The Ability-Achievement Model Versus the Response to Intervention Model: Which Model is More Accurate in the Assessment of Diagnosing Students with Learning Disabilities?

Debra Camp-McCoy

Abstract

The Ability-Achievement Model is reviewed for efficacy in comparison to the Response to Intervention Model when diagnosing students with possible learning disabilities. The research will address the success of Ability-Achievement Model versus the Response to Intervention Model when successfully diagnosing students with learning disabilities was used to draw such conclusions as are listed throughout this paper. Studies on both models have shown inconsistencies in reference to correctly diagnosing students as having a learning disability. In the field of education, the inconsistencies in the data is troubling due to the sensitive nature that surrounds the incorrect diagnosis of a student as having an actual learning disability or not having said disability. Due to these findings, both models of identification are suitable only if used together over a specific period of time in the accurate diagnosis of establishing if a learning disability is present.

The inception of Response to Intervention models (RTI) came about through the reauthorization of the Individuals with Disabilities Education Act in 2004 (IDEA) and the overall idea that school reform was needed to address students who were not performing at grade level. The trend of RTI is to not only use the data to make informed decisions concerning special education services, but also as an early identifier of students who are considered at-risk. At the heart of RTI is the concept of using scientifically-based programs and approaches when intervening at the intervention stage to prevent student academic failure. However, the swell of RTI in public school has also highlighted the importance of scientifically proven instructional practices as the first line of defense in the structure of RTI practices.

The No Child Left Behind Act of 2001 (NCLB) forced school districts to look at student achievement deficits due to the sharp increase in accountability at the school district level, and also at the state level. With the creation of NCLB, administrators and state officials began to learn the importance of data, which gave the districts an arsenal from which to pinpoint student academic failures, and also instructional failures when grade level scores were compared. The sharp rise in accountability slowly created the need and desire for RTI models throughout the United States. This was a direct result of decision makers who were interested in a program that would not only pinpoint academic problems, but also identify students who were academically at-risk and therefore would most likely fail yearly state curriculum based assessments.

According to Pascopella (2010) "RTI became so mainstream because it came about when people were truly interested in comprehensive school reform and interested in tracking and improving school progress."

School districts have a two-fold need for Response to Intervention models. The first need is having the capability of pinpointing academic deficiencies on a micro and macro level

throughout each school district, which RTI programs successfully achieve through extensive data. The second need, which RTI is also able to accomplish, is to help identify students who may or may not have a specific learning disability and who then may be referred for special education services.

Johnston (2010) states the following:

The law describes RTI in two ways: as a strategy for identifying students with learning disabilities (LD), replacing the IQ discrepancy identification approach, and as a strategy for reducing the number of students who end up with disabilities, part of guaranteeing "appropriate instruction."

The RTI process begins with whole school testing of benchmark skills that all students in that particular grade should be able to perform at an average or above average level. The whole school testing is conducted using curriculum based assessments, which every student completes in subject tested areas, such as mathematics, language arts, and science. It is through this type of testing that students are identified as needing more assistance because the curriculum-based testing is on each student's grade level. This process of testing is known as the "universal screener" because every student in the school is tested to see if he or she is capable of grade level work in each subject being tested. After all of the data from the universal screener is examined, students who will need academic interventions are identified, and are then scheduled to receive varying levels of interventions in the deficient academic skills. Another concern regarding RTI practices is the curriculum-based measures that are chosen for progress monitoring purposes. Wodrich, Spencer, and Daley (2006) report that "Professionals must assume that the proper academic domains are selected so that academic monitoring is conducted with instruments possessing adequate content validity." The universal screener that is chosen for RTI purposes should be examined thoroughly to determine the test's legitimacy when screening for academic deficits.

Traditionally, there are three separate levels within the RTI process. The first level is Tier I, which is all of the work and interventions that occur within the regular education classroom. Tier I is considered the first line of defense against any academic deficiencies because the most effective instruction and intervention is supposed to happen inside the regular education classroom. If the student is not having success at Tier I, and the universal screener shows inconsistencies in performance, the student will then be considered for Tier II. At the Tier II level, students receive interventions not only in the regular education classroom, but also additional interventions outside of the classroom. Each district varies the intensity and duration of Tier II interventions, but on the average students are pulled out of the regular education classroom three times a week to receive such interventions. Unfortunately, some students still do not show progress at the Tier II level, so these particular students are then moved into Tier III. At the Tier III level, students generally receive interventions five times a week, in addition to testing that occurs at both the Tier II and Tier III levels.

After eighteen to twenty weeks at the Tier II and Tier III levels, some students still do not make enough academic progress for the interventions to be considered successful. When this occurs, the data collected during this time is examined and these students are referred to a school

psychologist and/or psychometrist to identify if the student has a possible specific learning disability (SLD). School districts vary greatly in how the data is considered in the referral process for identifying a student as having a possible SLD. Fuchs and Deshler (2007) report that "Practitioners need to agree on the purpose of RTI—at least practitioners in the same school district or state need to agree. Some who have written about RTI say it should be only about early intervention, while others say "disability identification." Still others say, "both." This conundrum creates tension in many RTI proceedings because the individuals involved cannot agree on the purposes and ultimate outcomes for RTI.

