THE EFFECTS OF TRAINING AND OTHER ORGANIZATIONAL VARIABLES ON INTERVENTION ASSISTANCE TEAMS

DISTRIBUTION

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By

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ABSTRACT

Two elementary schools from a suburban school district participated in an evaluative case study one school year after completing a district-wide training on implementing a team problem-solving process. A mixed method design using a primarily qualitative approach was utilized. Results indicated that both schools had made the operational shift to an intervention oriented model. Common themes that emerged include team efficacy, and difficulties implementing the problem-solving process accurately. Contextual issues and factors found were: different levels at each school of administrative support and training impact; administrative support at the district level; challenges in including parents in the process; teacher support for the role of interventionist but not for the problem-solving process; emphasis on team support for teachers; and staff collaboration as an IAT support.
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CHAPTER 1
INTRODUCTION

The impact of Intervention Assistance Teams (IATS) has been frequently studied since their inception over two decades ago. While the results of these studies are largely positive, the majority are weak methodologically (Schrag & Henderson, 1996; Burns & Symington, 2002). As is often the case in educational research, the difficulties of utilizing a positivist, experimental approach in the field often leads to difficulties with research design. Because several models of IATs exist and evidence shows that much variability exists in team composition and leadership, identifying consistent results regarding effectiveness and team functioning is problematic.

The need for further research has come to the forefront with the new federal special education regulations that were put into effect in July, 2005. Under the Evaluation Procedures section of the IDEIA, when “determining whether a child has a specific learning disability, a local education agency may use a process that determines if the child responds to scientific, research-based intervention as a part of the evaluation procedures…” (IDEA Partnership, 2005). The law gives local agencies the option to use IAT data as a significant part of special education eligibility determination, an option not given in prior versions of the regulations. However, questions regarding team processes such as the integrity of intervention implementation, the use of progress monitoring data, and skills team members need for success need to be addressed in
order to determine the readiness of teams to perform in this new capacity (Burns, Vanderwood, & Ruby, 2005).

Several indicators lead one to be concerned about the functioning of IATs in the field. While university sponsored programs/training have demonstrated considerable effectiveness in lowering special education referral rates, field-based teams have not (Safran & Safran, 1997). Furthermore, Safran & Safran pointed out that a lack of attention in IAT research is given to direct measures of student progress as an outcome variable; more studies have either not focused on student outcomes at all, or have looked at student change through teacher ratings. A recent study indicates problems with the impact of IATs on student outcome (Rock & Zigmund, 2003). A large group of elementary aged students were followed for two years after being referred to the IAT, and the majority of students (59.3%) had either been retained or placed in special education. Other field-based studies have illustrated concerns regarding IAT functioning and effectiveness (Flugam & Reschley, 1994; Fuchs, Mock, & Young, 2003; Meyers et. Al., 1996; Whitten & Dieker,1995) Most of the previously mentioned studies on IAT functioning and effectiveness were completed several years ago, indicating a continued need for research to help better define variables that lead to IAT effectiveness.

Important components of IAT that have not been adequately studied are the impact of training team members, and how teams subsequently carry out what they learn. While training has been identified as a variable that leads to IAT efficacy (Schrag & Henderson, 1996), a large number of team members in the field receive inadequate
training (Burns, Vanderwoood, & Ruby, 2005). Studying intervention team training and performance is important not only as it relates to outcomes such as special education referral reduction, but as to how the stakeholders (team, referring teachers, administrators) perceive the training and performance, and the influences of the specific school context. The meaning stakeholders make of their interactions with the IAT influences how they will act and ultimately how the team carries out their mission.

Review of the Literature

Overview of Intervention Assistance Teams

Varied models and terms have been used since the initiation of the assistance team concept. “Teacher Assistance Teams” were initially developed to help regular classroom teachers meet the needs of mainstreamed children with disabilities (Chalfant, Psych, and Moultrie, 1979). They were based on the premise that while the necessity to provide individualized services to children in the mainstream was increasing, regular education teachers lacked training and confidence in carrying out this type of instruction. Therefore, they needed a system that would provide them with immediate help, rather than the typical services provided by special education. “Special education personnel are usually so busy with their caseloads that they seldom have time to go into a classroom…” (Chalfont et. al., p.86). The teams were typically composed of three classroom teachers; the referring teacher and the parent were the additional members.

Later, the concept of a didactic prereferral model involving a specialist and referring teacher was conceived as an initial step in the delivery of special education
services (Graden, 1985). Graden defined the prereferral intervention process as a consultation approach that provides intervention assistance to regular classroom teachers. The goals of this model are to provide classroom support to so that inappropriate referrals for testing and special education placements will decrease. Fuchs & Fuchs (1989, 1990) similarly defined prereferral intervention as a teacher’s modification of instruction or classroom management to accommodate students who are difficult to teach. While the process of the two-person consultation model remained (except for one part of the process involving a meeting with the consultant, the teacher, and a special education teacher), they referred to the group of trained consultants as “Mainstream Assistance Teams”.

A third variation on the service delivery of prereferral intervention is the instructional consultation model (Rosenfield, 1992). Again, this model stems from an individual consultant approach and like the previous model, uses a behavioral consultation focus. However, the outcomes of the development of instructional consultation teams are more organizationally focused: a) develop a referral process which would incorporate a change from a student-deficit model to an ecological approach so that the student could make progress academically, socially, or behaviorally and; b) a restructured management system within the School based on a more collaborative, problem-solving culture, with them team at its core.

A common element of the prereferral, mainstream assistance, and instructional support team models is the use of a Behavioral Consultation model. This approach was originally developed by Bergan (1977). Bergan defines consultation as an indirect
problem-solving service involving a collegial relationship between the consultant and consultee in which the consultant acquires and communicates psychological data regarding the consultee’s problem as well as the psychological principals that will enable the consultee to utilize the data. The goals of the consultation are to change the client’s behavior, to alter the consultee’s behavior, and to produce changes in organizations. The process includes problem identification, problem analysis, intervention planning/implementation, and progress monitoring/evaluation. Interventions are designed from a behavioral orientation and include strategies such as positive reinforcement, contingency contracting, and shaping.

The teacher assistance team approach (Chalfont, Pysh, & Moultrie, 1979; Pugach & Johnson, 1989) is different from the other approaches in terms of its structure and membership. Teacher assistance teams are described as informal groups where teachers use problem-solving skills to solve mild academic and behavior problems in the regular classroom. The other team approach utilizes a specialist or teams of specialists to assist with problem-solving. Pugach and Johnson (1989) point out that the specialist model leads to some problematic occurrences, such as the transfer of problem ownership by the teacher, and a lengthy referral process. They advocated regular education taking the lead in prereferral, as classroom teachers have adequate expertise to solve many classroom problems without specialists, given time and an appropriate structure to do so.

Despite their differences, most early pre-referral assistance teams had a similar goal; to provide support to teachers for students with learning and/or behavioral
challenges as an alternative to assessing them for special education qualification (Graden, Casey, & Christianson, 1985; Fuchs, Fuchs & Barr, 1990; Rosenfeld, 1992). As the federal special education regulations require that students qualifying for special education are not demonstrating deficits due to a lack of appropriate instruction, the prereferral model widely increased in prevalence, and the majority of states began to require the use of an intervention assistance team before a student could be considered for special education (Carter & Sugai, 1989). Teams generally followed one of the previously described models or a combination of the models in terms of membership and process (Cosden & Semmel, 1992)

*Current IAT practices.*

A recent national survey was completed to provide an updated report on intervention assistance team practices (Buck, Polloway, Smith-Thomas, & Cook, 2003). State education directors from all 51 states responded, and results indicated that 72% of the states either require or recommend the use of intervention assistance teams. States reported more inconsistent practices in other aspects of IAT functioning. For example, when asked to identify the name of the process in their state, almost half (47%) responded that there was no standard term, and 35% of the states used unique terms to refer to the process (such as “Instructional Support Team”, “School- Wide Assistance Team”). When asked about the lead agency for the teams, again almost half reported no state policy; for those who did have a policy, general education personnel (teachers, administrators, and counselors) were the entity most often identified. When asked to identify specific staff members who lead the teams, responses in addition to general
education staff often included special education teachers (47%), and School psychologists (31%).

In addition to variation in leadership of intervention teams, team membership also appears to differ by state, type of School district, and even from school to school. A statewide survey of support teams in Illinois found on average that teams consisted of the principal, speech/language pathologist, psychologist, special education teacher, and regular education teacher (Whitten & Dieker, 1995). A study done on rural teams in a Midwestern state (Ormsby & Haring, 2000) found that the majority of members were regular education teachers. Another study of 25 elementary schools in one urban school district (Burns, 1999) found that 50% of teams surveyed included specialists such as a school psychologist and/or a special educator. Meyers et al. (1996) in their qualitative study of IATs in an urban district pointed out that although the intervention model used in the urban district they studied was designed for team membership to include both special educators and regular educators, participation by the special education personnel was inconsistent.

*Intervention Team Effectiveness*

Schrag & Henderson (1996) synthesized the literature on school-based intervention assistance teams and their impact on special education through a review of 67 articles, documents, reports, and books. They tentatively concluded that prereferral intervention can have a positive impact on special education delivery practices, citing studies that found the development of IATs reduced inappropriate special education
referral rates (e.g. Beck, 1993; Chalfont & Pysh, 1989) and that IATs facilitated interventions that lead to student success (Bay, Bryan, & O’Connor, 1994).

An additional study on IAT effectiveness was completed by Burns & Symington (2002). The researchers carried out an empirical meta-analysis of IAT research using the following inclusion criteria: inclusion of an outcome variable, one between-group comparison and/or one within group comparison of the outcomes; quantitative data that could be used to compute effect size; and written in English. The research analyzed provided evidence that IAT models are successful, as the mean effect size for the studies was large (1.1). The studies looked at effectiveness in student outcomes via teacher ratings and observed behavior, as well as through systemic variables of special education referrals, number of students retained in a grade, and increase in consultative/counseling activity by school psychologists. Importantly, randomized studies had a higher mean effect size, and positive results were found more consistently for university-based teams than for field-based teams.

While both studies tentatively support the efficacy of IAT use, there are limitations with the state of the research. Research examining the effectiveness of IATs is complex, as differences in intervention team processes, research design shortcomings, and intervention implementation are all confounding variables (Zins, Heron, & Goddard, 1999). Schrag & Henderson (1996) point out methodological weaknesses in a large number of studies and a need for more research on student change and on the change of attitude in teachers towards students with diverse learning needs. Burns & Symington, (2002) point out that no recommendations could be made from their meta-
analysis due to the small number of studies that could be included. While the authors found 37 empirical articles on IATs, 28 were eliminated because they lacked outcome variables, did not include means and standard deviations or tests of significance, and/or were a secondary study of an original. “It is unfortunate that more high-quality research has not been conducted to provide clear evidence of the efficacy of the [IAT] process” (Zins, Heron, & Goddard, 1999, p. 810).

Despite limitations of the research, the meta-analytic and research synthesis studies suggest several components that appear to support the effectiveness of an intervention team. The variables identified include: 1) minimal paperwork/administrative procedure requirements for referring teachers; 2) evaluation procedures for team impact; 3) trust/nonhierarchical relationship between consultant/consultee 4) training and support for both team members and staff, along with consistent implementation of the intervention model once trained; 5) commitment of teachers; 6) administrative support; and 7) understanding and differentiating the intervention assistance model as an alternative to the refer-test-place model. Studies that focus on whether or not these components currently exist in teams out in the schools and which factors might be most important when evaluating a team for effectiveness are few (Burns & Symington, 2002; Meyers et al., 1996; Rosenfield, 1992; Safran & Safran, 1996).

*Effectiveness and implementation studies.*

While the research on factors that facilitate team effectiveness may be limited, a few studies have explored various implementation factors. Kovaleski, Gickling,
Morrow, & Swank (1999) conducted one of the few studies on IAT using student performance as an outcome variable. During a state-wide training initiative, the effectiveness of 237 Pennsylvania Intervention Support Teams (ISTs) was examined using dependent measures such as student time-on-task, task-completion, and task comprehension and independent measures such as treatment (1 year in training, two years in training, control) and level of IAT implementation as described in the training. Implementation level was validated through an outside team of trainers via a 103 item instrument. Results indicated that students referred to teams with high IAT implementation had significantly higher performance than control or low IAT implementation at post test and follow-up for task completion and task comprehension, and significantly higher performance on time-on-task than the other two groups at follow-up. The researchers also pointed out that low implementation IATs were no more effective in improving student behavior than control schools with no IATs.

Another large study examined the implementation fidelity of the problem-solving model by IATs (Telzrow, McNamara, & Hollinger, 2000). Three years prior to when the study was carried out, schools were recruited on a voluntary basis to participate in a state supported initiative that included training and technical assistance on the use of a team problem-solving approach; training was carried out by coordinators from the state’s 16 special education regional resource centers. Researchers investigated the degree to which teams employed the problem-solving model, as well as the relationship between level of implementation and student progress. Trained teams from 227 schools submitted two structured forms they completed as part of a referred case,
which were then scored using a summated rating scale. Analysis resulted in a weak relationship between ratings on each of the eight problem-solving components and ratings of student outcomes. However, the authors point out that several study design limitations likely impacted their findings: sampling method, indirect data collection method, and unknown interactive effects such as inconsistency in content and intensity of training experiences, poor reliability of model conceptualization, and variability in the ease with which the individual problem-solving components could be documented.

