Intervention Symposium, Kansas City, MO