There is a growing trend among school districts to use data collected during the RTI process, and also have results from IQ testing, and school performance records to establish whether an SLD exists. Although Response to Intervention models have existed for the last ten years in most school districts; recently, there is a growing argument over whether the data collected from RTI data and Ability-Achievement (I.Q. testing versus school performance) are mutually exclusive when diagnosing a student with a specific learning disability.

Studies on both models of identification, the Ability-Achievement model and RTI, have shown inconsistencies in reference to correctly diagnosing students as having a specific learning disability. In the field of education, the inconsistencies in the data is troubling due to the sensitive nature that surrounds the incorrect diagnosis of a student as having an actual learning disability or not having said disability. Due to these findings, both models of identification are suitable only if used together over a specific period of time in the accurate diagnosis of establishing if a learning disability is present. During the process of evaluating if a student has a possible specific learning disability, the sole use of the Ability-Achievement model when making this determination has come under close scrutiny. According to research conducted by Werts, Lambert, and Carpenter (2009) they found "A lack of consensus and continuing dissatisfaction with the adequacy of this operational definition contributed to the inclusion of RTI in IDEA (2004) as an alternative system of identification."

After years of using the Ability-Achievement model, many experts found that variability among school districts when using cut-off scores when administering the I.Q. testing lead to a growing number of students who were overidentified or underidentified as having an SLD. According to Feifer (2008):

"Throughout the years, there have been numerous shortcomings inherent within the Achievement-Ability model including the statistical imprecision of using cutoff scores from two different normative samples (i.e., Wechsler Intelligence tests versus Woodcock-Johnson Tests of Academic Achievement), the over-reliance on a Full Scale IQ score in an attempt to capture the dynamic properties of one's reasoning skills (Hale & Fiorello, 2004), and the lack of agreement on the magnitude of the discrepancy at various ages and grades (Feifer & DeFina, 2000). Perhaps the most notable shortcoming of the discrepancy model was that it resulted in a "wait-to-fail" scenario in which a student must display a level of failure to acquire skills that must reach a threshold of severity, or significance, to qualify for special educational services."

Although the aforementioned process of the Ability-Achievement model's "wait-to-fail" mentality seems outdated in recent attempts to "catch" at-risk students from failing, there are

also those who believe that NCLB and RTI are being used together to form a nation of students who will be able to meet all standards at every grade level. This reasoning is in sharp contrast to IDEA's concept of the individual's importance over that of the group. Kavale and Spaulding (2008) reports that "When aligned with No Child Left Behind (NCLB), RTI attempts to achieve the unrealistic requirement that all students achieve a minimum standard regardless of inherent limitations." This statement makes the argument that RTI data used in seclusion of other models may not provide adequate information on the determination of a possible learning disability.

According to Holdnack and Weiss (2006):

While the definition of an SLD specifies that a disorder in one or more basic psychological processes is the cause of the academic impairment, the eligibility determination requires the presence of a severe discrepancy between performance on a measure of intellectual ability and a standardized measure of academic functioning.

This further proves the importance of using both the Ability-Achievement model and RTI data as empirical evidence in the determination of an SLD.

However, there are some schools of thought that believe IQ tests should be irrelevant when considering for a possible learning disability. According to Francis et al. (2005) "Some researchers have further argued that IQ tests are irrelevant to the identification of children as having LD and that simply specifying low-achievement cut-points is adequate." In this argument, RTI data would be sufficient in determining an SLD because the only proof needed would be inadequate performance on progress monitoring throughout the length of the specified intervention time period. Another growing trend in many school districts in the United States are basing SLD eligibility strictly upon RTI data. McKenzie (2009) noted that "RTI currently is the only option for SLD identification in two states. Of greater import, as many as one third of states intend to implement RTI as the sole means of SLD identification in the near future."

This is especially troubling due to the inconsistencies within the implementation of RTI practices across the United States, and due to the lack of guidelines when implementing an RTI program. In the previous scenario, students could easily be overidentified as having an SLD even though the real problem could be low student motivation and/or fall into the category of "slow learner."

Ofiesh (2006) explains the following:

Use of RTI without measures of ability or cognitive processing ultimately disregards the definition of SLD and distorts the construct in the same way aptitude-achievement discrepancy models did. RTI only documents one part of the definition of SLD: low achievement…Nothing in the regulations ever suggested that the discrepancy between ability and achievement was to be the sole determinant in the identification of an SLD…It was never intended to define the entire construct of SLD or to be used as the sole criterion for placement decisions.

For these reasons, it is crucial that school districts take notice of the importance of using RTI data, and administering I.Q. tests for the Ability-Achievement model. Both types of data must be considered with diagnosing a possible SLD because when using either model in seclusion—

the uncertainty outweighs the benefits. Also, using RTI data alone for diagnosing a possible SLD diagnosis should not be used alone because it only offers insight into one dimension of SLD.

Another cause for concern when using either model exclusively from one another involves the act of overidentification and underidentification of SLD in students. This unfortunate event occurs when only one type of data is considered, which then skews the results.