A third study that looked at team effectiveness factors and process implementation quality was carried out by Bahr, Whitten, Dieker, & Kocarek (1999). School intervention team members and referring teachers completed a survey investigating perceptions of team effectiveness, as well as the use of quality indices of intervention development and delivery. 121 schools were studied from an original randomly selected sample of 750 elementary schools in three Midwestern states. Results showed that teams had high effectiveness rankings in general, with quality index strengths in assigning members to specific responsibilities and using permanent products to evaluate student progress. Weaknesses identified were in the lack of written follow-up and use of teacher judgment as the most frequently used method for evaluating student progress. Like the Telzrow, McNamara, & Hollinger study (2000), sampling results and reliability issues with indirect data are limitations of this study.

Another study of intervention team components was done by Meyers, Valentino, Meyers, Boretti, & Brent (1996). They used surveys, interviews, and observations to investigate the processes, goals, strengths, and content associated with
IATs in a large urban district. Focusing on qualitative data collection and analysis, one of their discoveries was that classroom teachers lacked knowledge regarding the team’s purpose and had inconsistent involvement with the team in their building. Other inconsistencies noted were in the use of a problem-solving model; authors observed that most teams tended to spend too little time on problem definition and that other steps such as data collection and classroom observations were completed inconsistently. Consequently, recommendations were not usually focused on modifying classroom instruction. This study shows how qualitative studies can be beneficial to school districts who want information on how they can improve the IAT process.

In addition to having little field research on team effectiveness factors and structure, few studies have investigated the relationship between larger organizational factors and IAT effectiveness. Kovaleski, Gickling, Morrow, & Swank (1999) pointed out in their discussion that schools that had high implementation of the Instructional Support Team process were observed to have such organizational components as strong principal leadership, ongoing data collection and data-based decision making, and the involvement of a support teacher to establish and fine-tune strategies selected by the team. As this was not the focus of their study, evidence about how they arrived at this interpretation is lacking.

Kruger & Struzziore (1995) hypothesized that intervention team assistance satisfaction was related to organizational support. They defined organizational support as the extent to which conditions help facilitate the implementation and outcomes of an innovation. They chose organizational variables based on previously identified factors
in the consultation literature. Results indicated that the organizational variables of “administrator support”, “perceived purpose”, “staff social support”, and “training” all had strong positive relationships with assistance team satisfaction. A review of some of these organization variables will help establish a framework of why it is important to study these factors when researching IAT effectiveness.

**Organizational Factors Related to IAT Effectiveness**

*Training.*

Training is already sighted in the IAT literature as a factor that leads to IAT effectiveness. A study completed by Ingalls & Hammond (1996) evaluated the implementation of instructional support teams in a rural district over a five year period. They found that after team building and inservice support occurred over a year, there was a significant increase in the number of students referred to prereferral and a decrease in the number of special education referrals. A follow-up study in this project three years later found that teams recommended adequate and on-going inservice support, including training for new members, and training team members in conflict resolution (Hammond & Ingalls, 1999). Other evaluation and development articles have cited the importance of training (Kovaleski, 2002; Ormsbee & Haring, 1999; Rosenfield, 1992). In addition, university-trained teams (e.g., Fuchs et. al., 1990) have been found to be more effective than teams who were not involved in a higher education project (Burns & Symington, 2002).

Despite the evidence that training is an important factor, a recent survey of state practices (Buck, Polloway, Smith-Thomas, & Cook, 2003) illustrates that there is a lack
of support for training, as only 63% of the states provide training for professionals who participate in the prereferral process. Whitten & Dieker (1995) found that 47% of teams they studied had not had training, and the most common areas of need for training included collaborative consultation, strategy instruction, and effective communication.

*Role of the referring teacher.*

In addition to studying the training of teams, it is also important to examine the role and training of teachers who use intervention assistance teams. Teacher role relates to the organizational variable of “perceived purpose” (Kruger & Struzziero, 1995). Teachers must understand and support the goals of the IAT and their role in the process or the IAT will have little impact no matter how skilled the team members. In most cases, a referring teacher’s primary role involves implementing an intervention, and taking data to determine the student’s response. “The “buy-in” or commitment from the teacher…makes or breaks the efficacy of the intervention.” (Schrag & Henderson, 1996, p.18).

If teachers do not see their role as interventionists, then IATs will have difficulty functioning in the capacity of helping students with academic or behavioral challenges to learn. The use of IATs usually represents a major paradigm change from a medical model, where the problem is thought to reside in the student, to an ecological model, where the team problem solves how to create a better fit between the environment and the child (Kovaleski, 2002). Yet teachers who are not on the team can be confused about the IAT’s purpose and are less likely to see the team as effective (Meyers, 1996).
In order for IATs to be successful, change may need to occur both with individual teachers and collectively as a staff.

According to teacher change literature, teacher beliefs influence teaching practices and these beliefs are difficult to change, (e.g., Edwards, et. al., 2001; Kagan, 1992; Symlie, 1988). In an example that relates to IATs, Tatto (1996) studied the capacity of teacher education (including both preservice and inservice) programs to influence the values and beliefs of enrollees in the area of teaching diverse students. She concluded that most programs were not well structured to change a teacher’s belief that school success or failure depends more upon the student than upon teaching practices. This relates to the paradigm shift mentioned previously. It would therefore seem critical that as part of an IAT evaluation one would look at teacher perceptions regarding their role in the process. Yet, as Straut, Kluth, & Papandrea (2001) point out, research has not looked at this area.

Training and education are major vehicles for teacher change. Richardson & Placier (2001) point out that components of staff training that have lead to effective teacher change include: school wide, context specificity; support and encouragement from principals; long-term duration with adequate support/follow-up; promotion of staff relations; incorporation of current knowledge obtained through well-designed research; inclusion of adequate funds for materials, outside speakers, and substitutes for teacher release time to observe each other. They also point out that while inquiry-based, collaborative programs have been successful, studies have also shown that some
teachers would prefer a directive approach where they are presented with practices that they can immediately use.

The degree to which school districts incorporate these variables when offering training is questionable. In studying staff development policy, Little (1992) found that districts tended to put funds primarily towards district-wide professional development involving prepackaged programs with little active involvement from the teachers. In addition, there was a low priority for teacher release time.

Most of the research on teacher training regarding IATs is found in the behavioral consultation literature. Studies have focused both on a referring teacher’s role as a team member as well as being an interventionist. Zins & Ponti (1996) trained teachers on problem-solving skills and found that their ability to use an ecological approach to describe problems increased significantly compared to a control group. Another study found that undergraduate students majoring in education who had undergone both didactic and modeling verses didactic and modeling and feedback training performed significantly better on problem identification and analysis when they were trained using modeling and feedback (Watson & Kramer, 1995).

Regarding the need for instructing teachers to be interventionists, some researchers lead one to question the need for direct teacher training. In conceptualizing the Teacher Assistance Team approach, Chalfont, Pysh, & Moultrie (1989) explain, “teachers have the ability to create unique and effective suggestions” (p.89). A program evaluation study done by Straut, Klut, & Papandrea (2000) indicated that teacher change was taking place through their involvement in intervention assistance teams, as
they were changing their perceptions and beliefs about working with students with
diverse learning needs to be more confident and use new instructional strategies. This
study is limited, however, in that it is primarily survey data from which these
conclusions are drawn.

More direct studies investigating teachers as interventionists suggest that
teachers have difficulty with data collection and intervention practices (Wilson, Gutkin,
Hagen, & Oats, 1998; Flugam & Reschley, 1994; Fuchs et. al., 1989). For example, one
study directly interviewed teachers about methods they would use to provide support for
a student having difficulty (Wilson et. al.). They were given both a standardized case to
respond to, and also reported about their actions regarding an actual student they had
taught. Results indicated that most teachers (over 90%) had low specificity in goal
setting and intervention descriptions, and used inadequate data collection methods and
progress monitoring. Other studies have shown that it is important to use both modeling
and performance feedback to train teachers to implement interventions (Noell et. al.,
2000; Noell et. al., 1997; Sterling-Turner, Watson, & Moore, 2002).

The consultation literature indicates that intervention effectiveness can be
improved through teacher training. However, one of the key components of determining
intervention effectiveness is treatment acceptability. Treatment acceptability requires
that the participants believe that the intervention will have a positive effect, the effort
expended to follow-through is worth it, and positive regard for the intervention
(Truscott et. al., 2000). IAT and consultation literature have been criticized for not
including treatment acceptability as a variable when studying effectiveness (Gresham,
Recent studies have also pointed out the importance of studying this through field-based rather than analog research. Research that has looked at treatment acceptability has found that teachers generally support their role as interventionist. Truscott et. al. (2000) completed an evaluative study of four Prereferral Intervention Teams (PITs) over two and one-half years. In terms of teacher acceptability/perceptions regarding intervention assistance, the data collected from referring teachers indicated that the majority of teachers wanted the teams to make classroom-based recommendations. Mamlin & Harris (1998) found through a qualitative study that while teachers generally were positive about prereferral intervention, they were concerned about the length of the process, the documentation requirements, and the lack of programs available for students not referred for special education. As this study was completed with only three teachers, Slonski-Fowler & Truscott (2004) studied 12 elementary school teachers as they progressed through the PIT process. Using interviews, PIT meeting observations, and classroom observations, they determined the following themes: teachers sometimes perceived that their input was devalued or ignored by the PIT; PIT intervention strategies were limited and lacked clarity (nine of twelve teachers believed that it was primarily an exercise in documentation rather than a step towards intervention); and, teams demonstrated little accountability for implementation or outcomes. These results are similar to a previous qualitative study (Meyers et. al., 1996).

An additional concern with the research on the efficacy of interventions in IATs is that a large proportion of the studies have been carried out within a behavioral
consultation framework. The behavioral consultation model uses a didactic relationship. In a team format, many of the key features of that approach (such as data collection) are often lost (e.g. Meyers, 1996). As Gutkin & Nemeth (1997) point out, the complexities of communication and decision-making in a group format are complex; to study them using a reductionist model does not provide enough depth to really understand the process.

_School climate._

In addition to looking at the teacher as an individual, it is also important to look at teacher attitudes, beliefs, and practices in the context of collective entity and school climate. School climate is defined as a relatively enduring quality of the school environment that is experienced by participants, affects their behavior, and is based on their collective perceptions of behavior in schools (Hoy & Miskel, 2005). While school climate can be viewed from many different aspects, a perspective that lends itself to IAT study is through the interpersonal relations and communication among the staff. Two specific variables that have been studied in the literature are collaboration/support and trust. These constructs are similar to what Kruger & Struzziero (1995) refer to as “Staff Social Support”. In relation to IAT, trust and collaboration likely impact the process and function of teams.

Collaboration is a multidimensional activity that encompasses supporting, facilitating, informing, and prescribing; it is based on the philosophy that all professionals have something important to contribute to the process. (Pugach & Johnson, 1995). A collaborative climate has long been shown to lead to effective
organizational functioning (Purkey & Smith, 1983). Historically, traditional school cultures are often ones where teachers work independently (Sarason, 1996). However, recent changes such as increased student diversity and school accountability measures have made collaboration a critical element in school success. Similarly, school consultation initially surfaced in the schools between special education and regular education teachers/support personnel as part of indirect service delivery for students with disabilities. This model was based largely on a one-to-one, expert model. Specialists realized limitations in expert consultation, and a movement to a more collaborative approach was advocated (Idol, Paolucci-Whitcomb, & Nevin, 1986; Pugach & Johnson, 1988, cited in Pugach & Johnson, 1995). Thus the foundation of the IAT process is based on a collaborative approach.

While the effects of the presence of a collaborative school climate on IATs has not been directly studied, the importance of collaboration to school functioning is illustrated in a study of six schools identified by a state university as being exemplary based on student performance and special education practices, including inclusion (Caron & McLaughlin, 2002). Collaboration between special and general education teachers was a prominent feature in all schools studied, along with shared leadership and collaborative decision-making. Strategies they found supported collaboration included joint planning time, use of technology (voice mail, email), and shared leadership/decision making. In addition, the schools all shared the common characteristic of focusing on improving student achievement on state and district assessments. This latter trait appears to be becoming a critical value to schools due to
state and federal mandates; collaboration may therefore be an important area to assess not only for IATs but when looking at school improvement in general.

Another important element in school climate is teacher trust. The presence of collaboration is likely related to the relationship and trust between teachers and team members. The organizational literature has identified trust as an important variable in how teams operate (Baier, 1986; Cummings & Bromely, 1996; Meeker, 1984). Kinlaw (1991) identified trust-related behaviors associated with high-performing teams; specifically, members have confidence among them when they do what they say they are going to do; are straightforward and do not conceal information; are viewed by colleagues as having knowledge and skills to perform; and are willing to listen to each other as they expect reliable information/good ideas.

