

Intensive Intervention: Myths and Facts



National Center on
INTENSIVE INTERVENTION
at American Institutes for Research ■



CENTER ON
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Contents

	Page
Myth 1. Students must move sequentially through a continuum of supports before accessing intensive intervention (e.g., Tier 1 → Tier 2 → Tier 3).	1
Myth 2. Tier 1 and Tier 2 must be in place before implementing intensive intervention.	2
Myth 3. Intensive intervention is the prereferral approach to special education, and Tier 3 supports stop once students begin receiving special education services.	2
Myth 4. Individual teachers can independently implement intensive intervention.....	2
Myth 5. Students identified for Tier 3 need intensive supports in all areas.	3
Myth 6. Packaged Tier 3 interventions can meet the needs of students with intensive needs.	3
Myth 7. Intensive intervention requires a different progress monitoring tool from Tier 2.....	3
Myth 8. Most students will respond quickly to intensive intervention support.	4
Myth 9. Students should receive academic and behavioral supports separately.....	4
References	5

Within a multitiered system of supports (MTSS), intensive intervention, also known as “Tier 3,”¹ is designed to support students with the most severe and persistent learning and/or behavior difficulties. Because of the strong link between behavior and academic problems, both must be considered when developing interventions. The [National Center on Intensive Intervention \(NCII\)](#) defines intensive intervention as a data-driven, iterative approach to intensifying and individualizing academic instruction and behavioral supports through the systematic use of assessment data, validated interventions, and research-based adaptation strategies (NCII, 2013). This document highlights some common misconceptions about intensive academic and behavior interventions that experts from the [Center on Positive Behavioral Interventions and Supports](#) and NCII have observed in supporting the implementation of intensive intervention within the context of MTSS.

Myth 1. Students must move sequentially through a continuum of supports before accessing intensive intervention (e.g., Tier 1 → Tier 2 → Tier 3).

Fact. Recent research has shown that universal screening data can be used to identify which children will need the most intensive intervention. Children with the weakest initial skills or multiple risk factors who are identified through multistage screening methods may bypass Tier 2 supports and move directly to intensive intervention. Growing evidence shows that early identification and immediate provision of intensive intervention results in significantly stronger academic performance than for those who move linearly through the tiers (Al Otaiba et al., 2014; Fuchs et al., 2012). In addition, some students exhibit severe or intensive externalizing or acting out behavior problems (e.g., aggression, disruptions) that are readily evident to educators. Severe internalizing problems, such as anxiety or depression, may not be easily observable but can be detected through universal screening. These students should be fast-tracked to Tier 3 intensive intervention, bypassing Tier 2 interventions. Beyond screening data, for students with intensive and persistent difficulties, historical data or other sources of information likely exist that could document the need for intensive intervention without the need for screening assessment (e.g., discipline referrals, documented teacher or family concerns). A team’s decision to fast-track a student to Tier 3 should be guided by student data across multiple sources and made on an individual, case-by-case basis.

¹ We refer to Tier 3 and intensive intervention interchangeably throughout this document.

Myth 2. Tier 1 and Tier 2 must be in place before implementing intensive intervention.

Fact. A lack of lower tiers of support should not be the reason to delay intensive supports for students who need them. In these cases, schools may need to concurrently work to improve Tier 1 support while also attending to students who require intensive intervention. [Lessons learned from local implementers working with NCI](#) suggest that schools and districts with robust Tier 1 and Tier 2 systems were more likely to have the infrastructure in place—such as evidence-based interventions, progress monitoring, fidelity monitoring, student- and school-level teaming—necessary for effective Tier 3 implementation (Kittelman et al., 2021; Lemons et al., 2019).

Myth 3. Intensive intervention is the prereferral approach to special education, and Tier 3 supports stop once students begin receiving special education services.

Fact. The primary purpose of intensive intervention is to ensure that students with the most severe and persistent learning and/or behavioral needs have access to the requisite level of support. Although schools may use their intensive intervention system to help meet Child Find obligations under the Individuals with Disabilities Education Act, many students already identified with disabilities will likely benefit from intensive intervention in one or more areas of need. Furthermore, intensive intervention may be an appropriate mechanism for delivering specially designed instruction for some students with disabilities. Thus, schools must ensure that intensive intervention is available to all students who need it, regardless of disability status.

Myth 4. Individual teachers can independently implement intensive intervention.

Fact. Although an individual teacher may implement some components of intensive intervention, we recommend using a team-based approach for building appropriate systems, analyzing Tier 3 student data, and identifying intensification strategies for students who do not adequately respond to less-intensive levels of support. Teams should include (a) individuals with the administrative authority to allocate resources for the intensive intervention, (b) individuals with content knowledge and technical expertise in the domain targeted by the intensive intervention, (c) the implementer, and (d) someone who knows the student well (e.g., the teacher and/or a family member). A team-based approach may be especially pertinent for students requiring both intensive behavior and academic supports who also likely have a multicomponent support plan.

Myth 5. Students identified for Tier 3 need intensive supports in all areas.