According to Flanagan, Fiorello, and Ortiz (2010):

Neither ability-achievement discrepancy nor RTI, when used as the sole indicator of SLD, can identify this condition reliably and validly because SLD may be present in students with and without a significant ability-achievement discrepancy and in students who fail to respond to and who respond favorably to scientifically based interventions.

The end result is a student who receives special education services, who does not need such services, or a student who desperately needs special education services, but who does not qualify for such services. This unfortunate scenario can be avoided if practitioners use both data from Ability-Achievement models and RTI. By making the conscious decision to include both models when diagnosing an individual as having an SLD; the entire student will be evaluated through I.Q. testing, school performance, and Response to Intervention data.

References

Feifer, S. (2008). Integrating response to intervention (RTI) with neuropsychology: A scientific approach to reading. *Psychology in the Schools*, *45*(9), 812-825. Retrieved from http://0-web.ebscohost.com.umiss.lib.olemiss.edu/ehost/pdfviewer/pdfviewer?vid=6&hid=13&sid=ef25b138-6b95-496a-a82f-d7a84a18ff5b%40sessionmgr12

Flanagan, D., Fiorello, C., & Ortiz, S. (2010). Enhancing practice through application of Cattell–Horn–Carroll theory and research: A "third method" approach to specific learning disability identification. *Psychology in the Schools*, *47*(7), 739-760. Retrieved from http://0-web.ebscohost.com.umiss.lib.olemiss.edu/ehost/detail?vid=3&hid=13&sid=f121f88f-721b-45cd-b4e2-589dc56a3d2%40sessionmgr14&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#db=aph&AN=16699984

Francis, D., Fletcher, J., Stuebing, K., Lyon, G., Shaywitz, B., & Shaywitz, S. (2005). Psychometric approaches to the identification of LD: IQ and achievement scores are not sufficient. *Journal of Learning Disabilities*, *38*(2), 98-108. Retrieved from http://0-web.ebscohost.com.umiss.lib.olemiss.edu/ehost/detail?vid=5&hid=13&sid=f121f88f-721b-45cd-b4e2-3589dc56a3d2%40sessionmgr14&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#db=aph&AN=16266105

Fuchs, D., & Deshler, D. (2007). What we need to know about responsiveness to intervention (and shouldn't be afraid to ask). *Learning Disabilities Research & Practice*, *22*(2), 129-136. doi:10.1111/j.1540-5826.2007.00237.x.

Holdnack, J., & Weiss, L. (2006). IDEA 2004: Anticipated implications for clinical practice—integrating assessment and intervention. *Psychology in the Schools*, *43*(8), 871-882. doi:10.1002/pits.20194.

Johnston, P. (2010). An instructional frame for RTI. *Reading Teacher*, *63*(7), 602-604.
Retrieved from http://0-web.ebscohost.com.umiss.lib.olemiss.edu/ehost/detail?vid=9
&hid=13&sid=f121f88f-721b-45cd-b4e2-3589dc56a3d2%40sessionmgr14&bdata=
JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#db=aph&AN=49036013

Kavale, K., & Spaulding, L. (2008). Is response to intervention good policy for specific learning
disability? *Learning Disabilities Research & Practice*, *23*(4), 169-179.
doi:10.1111/j.1540-5826.2008.00274.x.

McKenzie, R. (2009). Obscuring vital distinctions: The oversimplification of learning
disabilities within RTI. *Learning Disability Quarterly*, *32*(4), 203-215. Retrieved from
http://0-web.ebscohost.com.umiss.lib.olemiss.edu/ehost/detail?vid=11&
hid=13&sid=f121f88f-721b-45cd-b4e2-3589dc56a3d2%40sessionmgr14&bdata=JnNpd
GU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#db=aph&AN=45830526

Ofiesh, N. (2006). Response to intervention and the identification of specific learning
disabilities: Why we need comprehensive evaluations as part of the process. *Psychology
in the Schools*, *43*(8), 883-888. doi:10.1002/pits.20195

Pascopella, A. (2010). RTI goes mainstream. *District Administration*, *46*(4), 45-49.
Retrieved from http://0-web.ebscohost.com.umiss.lib.olemiss.edu/ehost/detail?
vid=35&hid=13&sid=f121f88f-721b-45cd-b4e2-589dc56a3d2%40sessionmgr14&bdata=
JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#db=aph&AN=49184971

Werts, M., Lambert, M., & Carpenter, E. (2009). What special education directors say
about RTI. *Learning Disability Quarterly*, *32*(4), 245-254. Retrieved from http://0-
web.ebscohost.com.umiss.lib.olemiss.edu/ehost/detail?vid=37&hid=13&sid=f121f88f-
721b-45cd-b4e2-3589dc56a3d2%40sessionmgr14&bdata=JnNpdGU9ZWhvc3QtbGl2
ZSZzY29wZT1zaXRl#db=aph&AN=45830529

Wodrich, D., Spencer, M., & Daley, K. (2006). Combining RTI and psychoeducational
assessment: What we must assume to do otherwise. *Psychology in the Schools*, *43*(7),
797-806. doi:10.1002/pits.20189.