Trust in schools has been found to facilitate cooperation, promote group cohesiveness, and improve student achievement (Hoy & Miskel, 2005). In formulating propositions regarding the concept of trust in school teams, Henken (2000) postulates several notions: teams need time to develop trust especially when they have no history working together; trust levels are based on interaction patterns involving cooperation and open communication; teams are more likely to trust when they have or develop shared values, beliefs, and assumptions. It would seem important to include the trust relationship between the school staff and the team, between the staff/team and the administrator, and possibly between the support staff of the IAT (i.e., school psychologist) and the faculty when studying team effectiveness.
Administrative support.

In IAT research, leadership/administrator support refers to the actions of the building level administrator, typically the principal. IAT research indicates that administrative support is necessary for sustaining an effective team. Kruger & Struzziere (1995) found that administrator support accounted for over 50% of the variance of consumer’s satisfaction with IAT, and that specifically the provision of positive feedback was more strongly related than any other aspect (commitment to collaboration, release time for meetings, support for training, encouragement to use team, provision of resources). In addition to concrete actions, Some researchers advocate that an administrator’s overall commitment to the IAT procedure is necessary so that teachers will buy into the process rather than the traditional refer-test-place progression, and so that the coordination of instructional and support services will occur. “Prereferral intervention should not be viewed by staff as a stand-alone entity. It needs to be connected conceptually and procedurally with other professional activities and school-based initiatives.” (Kovaleski, 2001, p. 649). Chalfont & Pysh (1989) found that support from the building administrator was a key component in 91% of the 23 teams studied. Other studies have indicated similar results (Chalfont et. al., 1991; Kruger & Struzziere, 1995). The need for administrators to directly participate, however, is inconclusive (Shrag & Henderson, 1996).

Within the educational administration and organization literature, the administrator role is more broadly conceptualized to include leadership. While leadership is defined numerous ways, a common element is that leadership involves a
social influence process in which one individual exerts intentional influence over others to structure activities and relationships in a group or organization (Hoy & Miskel, 2005). A model that has been well-formulated is the conceptualization of leaders as being transactional verses transformational (Burns, 1978, Bass, 1985, cited in Hoy & Miskel). Transactional leaders carry out actions and are concerned with short-term tasks and organization; transformational leaders are the ones who inspire, motivate people, and think globally. (Ulrich & Lake, 1990) A third style, Laissez-Faire, describes leadership characterized by a lack of transactions; this style would consequently be the most passive and least effective.

Transactional leadership forms the basis of a system in that when leaders carry out tasks that support the followers, over time the people will come to trust the leader (Bass, 1998). Transformational leadership is an extension that builds commitment to the organization’s objectives and empowers followers to achieve these objectives (Yuki, 2002). Research shows that transformational leadership has greater effects on schools than transactional leadership and that transformational leaders receive higher ratings, are perceived as leading more effective organizations, and have subordinates who exert greater effort than transactional leaders (Silins, 1992). The IAT process would likely need both kinds of leadership but this has not been directly studied in the literature.

Distributed leadership is also an organizational element that may impact IAT processes. Distributed models of leadership include multiple sources of leadership by both individuals and teams. Supporters of this type of leadership assert that it is necessary in a school environment due to widespread and complex tasks that cannot be
handled by one person. While several school reform initiatives have indicated the importance of this type of leadership, it remains a theory that needs further empirical testing (Hoy & Miskel, 2005).

Summary

Intervention Assistance Teams were created to assist teachers in developing techniques to work with students with learning and behavioral challenges. A recent change in the special education law makes it possible for the IAT role in special education evaluation to increase significantly. While there is substantial research on IATs, whether the teams are effective as they exist in the field has been difficult to conclude. Some theory has developed about factors that lead to IAT effectiveness, such as training and process integrity, but more research is needed. Additionally, a major shortcoming of the research is that it has largely ignored the unique organizational and contextual variables that likely account for differences in IAT effectiveness. In designing a study to evaluate the impact of IAT training, it is important to investigate organizational elements such as leadership, teacher trust/collaboration, and teacher attitudes/beliefs in order to more fully understand the factors that influence IAT functioning and outcomes. The use of a qualitative focus will allow for a more thorough investigation of these elements, resulting in a study that has the potential to make a stronger impact on the stakeholders – teachers, administrators, trainers, and students.
CHAPTER II

METHOD

Purpose

The purpose of this study was to examine the processes of intervention assistance teams with members who have been trained on the use of the problem-solving model. Through a qualitative program evaluation design, exploration occurred of how training and other various issues impact IAT functioning and effectiveness. Specifically, the following research questions were addressed:

1. How do IATs function in a suburban school from a Midwest metropolitan area?
   - What are the perceptions of team members regarding the IAT process?
   - What are referring teachers, parents, and staff perceptions of the IAT’s process and effectiveness?
   - What are the perceptions of the administration regarding IAT functioning?

2. What contextual factors influence the IAT in each school?
   - What is the influence of these supports or barriers on IAT effectiveness?

3. How does training impact the functioning of the IAT?
   - What are the team members’ perceptions regarding training and the problem-solving process?
How have teams integrated the problem-solving process? What steps if any have they incorporated more than others?

How does the degree to which they follow the process impact teacher perceptions of the IAT?

How does the degree to which they follow the process impact student outcomes?

**Design**

A mixed method design using a primarily qualitative approach was utilized. A qualitative design seeks to gain understanding and answer research questions through purposeful sampling and constructivist/participatory perspectives (Creswell, 2003). It employs the process of using interpretation of contextualized meaning and it is frequently used in natural settings (Greene, 1994). While some studies have been able to look at the contextual supports for IAT (Askamit, 1993; Kruger & Struzzerio, 1995), depth is lacking in terms of understanding teacher perceptions, leadership influence at both a local and larger organizational level, team perceptions of training, and other unique organizational variables that impact IAT but cannot be accounted for in a quantitative study. The use of mixed methods allows for both qualitative and quantitative information to be collected and integrated. Mixed methods provides multiple data sources and is often used in the interest of building the confirmability and consistency of the data.

Use of a qualitative design is advocated as a preferred method for program evaluation (Greene, 1994; Guba & Lincoln, 1981; Patton, 2002; Stake, 1995). Program
evaluation is defined as, “the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, or inform decisions about future programming” (Patton, p.10). In this study, the program being evaluated is IAT training. Patton asserts that while outcomes are often seen as the primary unit of analysis for evaluation, process and implementation are critical components of evaluation that need to be studied; otherwise, knowledge will be lacking about what produced the observed outcomes. As process and implementation are variables that cannot be summarized by a single measurement, qualitative inquiry allows for a more appropriate method of investigation.

For this investigation, an evaluative case study design was used. Case study is an in-depth exploration of a phenomenon, with the case(s) being bound by time and activity (Creswell, 2003). The case in this study is the IAT team and its processes. Case and ethnographic studies have recently been used to study consultation and team procedures (e.g., Ingraham, 2003; Meyers, Meyers, & Gelzheiser, 2001; Slonski-Fowler & Truscott, 2004), as this methodology allows for a thorough description, a study of unanticipated patterns, and more understanding of the complexities surrounding real world cases. Case studies have also been used as the primary mode of qualitative inquiry in program evaluation (Greene, 1994). In addition to using this method of inquiry, Greene points to other important components of qualitative evaluation practice: emphasis on context; reliance primarily but not exclusively on qualitative methods; acknowledgement of researcher presence in inquiry and its influence; and, enhancement of program understanding as a result of the investigation.
While quantitative inquiry was not the primary approach to this study, this methodology is included in order to gather outcome information and provide data for triangulation. In addition, the use of quantitative data helps create a bridge between this study and current research/theory. The two primary quantitative procedures employed were the administration and analysis of a group questionnaire, and a data coding/analysis procedure for observations and document review. As special education referrals is an outcome variable used frequently in the literature, data was collected on the number of students referred to the IAT who were subsequently referred for special education evaluation, as well as the number of students who qualified for special education.

Setting

The “Brady” School district serves a suburb located within 15 miles of a large metropolitan Midwest city. District enrollment at the time of the study was approximately 14,500 students. The majority of students came from a middle class background; 10.4% were classified as “economically disadvantaged” (Ohio Department of Education [ODE], 2005). Racial information from the state indicates that 84% of students were white, 5.2% African American, 4.6% Asian, 3.1% Hispanic, and the remaining either multi-racial or from another ethnicity.

The district is rated by the state as “Continuous Improvement”, which is the third highest rating a district can receive from a five categorical rating ranging from “Excellent” to “Academic Emergency”. Ratings are based on a multitiered evaluation system that includes both state and federal goals. The state indicator assessment rates
districts on a 23 point scale where a point is earned for each grade level and subject area in which the district meets the proficiency level, and for meeting attendance and graduation rate requirements. While Brady earned enough points on state indicators to earn a higher “Effective” rating, they did not meet the federal “Adequate Yearly Progress” (AYP) goal; the state accountability standards require that any district that does not achieve this goal for more than one student group for three consecutive years will drop to “Continuous Improvement”. The AYP goals include reading and math proficiency and participation levels for special groups of students; the two groups of students in Brady who did not meet the proficiency goals are students with disabilities, and students who are English Language Learners (ELL) (Ohio Department of Education [ODE], 2005).

The Brady district has an intervention assistance team (IAT) in every school. Team members receive an annual stipend for their participation (excluding the principal); the district allows up to nine stipends per team. While these teams are not state mandated, documented interventions are required by state special education law (see Appendix A); consequently, many school districts choose to implement these interventions using IATs. The typical procedures recommended are that when a teacher is concerned about a student for academic and/or behavioral reasons, a referral to the IAT occurs. In addition, before any student can be recommended for a special education evaluation, the teacher must refer the student to the IAT. Members of the IAT proceed through the problem solving process to assist the classroom teacher with interventions and to monitor the progress of the student when the interventions are in
place; if the child is not making adequate progress, the team then determines if the child is in need of an evaluation for special education. Teams usually consist of an administrator, specialists such as counselors and school psychologists, and teachers.

Training procedures

At the beginning of the 2004-2005 school year, Brady hired a trainer from a local large university to provide professional development for IAT teams on the problem-solving model. The trainer is an associate professor in school psychology who has expertise in the area of behavioral consultation and has instructed numerous intervention teams on the problem-solving model. Two district level administrators, the Director of Pupil Services and the Director of Professional Development, hired and worked collaboratively with the trainer to develop goals and organize the structure. According to the administrators, the need for training was recommended by a special education task force. The task force developed and administered a survey given to all individual team members in the district that measured their beliefs and practices regarding the IAT process. Results indicated a large amount of discrepancy in levels of understanding and level of skills; as one administrator described, “We realized that there was a lot of variance in terms of the organization of the teams, effectiveness of the teams, implementation of the problem-solving model.” Consequently, they had two goals for their training: To provide a consistent “ground level understanding” of the IAT process that would provide a degree of district-wide consistency, and to provide specific training on the team problem-solving model. Both administrators described that
the long term plans for the training included individualized coaching at a school level that would be carried out based on the needs of each individual team.

The training consisted of 12 hours of instruction (six hours in September, six in January) covering the following content: the problem-solving model, data collection procedures, effective team components, and effective interventions. After the two training sessions, each team was required to write up a case study to turn in for feedback and to present to other district IAT teams as their culminating project. IATs from all schools (15 elementary, 5 secondary) in the district participated; the five secondary schools were trained separately from the elementary schools, but similar content and format were used. The trainees also completed a group questionnaire on their perceptions of the training and what further supports were needed for their teams; this was used by the administration and trainer as an evaluation tool and for guidance in planning future training.

The case study the teams completed for evaluation consisted of a written project showing how the teams used the problem-solving model for a referral made to their team. They were instructed to show their use of the steps of the problem-solving model, such as graphs of baseline and progress data. The trainer evaluated each team’s level of problem-solving implementation using a rubric developed for a previous study that evaluated IATs in the state (Telzrow, McNamara, & Hollinger, 2000). The rubric consists of a summated rating score format for each problem-solving area, with possible total scores ranging from 0 to 45. (See Appendix B)
In response to the evaluation results of the cases and the group questionnaire, the trainer carried out a two hour follow-up session for all teams in the beginning of the 2005-2006 school year (the year during which this study was completed). During this session, the following information was presented: shifting from a pre-referral to a problem-solving team; results of their feedback on the questionnaire; case evaluation results (aggregated); and suggestions as to where the teams should focus their efforts in the upcoming year. The trainer then met with each team individually to give them oral and written feedback on their case study. As a way of assisting teams, the trainer brought numerous intervention handbooks, handouts, and materials for the teams to review or take with them. The teams were then required to turn in another case by mid-February; unlike the initial case study, they were given the rubric by which their case would be evaluated.

*Role of the researcher in training.*

In order to have a better understanding of the training and to seek participants in the study, the researcher was involved in two ways. One was the facilitation of the elementary school teams’ presentations for their initial cases. The other was observation of the last training session. Immediately after the final training was carried out, the researcher requested and was granted permission by the school district to seek teams to participate in the study.