Fact. It is important to remember that MTSS supports are tiered; students are not tiered. Therefore, supports should be matched to students' needs. Some students may need intensive intervention in only a single area, such as improving decoding or reducing anxiety. In other cases, students may have more complex needs and require intensive intervention that addresses multiple areas, including behavior problems, drug and alcohol concerns, academic skill deficits, and family support.

Myth 6. Packaged Tier 3 interventions can meet the needs of students with intensive needs.

Fact. Packaged interventions are typically developed to address a targeted need for a group of students, not the individual needs of a specific student. Most students who require intensive intervention do not respond adequately to standardized, prepackaged programs on their own. Typically, these programs need to be tailored to match the academic and/or behavioral deficits through adaptation and individualization. Yet some validated, packaged programs are appropriate for individualization and intensification. This may be especially true for intensive academic curricula created to address specific skill deficits within a carefully designed scope and sequence for instruction—yet there still may be a need for tailoring the intervention further to address skill deficits. The NCII [Academic](#) and [Behavior](#) Intervention Tools Charts can support educators in identifying packaged programs that can be adapted and individualized within Tier 3 using individual student data. The [Taxonomy of Intervention Intensity](#) provides a framework to help teams intensify interventions based on students' unique needs.

Myth 7. Intensive intervention requires a different progress monitoring tool from Tier 2.

Fact. In many cases, educators can use the same progress monitoring tool across tiers of instruction and intervention support. A single method of progress monitoring allows for a seamless transition when students move between tiers of support. When students receive intensive intervention, the frequency of progress monitoring may need to change, with some students requiring more frequent progress monitoring. In addition, there are cases in which the progress monitoring may be different, especially for students receiving behavior interventions. For example, rather than rating student behavior at the end of a class period, teachers may opt to assess behavior in shorter intervals (e.g., 5 minutes) to get a more detailed picture of behavior change. Decisions about progress monitoring should be made on a case-by-case basis. The NCII [Academic](#) and [Behavior](#) Progress Monitoring Tools Charts can help educators determine the appropriateness of their tool for students receiving Tiers 2 and 3 intervention supports.

Myth 8. Most students will respond quickly to intensive intervention support.

Fact. Although some students may respond quickly to intensive supports and return to less-intensive support, many will require ongoing intensive support. Because of the intensity of instruction and supports required for students with severe and persistent learning and/or behavioral needs, it is likely that many students receiving intensive intervention will require ongoing support, possibly including special education services. Some students will demonstrate periods of adequate progress, but as they progress through the curriculum or encounter new contexts and expectations, these students may require additional support. Further, some students will demonstrate variability in behavior as they encounter new situations and expectations and may require additional support. It takes persistence, the ongoing collection of progress monitoring data, and time to see durable improvements.

Myth 9. Students should receive academic and behavioral supports separately.

Fact. Many students with intensive needs have co-occurring academic and social-behavioral needs (Kuchle & Riley-Tillman, 2019). It is common for teachers to believe that behavior problems need to be reduced before targeting academic skills, but this is not the case. Given the close relationship between behavior and academic problems, intensive intervention should concurrently address both areas. To the greatest extent possible, intensive supports should include strategies that address students' academic and behavioral needs in an integrated fashion. The [Taxonomy of Intervention Intensity](#) outlines procedures to help teams integrate academics and behavior as they design and intensify interventions based on students' unique needs.

References

- Al Otaiba, S., Connor, C. M., Folsom, J. S., Wanzek, J., Greulich, L., Schatschneider, C., & Wagner, R. K. (2014). To wait in Tier 1 or intervene immediately: A randomized experiment examining first-grade response to intervention in reading. *Exceptional Children*, 81(1), 11–27. <https://doi.org/10.1177/0014402914532234>
- Fuchs, D., Fuchs, L. S., & Compton, D. L. (2012). Smart RTI: A next-generation approach to multilevel prevention. *Exceptional Children*, 78(3), 263–279. <https://eric.ed.gov/?id=EJ970680>
- Kittelman, A., Mercer, S., McIntosh, K., & Hoselton, R. (2021). Optimal timing for launching installation of Tier 2 and 3 systems of school-wide positive behavioral interventions and supports. *Journal of Positive Behavior Interventions*. Advance online publication. <https://doi.org/10.1177/1098300721996084>
- Kuchle, L. B., & Riley-Tillman, T. C. (2019). Integrating behavior and academics in intervention planning. In R. Z. Edmonds, A. G. Gandhi, & L. C. Danielson (Eds.), *Essentials of intensive intervention* (pp. 51–70). Guilford Press.
- Lemons, C. J., Sinclair, A. C., Gesel, S., Gandhi, A. G., & Danielson, L. (2019). Integrating intensive intervention into special education services: Guidance for special education administrators. *Journal of Special Education Leadership*, 32(1), 29–38. <https://eric.ed.gov/?id=EJ1274929>
- National Center on Intensive Intervention. (2013). *Data-based individualization: A framework for intensive intervention*. U.S. Department of Education, Office of Special Education Programs. https://intensiveintervention.org/sites/default/files/DBI_Framework.pdf



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