*Participants*

Two teams (“School A” and “School B”) were chosen with the recommendation of the Director of Professional Development and the trainer. It was intended that the
teams be chosen based on a critical case sampling strategy (Patton, 2002). With critical case sampling a case is chosen because it will yield the optimum amount of information and will have a high impact on the development of knowledge. One school was chosen based on having a high rate of team members present at the training and a strength in implementing the problem-solving process (according to the case study evaluation). The second school was to be chosen based on having the smallest amount of members who went through the training and exhibiting emerging skills in the IAT process according to evaluation. However, the principal of the team recommended that met the second criteria refused to participate. As a result, the second school was recommended based on a third party district administrator’s perception that they would be willing to participate.

The individual participants in this study included six members of the intervention assistance team from School A and five members from Team B. Principals, intervention team coordinators, school psychologists, and a classroom teacher from both teams were interviewed; in School A, the other members interviewed were the two reading specialists on the team, while in School B, the special education teacher was interviewed. Additional administrators involved in the study were the Director of Pupil Services and the Director of Professional Development. Additional participants were the teaching staff in the schools of the teams (classroom teachers only), and parents of children referred to the IAT.
Data Collection Procedures

Qualitative

Prior to completing the study, the researcher met with the two teams individually to explain the purpose of the study, the procedures that would be used, answer any questions, and gain informed consent for their participation (See Appendix C). The researcher made a commitment upon completion of the study to meet with any interested teams to go over the results. The data for each school were gathered simultaneously, although entry was gained at School A first so consequently data collection began approximately three weeks earlier there than in School B.

Observations/Records review.

Team B was observed during the initial and follow-up meetings of two cases, between the months of March and May, 2006. The IAT meeting observations were completed by the researcher, using a semi-structured format (see Appendix D). The researcher also made separate field notes, including a description of the setting, participants, and any interpretive notes based on the observation. Various documents completed by the coordinator (referral information packets, IAT plans for the observed cases) were copied and obtained after identifying information was removed. The cases observed in School B consisted of two referrals of students from the primary (k-3) grade level; one student was referred primarily for academic reasons, and one referred for behavioral reasons.

While it was intended that observations also occur in School A, the researcher was never able to gain access to a typical meeting due to scheduling issues and
gatekeeper concerns (discussed in Results section). As an alternative, the investigator was able to review written intervention assistance plans for three cases (one academic, one behavioral, one both) randomly selected from the coordinator’s records.

Schools were analyzed separately due to the differences in data collection that were beyond the researcher’s control, as well as to provide the maximum amount of unique contextual information for each team; researchers are advised when doing case studies to focus more on the intrinsic value of the case data rather than on cross case comparison (Stake, 2003).

*Interviews.*

Interview questions were developed by the examiner in concordance with the research questions. All questions were reviewed by two trainers, two educational professionals, or two parents to establish face and content validity. The district administrators were interviewed first to gather additional information about the training and the school district (see Appendix E). Team interviews were then carried out; a minimum of five interviews per team was established a priori. The format of the interview is included in Appendix F. For the third set of interviews, three teachers from School A and two teachers from School B agreed to participate in a brief interview about the IAT process. The teachers from School A were chosen by the IAT coordinator; teachers from School B were the referring teachers of the cases observed. Questions were taken or adapted from a qualitative study done by Slonski-Fowler & Truscott (2004) (see Appendix G). Finally, three parents agreed to engage in a brief phone interview (see Appendix H). It was intended that parents from each of the
observed cases (total of four) would be interviewed; due to only being allowed to complete one observation at school A, the other parent was recommended by the coordinator; only one of the two parents at School B agreed to be interviewed.

All interviews were conducted by the researcher, and in the case of School B, were scheduled after the team was observed once, so that the team members gained some comfort in working with the researcher. With participant permission, interviews were audiotaped and transcribed for analysis by the researcher. One question was added to the teacher interview after dialoging with team members; as part of a qualitative study design interview questions may be changed in order to more accurately capture the unique issues that arise (Stake, 1995).

**Quantitative**

*Staff questionnaire.*

The Team Effectiveness Scale (Bahr et. al., 1999) was conducted to provide information from the classroom teachers regarding their perceptions of the team, as well as some data for quantitative analysis. This instrument is a 10-item summated rating scale developed over two studies (Bahr & Whitten, 1996; Whitten & Decker, 1995) that assesses the perceived effectiveness of IATs by referring teachers and team members. It has demonstrated evidence of content validity and internal consistency (Cronbach’s alpha of .95). Items are listed in Appendix I. The scale was completed by all classroom teachers present during a staff meeting at the end of the data collection period.
Data Analysis

Qualitative analysis.

Categories and initial codes were identified from reading and rereading each interview transcript using microanalysis (Strauss & Corbin, 1998); each school’s data was analyzed separately. Codes were then compared between team member interviews, and any that came up in more than one interview were tallied. Tentative themes were generated through code repetition (a code repeated by three or more interviewees) and connection density (codes that could be tied together), or occasionally due to salience to the researcher (subtheme). Teacher, administrator, and parent interview codes were then used to provide confirming/disconfirming evidence, and determine themes to keep. Finally, records/document reviews were carried out and quantitative data were compared with the qualitative data for triangulation.

Data source triangulations along with several other techniques were used to verify the validity and dependability of the qualitative analysis. Investigator triangulation was also utilized. Two knowledgeable experts (the researcher’s advisors) independently examined the data analysis and gave feedback regarding their agreement/disagreement with the codes and themes generated. One of the advisors of the researcher completed the training so was familiar with the context as a participant.

Audiotaping of all interviews (except parent) was carried out for methodological triangulation in order to increase the authenticity and accuracy of the interviews; this method has been used in other studies (e.g., Meyers, Meyers, & Gelheiser, 2002). Member checking is another process that was used to verify the data
(Stake, 1995); transcripts from the interviews were sent to the interviewees for feedback on its’ accuracy.

*Quantitative analysis.*

Data from meeting observations were coded by a system formulated around the problem-solving model. Content of the meeting was placed into a phase of the problem-solving model: 1) Problem definition 2) Baseline data 3) Hypothesis/Reason for problem 4) Define goal/target behavior 5) Intervention plan 6) Progress monitoring/treatment integrity 7) Student response to intervention 8) Comparison of postintervention performance with baseline 9) Post intervention decision/evaluation (see Appendix J for explanation of these terms). If it did not fall into any of these categories, it was coded as “extraneous/unknown”. The researcher then took the observations and corresponding IAT goal plans from School B and the IAT plans from School A and used the rubric (Telzrow, McNamara, & Hollinger, 2000) from Appendix B to rate the integrity level of the use of the problem-solving process. This was the same summated rating scale measurement that was used for evaluation during the training. It takes each of the nine phases of the problem-solving process and rates the level at which the team completed the step; scores for each area ranges from a low of one to a high of five. Inter-rater reliability was established through the researcher’s advisor independently rating 40% of the observations/IAT plans.

In addition to the IAT plans, other records were used to obtain quantitative information. In School A, the coordinator’s case summary records were reviewed to determine the number of special education referrals made by the team, as well as other
student outcomes. In School B, the coordinator collated this information from his records and provided it to the examiner. In addition, the schools provided information about the number of special education referrals that occurred the previous school year. Finally, the Team Effectiveness Scale was analyzed via descriptive data by school.

Combining Analyses

The program logic method of analysis was used to connect the themes of the two schools. Program logic is a combination of pattern-matching and time-series analysis (Yin, 1994). The pattern-matching in this analysis specifies comparing an actual pattern to one predicted by theory. For example, theory would indicate that teams that follow the problem-solving model to a high degree will: 1) have higher team satisfaction ratings 2) have better student outcomes than a team that does not (Koveleski, Gickling, Morrow, & Swank, 1999; Flugam & Reschley, 1994). In addition, alternative explanations to theory were also utilized.
CHAPTER III
RESULTS

The themes that emerged from the case studies were able to be organized by two types: team processes, skills and beliefs, and contextual issues/factors. Although each school will be described and discussed separately, the themes for each school are listed together in Table 3.1.

<table>
<thead>
<tr>
<th>Team Processes, Skills, &amp; Beliefs</th>
<th>Contextual Issues/Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>School A</td>
<td>School B</td>
</tr>
<tr>
<td>Has a high degree of team efficacy</td>
<td>Demonstrates efficacy, but acknowledges challenges with the problem-solving process</td>
</tr>
<tr>
<td>IAT processes do not always follow the team problem-solving model</td>
<td>Training has had a substantial impact on IAT functioning</td>
</tr>
<tr>
<td>Administrator support for the IAT is indirect but effective</td>
<td>Administrators</td>
</tr>
</tbody>
</table>

Table 3.1 Summary of themes generated from each school.
**Team Processes, Skills, & Beliefs – School A**

**Descriptive Information on Team Roles and Goals**

In School A, The IAT is devised of six “core” members: the principal, the intervention specialist, the school psychologist, the Title I reading teacher, the Reading Recovery teacher, and a classroom teacher. The intervention specialist is a district-wide position; job responsibilities include coordinating the IAT, providing reading and math intervention for students who do not meet state standards, and coordinating the state assessments that occur in the spring. While the list of staff members included on the “IAT Notification” document includes 24 staff, other members are invited only on an as needed basis, and did not attend the training. The team meets once per week before school. Team members are all experienced (minimum of 5 years on the team), and member expertise is valued as part of their role; “…Probably because of my background, I’m reading recovery trained and also with the LD inclusion over the years we’ve used a lot of techniques and strategies…”; “My role I think is to help with the expertise I have in the reading field, because often reading and writing are an issue.” In addition, members are valued for their availability; “Classroom teachers tend to be more difficult (team members) I find because you have to stop (a meeting)…”

Other roles mentioned amongst the individual team members varied; examples include engaging in collaboration, completing assessments such as parent interviews and disseminating behavior rating scales, and providing information about the referred student. Both the coordinator and the school psychologist described roles as leaders, as they mention their responsibilities include training teachers on the procedures, as well
as assisting the principal with team member decisions from year to year. In addition, the coordinator described her role as one of organization – planning the meetings, gathering and disseminating student information, and making sure a follow-up meeting is scheduled. She also was described by a team member and a teacher as coordinating outreach/information gathering on all students who may be “at –risk” (i.e., Kindergarten students who previously had early intervention; students receiving tutoring).

The team members interviewed seem to have a common outlook on the goals of the IAT; almost all shared a goal that was student centered. “We want to get kids the help they need – whatever it is.” “To assist students to be more successful academically and socially.” “To meet the needs of all children.” One member’s description of the goal was more teacher focused: “…for a group to come together and listen to a teacher and come up with strategies – ways to help her or him better serve their students.”

Theme 1: Team A Has a High Degree of Efficacy

Perceptions of current functioning.

A strong theme that emerged from the interviews was that the team believes they are effective and are satisfied with how they function. Three members described their team as working well in a collaborative sense; “We have a really good working relationship, and we’re able to problem-solve together.” “…Everybody has a strength, and it’s real strong, solid strengths they bring to the table.” Four of them described the skills of two particular members, the school psychologist and the intervention coordinator, as being a team strength. “D (The school psychologist) is just phenomenal…. She’s so gentle, and she’s so nonthreatening, and yet, when she needs to
get her point across, she’s very strong. She’s wonderful.” “C does a really good job getting things organized beforehand…(she) always has her list of kids we’re worried about, and she’ll always touch base with the teacher.” Two of the teachers also related this theme; “…our school psychologist is part of that (the process), she has excellent ideas.”

Another effective component described by the team members is use of some parts of the problem-solving process. The part of the process mentioned by three of the team members and by the teachers is that the team is strong in designing interventions. One teacher described a case she brought to the team: “That one went real well because it was a behavior kind of thing…. He was circling happy faces and sad faces and that type of thing. And it worked really well.” In addition, team members and teachers talked about other parts of the problem-solving process, such as problem hypothesis, and progress monitoring. (Teacher): “…It’s nice to get a fresh set of ideas. It’s a great way to start documenting whether or not the interventions are working and then where to go from there…” (Team member): “I think we’re able to be very specific … we can take very little time to get the specific problem and then problem-solve.”

There was however acknowledgement that there are parts of the problem-solving process that are challenging for the team. Data collection was one area mentioned by three team members as being a weakness. One team member, the principal, was strongly critical of the progress monitoring process itself, seeing it as a barrier to teacher and IAT effectiveness:

“I think there is a heck of a lot of documentation that is required of teachers that becomes very cumbersome. It bogs down the learning for the
whole school. That’s my biggest frustration. Teachers work extremely hard and then – I mean I walked in one day and I saw two pieces of tape for two students on one arm and two pieces on the other – she (the teacher) was documenting four at one time. Because they all went through the IAT at this time. And you can’t really teach effectively when you’re constantly monitoring behaviors for documentation purposes.”

In addition to the difficulty with data collection, two members, the coordinator and the school psychologist, related that they felt time was a challenge to team functioning. One mentioned that at times the team does not meet goals due to time constraints:

“We want to start a resource of interventions – a location where we can keep a lot of interventions. And because of all the demands on everybody, we haven’t gotten as far with that as we want to get – that kind of thing.”

The coordinator talked about time and other job responsibilities constraining her ability to complete her IAT related tasks:

“Time [is a weakness]. Like I said, observations – since this isn’t my only job, I have a pile of observations that I’d like to get to. And I have to kind of pick. And I know some teams may use other members and the school psych does them as well, but – again time isn’t available from teachers with testing and all the assessments they have to do, meetings and so on. So, I think that’s probably a weak area – just getting all of this done in a way that we’d all be happy to have it done.”

*Impact of training.*

Almost all the team members perceived the training as being beneficial to the team. Four of the team members related that they felt the training was helpful because it validated that they were functioning well and it made a good team better. “I think, again we worked really well together before it [the training]. So, maybe just fine-tuning our working together. Our team functioned really well but I think it helped. There were things we took out of that, that we thought, o.k., this is good.”
In addition to reaffirming that the team was using an effective practice, four members felt that the training improved their process, specifically their use of the problem-solving model.

Member 1: It gave me some terminology to use. It gave me some schema that was very clear and very well presented, both in terms of their presentation and in terms of the hand-outs that we got. It also gave us a very clearly delineated progression to go through and while we were typically doing that, I think it was real helpful to have more than one or two people with that in mind – it kind of became the focus of the core of the team.”[When asked to give an example of a specific component of the training that was valuable:] Data collection – I think we’re better at that. And I don’t know if it just came out in the training, because I think it was already in the works to do – all of the data collection in the 1st 6 weeks – we became focused on that a lot more.

Member 2: It [the training] made [the team] more focused – … what’s the goal of our meeting today – what’s the hypothesis, what are we going on, who’s going to do what, who’s going to do follow-up, who’s going to set up this meeting date. C will be in charge of this, D’s in charge of that. We will bring the parents in at this point. We’ll get their input. All that type of analysis gathering and being really focused and not going off on different tangents has helped.

One of the three teachers along with the IAT coordinator commented that the creation of district-wide forms for the IAT process also was an improvement. Teacher 3 relates this when talking about IAT outcomes: “This year, [the process] seemed to be a lot easier. We were trying to do it last year, but the paperwork has been narrowed down now, it’s on computer, that part of it has really gotten a lot easier, just the initial paperwork that you need for it.”

While the majority of the team was positive about the training, there were some reservations expressed. Two members related the criticism as typical of any large
district training: “I think you have to pull what you can from those trainings and how they pertain to your building, your population.”

We weren’t very happy about the district changing and wanting everybody’s IAT to be exactly the same – because, exactly the same doesn’t work in a district this size. But we’ve tweaked things to make us, more like everybody else, but yet still tailored to fit here.

One member of the team expressed more outright dissatisfaction regarding the level of the training:

I think we felt a lot of [the training] didn’t pertain to what we were doing, exactly. In fact, one of the examples I can think of that we talked about was there was a video of an IAT team and what we felt was that we had come beyond that. We were watching these people struggling and talking about things and, afterwards I remember everyone at our table saying, we wouldn’t even be meeting for something like that.

A final concern about the training format expressed by three members was that having the training during the school day was a hardship: “I guess maybe it was difficult to be pulled from what I do – you know, the consistency with reading recovery.”

In addition to concerns about the general training structure, a lack of acceptance of some of the training content regarding IAT structure and process were expressed.

“The way we structure IAT is a little bit different – we don’t have a timekeeper, we don’t have a recorder, so we all function in different capacities.” This same member went on to explain that when they tried to follow the problem-solving model, it did not work well:

I think to try to follow it [the problem-solving process] in the exact format that was presented to us – well, I know it wouldn’t work, because we tried it twice. The feedback we got was just – excruciating! One, we weren’t good at it, because we were just beginning it; but, it became very apparent very quickly from some really good experienced teachers and from some brand new teachers that it just was not anywhere near what would meet their need, compared to what they were used to. So, when we look at some of the buildings … and they pick one behavior, they very quickly narrow what they’re going to do – this staff doesn’t work that way. And I don’t see value in it in contrast to what we were doing.
She went on to explain that while the team targeted specific skills to work on through coming up with interventions, often the broader goal of reading improvement was the one the teacher wanted to measure as a student outcome rather than those more specific skills.

*Outcome data.*

Student outcome data (special education referrals) were aggregated by the researcher through a review of case summary logs kept by the intervention coordinator. Results are listed in Table 3.2. on page 48. While there was a slight decrease in the number of special education evaluation referrals, there was a 9 percent increase in students who qualified for special education. While this represents a positive trend, one would still expect a higher rate of qualifications after having taken a student through the intervention process. Additionally, review of the case notes for the current school year indicates that of those 23 cases not referred for evaluation, two made progress; eight case results noted a lack of progress, and two of those were noted as being possible referrals for evaluations. Results of the rest of the cases (13, approximately 28%) were not documented.
<table>
<thead>
<tr>
<th>School Year</th>
<th>IAT Referrals</th>
<th>Special Education (spec. ed.) Referrals</th>
<th>Qualified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>P of average daily enrollment (ADE)</td>
<td>N</td>
</tr>
<tr>
<td>2004-05</td>
<td>38</td>
<td>9%</td>
<td>15</td>
</tr>
<tr>
<td>2005-06</td>
<td>36</td>
<td>8.5%</td>
<td>13</td>
</tr>
</tbody>
</table>

* as of 3/31/06

Table 3.2: Summary of students referred to IAT school A.

**Theme 2: IAT Process Does Not Always Follow the Team Problem-Solving Model**

As team perceptions highlighted in the training section indicate, School A has not modified their process of the IAT to include all components of the problem-solving model on which they were trained. They believe their adaptation of the IAT process allows them to more effectively serve students who need intervention. The intervention coordinator captures this as she describes the principal’s role in the process. In describing how the principal will sometimes take full ownership of a referral, she also describes other processes that don’t necessarily follow the team problem-solving model, but which still provide intervention for students:

> With certain parents, he’ll (the principal) do it himself. He’ll be the meeting. And sometimes that’s exactly what’s necessary. … Now, actually, what I’m talking about too might not be what you would refer to as an IAT. I think we call IAT a lot of things. [interviewer] *Just intervention for kids, right?* Yeah, not, necessarily the official [IAT meeting] – a parent conference… . I guess what I’m thinking of is where we normally would say, we need to meet – we need to have an IAT on this kid, sometimes, he will say, let me – let me handle this. He’s already had a dialog going with the parents; many times that would be a discipline issue, and he’ll say, let me bring them in. [interviewer] *Would the teacher necessarily be at the meeting?* Sometimes. But sometimes not – it just depends on situation.
The above example illustrates that rather than a team problem-solving approach, a didactic, consultative process is alternatively used in school A, in order to more effectively communicate with parents. In addition, as the principal explains, this approach sometimes seems to work better in order to engage some teachers:

So we do this kind of sidebar stuff with me. ‘Alright. Why don’t you try this, why don’t you try that’. And D (school psychologist) – I’ve seen D do that too. They won’t officially come to her but they’ll run ideas by her. ‘What do you think? What can we do here?’ And they go to our literacy coordinator a lot if it’s a reading issue they go to him.

One of the referring teachers also related that she often goes to the intervention specialist for consultation rather than the whole team:

So I go to her [Intervention Coordinator] a lot about students to see what she thinks I can do to help them. Even before going through the whole IAT process. To see if I can try and fix it before then. [interviewer]So she might give you some intervention suggestions – rather than say, ‘I think you need to refer them. Right.

Observation/ Records review.

In addition to interviews, observation data and record reviews provided evidence that the team’s processes are different than the problem-solving model. The meeting observed was a follow-up to an initial referral that included only the school psychologist, teacher, and parent; the coordinator was ill that day, and the researcher was told that the meeting was not typical due to her absence. Although it seemed that some components of the problem-solving model were included in that the teacher gave information about the student’s progress in handwriting and reading, the majority of the meeting was spent talking about the teacher’s behavioral concerns; it was unclear whether these issues had been addressed in a previous referral meeting or not. The psychologist spent time going over a behavior checklist completed by the teacher,
explaining to the parent that according to aged based comparisons, the student was functioning below that of his peers, although the teacher reported that she is seeing progress. (Only anecdotal data was presented.) Intervention suggestions with the parent were also discussed for a large part of the meeting.

The IAT plans reviewed and evaluated included three cases: “Joe” and “Jennifer”, referred for both academic and behavioral issues, and “Julie”, referred for academic concerns. Evaluation of the plans indicates a fairly low level of implementation of the problem-solving model (See Table 3.3 on page 51). Inter-rater reliability yielded 90% agreement on ratings. For example, in the case of “Jennifer”, the goal listed was to “Increase on-task behavior”, and the problem hypothesis was, “Due to attention/hyperactivity, Jennifer is unable to make progress academically.” A detailed intervention plan was not included, only the words “stickers” and “medication”. Intervention results are only reported as “inconsistent”, and no data are included. Teacher comments about the intervention included: “Jennifer started medication for ADHD and follow-up meeting was intended to document any progress with attention issues. Medication has not been consistent.” The plan also noted, “…Progress is very slow and inconsistent. Jennifer has not had enough on-task time to begin making needed progress. We will meet at the end of the year to again see if any progress has been made and to make a decision as to “place” her in the next grade or retain her.” These comments were written in February. Regarding the other two cases, one of the cases had a fairly detailed intervention plan, and another had acceptable baseline data; otherwise, process limitations were similar.
<table>
<thead>
<tr>
<th>Student</th>
<th>Joe</th>
<th>Julie</th>
<th>Jennifer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral definition of target behavior</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Baseline data</td>
<td>1</td>
<td>4, 1</td>
<td>1</td>
</tr>
<tr>
<td>Clearly identified Goal</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Problem Hypothesis</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Systematic step-by-step intervention plan</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Intervention implementation/treatment integrity</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Data – response to intervention</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Baseline-postintervention comparison</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Student outcome</td>
<td>3</td>
<td>N/R*</td>
<td>3</td>
</tr>
<tr>
<td>Mean</td>
<td>2.44</td>
<td>2.11</td>
<td>2.0</td>
</tr>
</tbody>
</table>

5=high, 1=low

* not reported

Table 3.3: Problem solving implementation rating results school A (see Appendix B for rubric).

It is pointed out that one of the problem-solving steps, treatment integrity, is listed on the IAT form and so partial credit for following this step was given in the evaluation. However, data demonstrating treatment integrity were not included, only a check next to the question, “Was treatment integrity established?” In addition, when the three teachers interviewed were asked about the follow-up part of their cases, (which is when a treatment integrity check would occur as part of the problem-solving process),
all described it as an informal event that sometimes did not occur until six weeks later. One teacher mentioned that while the coordinator followed up by talking to her and doing an observation, the purpose of treatment integrity was not described; it was more about student progress: “She (coordinator) follows up and she also observes him to see how he is doing, and talked about what an amazing difference from when she first observed him…”

A subtheme that emerged from the data regarding Team A’s perceptions and processes is that while the goal of the IAT has become more intervention focused, a connection with the special education/traditional model remains. School A’s team description of the goals of IAT and the skills that they possess that make them an effective team in large part embrace an intervention rather than a refer-test-place paradigm. Indeed, two team members acknowledged that this was a transformation that had started well before the training occurred. As one member related, “…this is not just a place to come when you think you need a kid tested. That’s not what it’s for; and it used to be.” One of the teachers also describes the team as having engaged in “…the new process for a while”. Nevertheless, there is evidence that some team members still retain an “old” model belief system that may inhibit them from accepting the problem solving model as an effective alternative process.

One component of the refer-test-place model that still seems salient to some members is the focus on within child issues. Four members in describing their role or other issues regarding the team related examples of actions or beliefs that would be more in line with the traditional model. For example, one member describes part of her
role: “…[to] listen for indicators that would say this will be a child that we’re going
to need to follow because of a possible learning disability…” Another member, when
asked about team weaknesses, related that while the IAT struggled with certain cases,
this was due to within student factors: “We’re doing a lot more with behavior…When
we’re looking at a goal or the hypothesis…what’s the problem? We’re looking at well,
this is attention. And a lot more in the autistic spectrum.” In addition, the hypotheses on
the reviewed intervention plans also indicate a low use of an ecological framework. For
example, the hypothesis written on Joe’s plan is as follows: “Joe has been identified and
receives medication for ADD, which adversely affects his academic performance.”
These examples indicate either a lack of understanding or agreement with ecologically
based hypotheses.

All three teachers interviewed related case examples indicating that it is
common that students referred to the IAT either are suspected of or are diagnosed with
disabilities. Consequently, often the goal became to get the child evaluated or provide
intervention that was not classroom based. This is exemplified in one teacher’s
description of the intervention provided:

His big problem was he would just do nothing he would sit all day long and do
nothing. And it ended up being – they put him on some type of medicine and that was
the whole problem, just the concentration. Is he diagnosed with Attention Deficit
Disorder? Yes he was diagnosed, but not on medicine. The medicine he had been on
wasn’t working so she [the parent] took him off. So, she wasn’t aware that it was a
problem again, until we brought it back up to her. It’s made an amazing – it’s like a
different child. That and giving me ways to get him motivated to try and want to do
work in addition to needing the medicine also.
Contextual Factors

Theme 3: Teachers Support the Intervention Assistance Team, but not the Problem-Solving Process

Five of six team members felt that teachers understood their role in the IAT process, and one felt that it was improving. One of the members explains her perception of teacher expectations of the process:

I do think that they expect that they’re going to need to bring material, they’re going to need to present concerns, that they’re going to spearhead the intervention, that there’ll be IAT members that support them in any manner they need support but that, IAT is there to assist them, not to own an issue.

Specifically, team members related that teachers are skilled in implementing interventions. Two of the team members further explained that teachers already provided students with individualized assistance prior to referring the child. “A lot of times, kids are getting interventions as I said, without ever having gone through IAT because the teachers just know that those are things that work, they just build it right in to what they’re doing.”

The three teachers interviewed also articulated their role in intervention when they were asked about the goal of IAT: (Teacher 1) “To help the teacher think of additional ways to help the student, help the parent, find additional resources for them to use.” (Teacher 2) “We go to this team for ideas on how to best help this child – to get different interventions that are going to solve this problem.” (Teacher 3) “To help the classroom teacher and the parents figure out different strategies that we can use to work with kids who are struggling in one aspect or another, then help them implement those strategies.”
While interview data indicate that teachers understand and carry out their role, other data indicate that teachers do not consistently engage in some steps of the problem-solving process. The most salient evidence is contained in the IAT Plan reviews previously described, listed in Table 3. In all three cases, the teachers did not provide progress monitoring data. As one team member perceived, “Sometimes teachers may not take us seriously – that that [documenting with data] is what indeed we need for them to do. That is changing. Just like everything else, it just takes time.”

Lack of understanding of the purpose/importance of certain problem-solving steps may be a reason why some teachers do not engage in the process. When asked about her role in collecting data, Teacher 3 highlighted the problem solving steps that she engaged in with the team when talking about a case:

This child…has a problem with blurting out. So I would put a whole bunch of rubber bands on my arm, and each time he would blurt out I would transfer one to the other arm. Then I documented that for a while, and turned that in. That way we could get a baseline. …Basically, we looked at what the problems were, and then with the IAT we picked which do we want to work on first. We actually worked on transitioning…at the beginning of the year he was having a lot of melt-downs, just moving from math to reading, that was even more of a concern than blurting out, because, a melt-down in your room can lead to melt down of the whole class!

The data collection that the teacher describes does not relate to the problem behavior targeted for intervention; one can see that a teacher could form the opinion that taking baseline data was a process that was not worth their time.

While the above case describes a behavior related problem as do two of the three IAT plans reviewed, there is evidence that teachers may be more comfortable with progress monitoring in the academic area. One teacher, when asked about progress monitoring, mentioned that she used reading assessments that were already part of the
curriculum, and described how she carried out other academic progress monitoring:

“That one’s [writing is] more subjective, So we tried to use some rubrics, that kind of thing – I have some old questionnaires that I’m kind of using.”

In addition to a lack of understanding, another reason for lack of teacher buy-in towards carrying out data collection may be due to their perception that it is beyond the level of service that they can provide as a classroom teacher. As two members of the team mentioned, there is a concern that the need for documentation discourages teachers from referring students to the team. When asked about future training needs, the principal responded, “Is there a more efficient way to gather data with our resources that we have at our school – that isn’t discouraging to the teachers. Because I think a lot of teachers will not come to IAT because they do not want to do all the work associated with it.”

While some team members were concerned that some teachers do not refer to the IAT, review of the records indicates that 16 of 20 teachers made referrals to the team this school year. One teacher interviewed mentioned time as a barrier to making referrals rather than the work involved in the process: “The hardest part is making the initial referral - just getting the ball rolling. Because there’s already so much on our plates.” Another teacher touched upon time being a barrier, but stated her belief in the importance of teachers referring:

Sometimes I know, you get swamped with everything going on, especially after conferences or whatever. Teachers need to make sure they’re making the effort at communication with whoever they need to…the teacher has to take that initiative, there’s no one else who can do that. And there’s some teachers unfortunately that have problems with that – with bringing it to anybody’s attention, and I think that teachers HAVE to do that. Otherwise, there’s no – hope for the kid.
One team member expressed that because of teacher feedback, the IAT could not follow the purist problem-solving model and be perceived as effective. The issue of teacher resistance to the specificity of the problem-solving process is expressed in her critique of academic goal setting, using reading as an example:

Intellectually and philosophically, it makes perfect sense to me that if you increase high frequency words, you’re going to see an improvement in reading; [However], we either haven’t found the key to unlock that as effectively as I think – as I would expect – or, what I think is more likely our curriculum is so integrated, that – yes, they become better readers, but their scores are not necessarily going to take big jumps because there’s so much emphasis on comprehension. So, for putting a lot of work on helping them distinguish between the, that, them, there, - if that’s not critical to the text they’re reading, it’s not going to be reflected in a huge jump in their comprehension. So, this building isn’t real anxious to see a lot of that stuff going.

*Teacher satisfaction.*

All three teachers interviewed related that they were happy with the outcomes of their referrals to the IAT; as Teacher 2 describes, “It was very effective with helping me find ways to help this student because I kind of exhausted my ways of helping him.” The quantitative data further supports evidence that the majority of teachers are satisfied with the IAT. Results of the Team Effectiveness Scale are included in Table 3.4 on page 58. Averages to all items were at the satisfactory end of the scale, though scores fell in the moderate range. The highest average rating for the team was that the team engages in shared decision making, and that teachers encourage other teachers to refer to the team. Lowest scores were on the items regarding specific roles for team members, and communication between team members.
**Table 3.4: Talley of responses to items on the team effectiveness scale**  school A (N=5)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Response Item:</th>
<th>1= strongly disagree</th>
<th>2 = disagree</th>
<th>3=slightly disagree</th>
<th>4=slightly agree</th>
<th>5=agree</th>
<th>6=strongly agree</th>
<th>X</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Appropriate Intervention</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>8</td>
<td>1</td>
<td>4.47</td>
<td>0.99</td>
</tr>
<tr>
<td></td>
<td>Manageable Interventions</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>5</td>
<td>6</td>
<td>2</td>
<td>4.40</td>
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<td></td>
<td>Shared Decision Making</td>
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<td></td>
<td>Defined Roles for Team</td>
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<td>1</td>
<td>4</td>
<td>8</td>
<td>0</td>
<td>4.20</td>
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<td></td>
<td>Encourage teachers to use team</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>8</td>
<td>2</td>
<td>4.73</td>
<td>0.80</td>
</tr>
<tr>
<td></td>
<td>Satisfaction w/ process</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>1</td>
<td>4.40</td>
<td>0.83</td>
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<tr>
<td></td>
<td>Effectively meets teacher needs</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>0</td>
<td>4.33</td>
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<tr>
<td></td>
<td>Effectively meets student needs</td>
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<td>0</td>
<td>6</td>
<td>7</td>
<td>1</td>
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<td></td>
<td>Team communicates clearly w/one another</td>
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<td>1</td>
<td>7</td>
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<td>1</td>
<td>4.20</td>
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<tr>
<td></td>
<td>Overall effectiveness</td>
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<td>4</td>
<td>8</td>
<td>1</td>
<td>4.53</td>
<td>0.83</td>
</tr>
</tbody>
</table>

Theme 4: Family Involvement in the IAT Process is a Challenge

District procedures recommend that parents be included in the IAT process.

School A has a strong community component, according to one team member:

"I think that’s another one of those things that’s maybe a little unique about this building, we really have a tremendous amount of parent support. We have parents that change schedules, do all sorts of things to get in here.” Many team members and teachers when describing the goals and their personal satisfactions about being involved with IAT include the family:
Just helping people – and parents come up with things. Sometimes, I think that is the best part. You know? Because many of them are struggling with the exact same issues at home; and, are pretty desperate for ideas. And, as a team you can really come up with a bunch of things for people to do at home and coordinate. And just seeing that connection happen.

While the staff conveys that they believe family involvement in the IAT is important, a strong theme emerged that parents are sometimes a challenge to work with in the IAT process. They describe some parents as being defensive and maybe in denial that there is a problem: “You’re at a stalemate because the child just kind of is struggling and the parents are struggling and we’re struggling, …You always have your hand full of cases every year in which the parents are at odds with what we’re reporting”. “[The most challenging part is] working with the parents. I think because so many of them just really don’t see that what they’re doing is really having such a profound affect on their kids.” “I think it’s frustrating for all of us dealing with a parent that’s not ready to address the concerns…they’re just not at a place where they fully understand what’s going on.”

The difficulties school A has working with parents impacted the openness of the school to engage in portions of this study. Several times, requests made by the researcher to attend various meetings were turned down by either the IAT coordinator or the principal due to parent issues. While the coordinator was apologetic, she indicated that there was frequently tension between the school and family, and that the parents likely would not welcome the presence of an outsider.

While team member perceptions are that parents are difficult to work with, some data suggest that these same members have a strength in working with families. One
teacher described the IAT as being a major help to her when dealing with parents: “I’d say the most helpful thing was with the parents and getting this parent to recognize there was a problem and help to find a solution…. A lot of it was needing to get Mom on board.” Parent perceptions of the school also provide evidence that parents feel supported by the staff at School A. Both parents interviewed attended the IAT meetings regarding their children. One parent had a child who is diagnosed with Attention Deficit/Hyperactivity Disorder. Although she expressed concern that her son’s current teacher did not communicate with her as well as last year’s teacher did, she still was complimentary about the level of support she received, describing the staff as all looking out for her child, that everyone was willing to make accommodations, and that no one ever “pressured me to medicate him”. Likewise, the other parent felt that the actions the team and school have taken have helped her child be successful, through early intervention, communication, and collaboration. “They spotted problems early, they keep me advised of issues, ask if it’s okay with me when they want to do something.”

Not all data indicate that the IAT works well with families. Another teacher mentioned a concern for how parents perceive the process.

I think one thing that we have to be very careful of when we’re involved in IAT, especially with parents in it, is that we don’t overwhelm the parents. And sometimes when you have – especially when you have a child with multiple problems or whatever – it can be very overwhelming to have a lot of people there. …And I’ve had parents who… revolt against that. And you’re already starting out on the wrong foot if you do that. They feel like we’re ganging up on them – I’ve heard them say that before.

This may be one reason why parents are perceived as the team as being resistant or uncooperative.
Theme 5: Administrator Support for the IAT is Indirect but Effective

Principal support.

All team members expressed satisfaction with the principal’s involvement in the IAT process. Although his role is more indirect than other members, as one member describes: “He’s very involved, but he doesn’t necessarily sit through every meeting. And I think that works well in this building because there’s a very very high level of trust between the teachers and him and so his presence really isn’t necessary to make it work…” In the only area of the team in which he is typically directly involved, choosing team members, the principal engages in group decision making. As one team member describes, “He just talks to us – we pretty much discuss it [if the member wants to stay] and say yeah, that’s a good idea – it’s a team decision.”

The team describes some characteristics of the principal that make him supportive. Four members relate that he is reliable: “If we know that we need him in any particular scenario, we just need to let him know and he will let us know when he’s available and arrange to be here.” In addition, the principal demonstrates empathy and is protective of the staff. “He is supportive of the teachers if they ever need him to sit in on a conference, he’s happy to do that.” The researcher as well as one team member observed that the principal provides strong direct support and leadership: “He’s in a classroom. He’s very very hands on with the staff, and with the kids. And very very non-threatening to teachers; so he’s very aware of what’s going on in classrooms, and I think he’s an exceptional principal.”
The level of principal support and buy-in of the IAT in School A is indicative of all principals in the district according to one district level administrator:

I think the principals are very supportive. … because they know that everyone’s being held to the same standards, everyone’s taking the same standardized tests, and we know that there are great inequalities, there’s a lot of diversity. And I think with intervention, when people are implementing strategies to help all students be successful hopefully student achievement in the building will improve. So I think they’re certainly in favor of it.

However, the other district level administrator communicated that principals don’t all believe that the IAT process is effective. This is reflected in her description of a training that was set up a few months after this year’s follow-up session with teams. This session was planned because although principals are IAT team members, most of them did not attend the training with their teams.

Dr. M (the team trainer) came out to do the presentation in December for the elementary principals … She was bombarded with a lot of negativism…. Is this really realistic? Can you really go through all these steps? And make it work? …. So she didn’t get through much of the training with them unfortunately…. We know that buy-in should be from the top. And it had been our intention that there would be buy-in because they would be part of the training.

The principal of school A shared a similar perception as the second administrator regarding the training meeting; he referred to it as a complaint session.

*District level administrative support.*

Team members all described the current level of district involvement as indirect; four of the six felt that this was beneficial in that it allowed for flexibility in team processes:
I think that they are doing a good job letting buildings (individualize) – because every building is so different. And to give us the basics and to let us tailor that to each individual needs of the building – them allowing us to do that is great. That allows us to meet the needs of our community better.

One member related her belief in the critical role the training made in School A’s acceptance of the problem-solving model:

I really do think that C and D (team members) had the right idea, but because they were not backed up by the district, it was like beating their heads against the wall. As soon as the district came around to understanding that this is what an IAT is… it enabled them [team members] to say, ‘okay, this is what we’re going to do.’ If you understand what I’m saying. It was tremendous – the effect of having the power on your side, rather than you trying to say that to teachers without the back up. Now when C goes to the team meetings and says, ‘you must collect data’, it’s not just C saying that – it is the district saying that, it is the state saying that. It means a lot more.

Team Processes, Skills, & Beliefs – School B

Descriptive Information on Team Roles and Goals

School B’s intervention team consists of 11 members; nine of these are full time members, and two share one of the positions. The members include the intervention coordinator, the principal, the school psychologist, the speech-language therapist, one special education teacher, two regular education teachers, one related arts teacher, the Title I Reading teacher, the literacy coordinator (split), and the guidance counselor(split). The team meets for initial referral meetings once per week, on Tuesday mornings before school; they typically schedule one meeting at 8 am and the next at 8:20am. Occasionally the volume of referrals requires that they split into two smaller teams that each work with one or two cases.

While certain members of the IAT have been on the team several years, according to the principal, there are only three “permanent” members – herself, the
The team members’ descriptions of the goals of the IAT were similar in that all had the component of helping students. Four of the five included the element of student improvement. The fifth member however described it in a way that highlights the importance of identifying at risk students, and the limits of the process:

I believe [the goal is] to bring to everyone’s attention children who are having difficulty with school for whatever reason. We get together to document that to number one to say there is a problem, and number two, to brainstorm and come up with some possible strategies to help, not fix the problem but to help the child be more successful
in whatever area. I think that number one it’s to identify and have some documentation that – here it is, and we’ve seen it in 1st grade, and is this a recurring problem? And then two, just come up with some intervention strategies to try to help the child.

In addition to student support, three of the five members included teacher support as part of the goal of IAT. One of the referring teachers also defined teacher support as the primary goal: “[The goal of the] Intervention Assistance Team is helping to provide support for the classroom teacher and finding ways of dealing with and motivating children who have special needs in the classroom. Finding extra support. “

A final component of the perceived goal included family support; this was mentioned by two members, as well as a teacher. The member’s description follows: “To provide students, teachers or parents support when they have an academic or behavioral concern.” The teacher interviewed likewise mentioned the family component: “I think the way we do it now, anyway, helps us to give parents some ideas to work on with their kids, perhaps other than what we as a classroom teacher might suggest.”

Theme 1: Training has had a Substantial Impact on IAT Functioning

Data from several sources indicate that School B’s IAT attempted to incorporate many components of the training they received. At least one member who had not had any previous training came away with a renewed sense of the purpose of the team. She related this awareness as she recalled what for her was one of the most valuable components of the training: “When [the trainer] was talking about how it’s not the ticket to special ed – it’s a place where you document problems and then you try to come up with some strategies to try to make the problem less severe… “
The greatest impact of training according to the team was in the process area. The current IAT coordinator came from a district out of state and had no previous formal training for the position. He describes how the training helped to improve how he carried out his facilitation role:

[The training helped by] giving me more direction in terms of what a goal should look like and how to measure it because that was a challenge the first year in that some of the goals were a little more broad, or abstract, over-arching goals, not specific that it could be easily measured. Then it also helped, with my function in the team in that the whole team understands the importance of getting to that result, which is a measurable objective, and intervention; so when I’m facilitating I say, okay, well what is the goal - and people sort of understand that piece that we need to now get there. Before, the conversation would have still continued about what the problem was.

In relation, the attempted structure of the meetings he organizes reflects a high implementation of the training: As one member describes, “There is a preprinted laminated schedule that sits in front of all the participants and it says we should allow about two minutes to state the problem, and about five minutes to give background – there’s a schedule right there.” Another member similarly relates that training improved team process: “I thought it helped to give some specific goals as far as what you need to do at your meeting and some specific things to look at.”

In addition to improving the meeting structure, there was a shared sense from team members interviewed that training provided a reflective facilitation tool that lead the team to improve its’ practices via several areas of the problem-solving model. One member describes two ways that the training impacted team process:

I think what we took away from that training is that piece about collecting the data prior to – that baseline data, then the ongoing, then, I wouldn’t say final, but what we brought to the follow-up. We took that away. And then, one other thing I think impacted our team, was that we walked away with saying, some of what we’ve written down for interventions are not interventions. We used to write, reading recovery, title,
and when she spoke about those things, it made so much sense – it’s not that service, it’s what they’re actually doing. So, we clarified our interventions a lot, and we know the difference between measurable goals, and things that we were just writing down that you can’t really measure. So, we refined all that.

A specific training activity that was valuable to the team was the case study, according to three members. As one member recounts, it lead to an awareness of the need for improvement in the data collection area:

We did our case study, and we got evaluated on it, and as I said, we did not have a real good score on it, but – okay, our data collection was not the best. I thought that was good feedback. And, I’m trying to think who just said recently, if you have an evaluation without data it’s just an opinion. So, yes, okay, you need to have the numbers.

There is evidence that the training impacted current perceptions of team effectiveness. Two members described team strengths and referenced them to being connected to the training. The two teachers interviewed also both described the team as having improved. They attributed the changes to both the current coordinator as well as the training. This is reflected in both teachers’ descriptions: (Teacher one) “They have a set schedule of things they’re going to discuss and how many minutes they’re going to discuss it at the meetings. I think that helps a lot to make sure we get to as many components of discussing the child and the child’s needs.”

(Teacher two) I think probably that [the current intervention coordinator] has been the biggest factor but then I also know they did some rather intensive training last year – the intervention team. And I really do think that that has helped the process. … This is probably the first year that I have really felt a lot of support, and I think, maybe our team finally got it right?
Theme 2: Team B Demonstrates Efficacy, but Acknowledges Challenges With the Problem-Solving Process

Results of this case study indicate that all team members feel they are effective in helping students be successful and supporting teachers. Four members interviewed pointed to a specific strength in brainstorming and providing intervention ideas for teachers. “I think we’ve really gotten very good at coming up with interventions and specific things to do with children; real concrete specific tasks when we’re dealing with comprehension, decoding, or math, or – something like that.” Teacher two concurred that the team provides good support in the intervention area:

“It’s [The team is] also a lot better at finding actual concrete solutions to things and interventions you can try in the classroom. Before it may have – it was probably more, ‘write a note home, try this’ – just things that seemed more common sense and things that we’ve already tried – or we wouldn’t be at IAT. I think this team is a lot better at brainstorming concrete ways to help intervene with children.

In relation to providing interventions, another strength highlighted by three team members was in the area of teacher support. One member related that he felt that to be a rewarding aspect of being an IAT member:

Just being able to help - especially the classroom teachers, when they’re just sort of at their wit’s end, they’re just really frustrated; and it’s not like the interventions are always successful, but I think they appreciate knowing that they’re not in it alone, and that there are other people that are working with them.

In turn, one of the teachers interviewed also related that the team supported her, describing a particular team member’s actions for a recent case:

We decided the little boy needs to work on some skills with our Ohio Reads volunteers- who are high school students – [skills they] could help him with they are simple repetitive tasks, but I said, I need something typed that I can just hand them because I can’t explain it to them all the time. I asked the Reading Recovery teacher was there something already printed, and so then B (intervention coordinator) typed that
information and by the end of the day he had brought to me a folder of things that are right here, and next week when the Ohio Reads volunteers are here, I can say, do activity number two or whatever.

Another area of team exceptionality not so specifically connected to the training is the team’s working relationship. One team member described it this way: “I think that professionally we really respect one another’s opinions, and value them. I think we do a great job of everybody just throwing out ideas and bouncing things off each other.” Another member described the team’s commitment to carry out tasks: “Everybody is willing to pitch in – you know, be coresponsible for whatever job it is – that’s definitely a strength.” Other components described include the team’s willingness to compromise, and collaborate with all involved: “I think we do a great job …getting their [parent] input, making sure it feels right to the teacher, it feels right to the parent, and it feels good to the team.”

A final team strength mentioned by three team members is the IAT coordinator. One member shared: “Our intervention person is great – I think that’s a strength of our team. He does a great job and he does above and beyond and I think the teachers really appreciate him so that has really helped overall with the team.” The other members describe B as being a valuable resource to staff, and recognize his skill in organization:

I think our intervention teacher does an outstanding job of providing all the information before the meeting – at least a day, maybe even two days before the meeting we have got the summary sheet and the reading test scores and any intervention that has occurred before – that’s always in our mailbox. … So, he’s really on top of things, and he provides everybody with the information they need.

While team B presents as a team with efficacy, they acknowledged several weaknesses. One had to do with the structure of the team, in that the size of team is too
large. Members were concerned that it intimidates parents, and that it was better when they on occasion divide into two smaller teams. One member expressed her concern while explaining that usually parents were satisfied with the process in the end:

I struggle with a parent walking in with 11 people around the table. They walk in and I can just see the expression on their face – wow! But at the end, they say, this many people cared about my son or daughter – that’s great. But their initial reaction I feel is one of shock. So we have on several occasions, split the team in half.

Alternatively, one team member’s biggest concern was that the team has to split up on occasion:

It’s hard in our time frame, especially with the size of the building we have, that is a huge issue I feel, because I don’t necessarily like the split team, because I feel like, I don’t know what’s going on all the time … half of us go to one, half the other. I like it for the parents’ sake because the parents are so overwhelmed by coming in to all of us, so I can see both sides of it. But I feel like we miss something or maybe there’s someone who, a teacher who has a different strength that may have been better to be on this team… I think B does the best he can but it’s a challenge.

Another challenge that appears prevalent in some team member perceptions is the communication style and behavior of certain team members. Three team members related that at times an individual tended to dominate the meeting, making it challenging to stay on track and within the time constraints. One member also described how she felt put off by this individual’s behavior:

I think sitting at the meeting sometimes and if there is one individual who tends to dominate and talk and not let others chime in; that is frustrating. Also if somebody doesn’t maybe respect the roles of everybody. … I try to, maybe, [to] speak what I know and not kind of – go on to somebody else’s turf and step on somebody else’s toes. Sometimes that happens at the meeting and it’s a little frustrating when I have something to say and someone’s not being courteous enough to be quiet and let somebody else have a chance. So that’s a big challenge.

Other weaknesses the team talked about were with carrying out some components of the problem-solving process. Problem identification and goal setting
were the most frequently mentioned, as three members felt that it was challenging to be able to narrow down information given to a specific problem. As one member relates:

It’s just a little bit frustrating just getting through all of the mud to get to the core in reaching the true problem. And not intervening on something and having the target behavior be something that really shouldn’t be the target behavior. Identifying what it is – *Where to focus.* Where to focus.

Another member related she thought it difficult to carry out goal setting:

[A challenge is] coming up with a specific goal, or if a child is really having difficulty in many different areas, and a teacher feeling frustrated - okay, we’re going to concentrate on basic math facts but they can’t do this or this or this- and having people understand that.

Several other components of the problem-solving process were mentioned as being challenging to the team, including intervention planning, intervention implementation, progress monitoring/data collection, and follow-up. One member shared an example of the need for more progress monitoring when interventions are being implemented:

Maybe, data collection [is a weakness]. ... Case in point, I just said I was part of an intervention for one little person. So every morning he comes in here and he does something for me – you know, I probably should be keeping data on all the days he’s coming in here and doing things – but I’m not doing that. … I’d say probably data collection from my perspective I’d say that’s just a weaker area.

*Team efficacy – quantitative data.*

In order to determine the level of implementation of the problem-solving model, team B was observed during two initial referral meetings, and the two subsequent follow-up meetings. Results of the coded observations of the two observed cases from School B are included below in table 3.5. Scores are based both on notes taken during the meetings, as well as a review of the intervention plans generated after the initial
meetings. Inter-rater reliability yielded 90% agreement on ratings. Overall average scores indicate a fair level of implementation of the problem-solving model. The team had the most difficulty with problem hypothesis. For both cases, the discussion and subsequent written hypotheses were limited to child characteristics; for example, on one case, “Mike” was referred due to concerns with his writing skills. The hypothesis statement reads, “The task of writing is hard for Mike. He avoids trying his best on it to avoid failure.” The interventions, however, received high scores for both cases. On both plans, interventions were detailed, systematic, and step-by-step. Baseline data, progress monitoring, and data comparison were also low in one case or the other. For example, in the case of “Jim”, the teacher described the student’s behavior of having difficulty completing academic tasks, but presented no data on the frequency of incomplete tasks.

<table>
<thead>
<tr>
<th>Behavioral definition of target behavior</th>
<th>Jim</th>
<th>Mike</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline data</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Clearly identified Goal</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Problem Hypothesis</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Systematic step-by-step intervention plan</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Intervention implementation/treatment integrity</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Data – response to intervention</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Baseline-postintervention comparison</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Student outcome</td>
<td>3.5</td>
<td>4</td>
</tr>
<tr>
<td>Mean</td>
<td>3.1</td>
<td>3.2</td>
</tr>
</tbody>
</table>

Table 3.5: Problem solving implementation rating results: school B (see Appendix B for rubric).

Results of outcome data from the 2004-2005 and 2005-2006 school years were tabulated by the IAT coordinator from his records, and are listed below in table 3.6. While the number of referrals to IAT went up, the percentages of special education
referrals decreased slightly, and were at a low level both years (less than 20%). Also, the majority of the students evaluated qualified for special education. These data concur with interview results indicating a strength in making accurate referrals for special education evaluations.

<table>
<thead>
<tr>
<th>School Year</th>
<th>IAT Referrals</th>
<th>Special Education (spec. ed.) Referrals</th>
<th>Qualified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>P of average daily enrollment (ADE)</td>
<td>N</td>
</tr>
<tr>
<td>2004-05</td>
<td>53</td>
<td>9%</td>
<td>10</td>
</tr>
<tr>
<td>2005-06</td>
<td>64</td>
<td>10%</td>
<td>11</td>
</tr>
</tbody>
</table>

Table 3.6: Summary of student referrals for school B.

Contextual Factors

**Theme 3: The IAT Strives to Support Teachers**

The IAT in School B considers teacher perceptions of the process to be a key variable to team success. Prior to training and the leadership of the current coordinator, the team did not place importance on teacher satisfaction, or intervention. Consequently, teachers were confused about the purpose of referring a student. The term “stepping stone to testing” was often used as a description of the “old” team process. One teacher describes this when asked to describe how she learned about the process originally:

Well…there was a time when, if you wanted to retain a child, you used to just have to talk to the parent and the principal and it was done. Then it was, no, you have to go to IAT. Then it was, no you don’t have to go to IAT. So it went back and forth but
that was one of the things. And also, [We referred] when we thought a child really needed to be tested for one reason or another.

Teachers were also unsatisfied with the process in terms of how they were treated when they made a referral. As three members related, it has been a challenge to overcome the past negative image of the team held by some teachers. This is captured by one member’s explanation:

Somebody made a comment who was bringing a child to IAT that she hadn’t brought a child to IAT in five years or something. She said she had just a terrible experience the last time. And I said, well, what happened? She shared with me about how she felt like people were really insulting and made disparaging comments to her because she brought this child to IAT – I thought, oh my gosh. And … I told her, I certainly hope your experience this morning is going to be much more positive than that. … So I think … people have some attitudes about IAT and I think – maybe that’s a barrier for people to bring kids to IAT. … Maybe we just need a campaign to change the image of what IAT is supposed to be so – I guess maybe that would be a weakness. But I don’t know how that happens quickly I guess it’s probably going to take a while. I would say if someone has a positive experience and it’s by word of mouth, people say, oh, you need to do this.

Team B has taken several steps to encourage teachers to buy in to the IAT process. Four of the five team members interviewed reported that teachers were given presentations during staff meetings to help them understand the changes in team processes. The focus of the training included the purpose of the IAT, the paperwork involved, and even practicing processes such as problem identification. One team member related the opinion that presentations to teachers and consistent team procedures have led to increased understanding:

I really do think our staff understands that [the IAT is not just a referral for testing]. I guess that was a previous challenge. What helped you overcome that? … Well, I think, one thing is the consistency and the expectation … even if it’s a parent request and they’re insistent and they have a parent advocate and everything else, we really stick to ‘we need to implement interventions, determine what’s successful and monitor
their progress before we move onto that’, and I think seeing that consistency, in that there is not that special circumstance, that people understand that.”

Not all team members however agree that teachers completely understand the purpose and their role in IAT. One member described her thoughts on the need for more training: “I think they [teachers] need education on IAT goals and what interventions are, as opposed to special education. I think generally teachers need information about special education, learning disabilities, things like that, what that means; and there are children in between.” Another team member countered that somewhat by acknowledging that she herself finds the determination between intervention and special education to be confusing:

I feel like we have some kids who we could do interventions and then they can be successful with all these interventions, and that’s wonderful, but at what point does that intervention become, just too far above what’s customary. Maybe that child should have had more help – maybe a special ed. situation, or some support services. We do so much intervention you know that it – interferes a little bit. I want the child to be successful I think that’s great, but is it realistic that every classroom teacher is going to put that much into it, and when does it become above and beyond intervention and when does it become special ed services. Does that make sense? That line is blurred...

Both teachers interviewed seemed to agree that they would benefit from more information. One teacher suggested a packet for teachers with intervention suggestions. The other thought that there ought to be increased communication regarding their role:

I think that we’re still sort of in the learning process too, but I think that...knowing what kind information is going to be helpful to them. You know the old IAT used to just to go in, and anecdotally talk about what the situation was, and what the problems were. And it helps to have as much as you can to have actual testing data, running records, things like that we’ve done.

In addition to a need for more teacher training, two other members voiced concern that teachers were not referring students. One member’s response explains:

Some teachers bring students very frequently, and others don’t ever. And I’m thinking the ones who don’t ever – I can’t believe they’re blessed to have a perfect
classroom and perfect children. I’m thinking maybe there’s – like a fear, ‘I’m not a good teacher, so it’ll make me look bad if I bring a student to IAT.’ So I think they’re not looking at – this is supposed to be student focused not – you’re just the delivery person – you’re just bringing the name to the table, and it really isn’t about you as the teacher. I guess those observations make me say, no teachers don’t understand their role in that.

Information from the brief parent interview indicates that sometimes the parent is the one who initiates a referral to the IAT in order to encourage the teacher to engage in the process. The parent interviewed was aware of the IAT because she has an older child who went through the process. The parent also reported that she initiated an intervention (reinforcement point system) used by the teacher prior to the referral. Parent was frustrated in that she felt “the school” thought her child had Attention Deficit Disorder (her older child is diagnosed with ADD), and she was not sure that was the case. She also was unsure what current interventions the teacher was carrying out (she was interviewed about two months after the initial meeting) and commented that she was currently getting negative letters sent home from the teacher; “She’s [teacher] really frustrated.”

While the previous examples illustrate concern that teachers need to increase their knowledge about and/or commitment to their role in IAT, there was also evidence that the team was willing to make accommodations to help teachers engage in the problem-solving process. For example, three team members pointed to teachers learning their role in the problem-solving process through experience. One member relates this in describing how expectations of teacher actions vary according to that teacher’s experience: “It depends on how comfortable the teacher is with coming to IAT. Some of them really have a lot of experience with it and so they know by now, how to target [the
problem for collecting baseline data] themselves; some who have less experience with that just need a little help with how to narrow it down.” There was the sense that the team was trying to support teachers in order to encourage them, even if it means doing part of what is typically considered the teacher’s role. Team members frequently used the phrase that teachers might see making referrals as “more work for them”. The principal explained this in describing how the team at times takes responsibility for collecting baseline and progress monitoring data:

We pretty much put it [data collection] in place for them [the teacher]. Seriously, we pretty much lay it out for them. Is that something you would like to change? I’m okay with that. Because I think that’s a method of supporting. I don’t want to give them more work to do or they won’t come to IAT. If they walk out of IAT thinking, ‘oh my gosh, I just walked in there, and I’m leaving feeling so overwhelmed with all these things they’re expecting me to do’, it defeats the purpose – it defeats one of our goals. So we try to do as much as we can of all that work. Nine times out of ten, though, they’ll say, ‘oh, I can do that’. Just us offering with the data support is appreciated.

Another way the team relates they support the teacher is by involving others in the intervention. The coordinator explains the reasoning behind this:

It sounds like maybe some of your interventions maybe don’t involve the teacher – maybe they’re specialist based? They involve the classroom teacher but – sometimes I guess maybe they’re more heavily specialist based – especially when it comes to the reading component in terms of what the reading teacher’s going to incorporate into their 30 minute block with them. So it [the intervention] wouldn’t necessarily be a referral to the reading specialist it would be, the reading specialist is already working with them and it’s a specific technique – yes, right. And often, a lot of times it seems like – not all the time, but a lot - when there’s an academic issue there may be some behavioral component – maybe an attention piece, or an organization piece or something – …a lot of times, it seems that if reading’s the overall goal, maybe the reading teacher will be doing some sort of reading intervention, where the classroom teacher is working on some sort of behavioral – so it’s like a two part goal.
In reviewing the cases observed, it is noted that both the cases involved other people to carry out part of the intervention. For example, the behavioral intervention for “Jim” involved the teacher giving out a star for work completion, but then the actual reinforcements were carried out by the parent and the intervention coordinator.

The team’s efforts to take more of the responsibility of the problem-solving process on and listen to teacher feedback have worked to encourage more referrals. Teacher one reported that she has referred five students this year. When asked if this was typical, she replied:

Honestly, in the last several years, or a couple of years prior to this, I didn’t refer anybody, because, I did not like the way the IAT process worked. It basically ended up becoming more work for me. You know you go, and they say, do this do this do this, well, that’s fine, but I’ve already tried something very similar, and this makes more work.”

Results of the Team Effectiveness Scale are listed in Table 3.7, and also provide evidence that teacher perceptions of the IAT are positive. Nineteen of 26 classroom teachers completed the scale. Average scores for all ten items fell in the satisfactory range; the highest average scores were in the areas of providing appropriate interventions and definition of member roles, while the lowest scores were in satisfaction with the IAT process and meeting teacher need
Table 3.7: Talley of responses to items on the team effectiveness scale team B

(N=19).

Theme 4: The Principal Plays a Key Role in Team Functioning

The principal in School B provides a high level of support of the IAT through her attitude, knowledge, actions, and leadership characteristics. She believes that it is her responsibility to be an active team member and to participate in a manner that is similar to other team members. Consequently, she attends all team meetings, and unlike most of the other elementary principals, attended the training. Her direct, egalitarian like participation was pointed out by three team members as an example of her support: “She’s a great team player, team participant.” “She’s just sharing her
opinion and helping, like all the other team members are.” In addition to direct participation, there was a collective team sentiment that the principal’s past experience directs her high level of support: “She has a special ed background, she used to be a special ed supervisor, and I think it does make a difference.”

The principal also uses her leadership skills frequently when working with the IAT. In terms of direct participation, she regularly facilitates the meetings when the team splits for two concurrent cases. In addition, one member described her use of facilitative communication skills: “She helps clarify things, she’s good at summarizing things for the team, or if there seems to be some confusion in the team – I wouldn’t say disagreement, but just a little dissidence there … she’s good at bringing that together, summing all that up for us.” The principal also takes responsibility for choosing team members; while the coordinator gives input, it seems that the final decision making authority is with the principal. A third way that the principal exhibits leadership is in goal setting. This is exemplified in her assessment of a team weakness:

I think the area that I’ve identified this year as an area to improve in is our follow-up with parents. We found a little glitch that we haven’t always invited the parents to be part of that follow-up dialog, just trying to be sensitive to the parent and their schedules. We have had in place that the team will meet and do the follow-up and then we’ll just give a phone call to the parent and follow up that way – and follow up in putting the results of the plan in writing. But we’ve found that isn’t the most effective way – that we should invite the parents to the follow-up. And if they choose the phone call, the written form, that’s fine, but we should always allow them to be part of that discussion.
There was, however, disconfirming evidence that this was being followed, as parents did not attend either follow-up meeting of the two cases observed, and no one else mentioned this change in their interviews.

A final leadership characteristic the principal displays is the importance she places on evaluation, improvement, and ongoing training. As she described herself, “I always feel you need more [training] in everything you do – that ongoing support. How can we do it better?” For example, she related that it was very important for the team to have feedback on an annual basis from the staff. Her belief in the importance of this feedback is exemplified in her response that teacher input is more important than their training in terms of the IAT process: “Just getting their [teacher] feedback and changing things according to their feedback.” On the other hand, she acknowledged that further training would benefit the staff in the data collection area:

I think we could always get better at taking data. On the target behavior itself. A lot of times they’ll [teachers] come in with student work – which is valuable. But it’s not analyzed. Again, I think that’s something that our team would like additional help with as well as the teachers. So there’s the answer to, do I think they need some in-service or support on that – it would be in that area.

*Theme 5: Staff Collaboration Supports the IAT Process*

School B operates with a collaborative support structure for staff that lends itself to the relationships that are required in the IAT process. All team members interviewed were positive about staff relationships and staff administrative relationships. As one member responded,

Oh – it’s a great building. People say that everywhere they go, but I really mean it here – people are wonderful. Very nice and friendly – a good climate, a good place to work. I would say generally we have a really good staff, in terms of the ability to work together, willingness to help out, share resources, the whole collaboration piece.
Another member described the staff succinctly as “family”.

Several examples of collaborative elements were mentioned by various team members or observed, including weekly grade level planning meetings and regular staff meetings. In addition, one member described that the school uses collaboration to deal with school-wide processes:

There are different committees dealing with different issues - we’ll at times deal with different issues - like right now there’s a homework/detention committee and there’s a person from each grade level and myself, and [the principal] is on that team as well just to come up with some sort of policy how we’re going to deal with those issues.

Another member described how the use of school-wide classroom management techniques and literacy instruction lead to collaboration and impact intervention formulation in the IAT process:

We – this building has gone through responsive classroom training, so, that is a building-wide initiative, and we’ve had in-services on that since I’ve been here, and it’s common dialog in the halls and in the lounge, so I think that’s a big help [with communicating about professional issues]. And that’s instructional techniques? Well, it’s more student centered – it’s classroom management techniques. So, the kids are familiar with the terms from year to year, the teachers are familiar, when we talk we use that in intervention, that training – academically, our LC training – that’s building wide too, well it’s district wide; so that communication is – good.
CHAPTER IV
DISCUSSION

This case study was designed to explore and evaluate how training and other organizational variables impact IAT functioning. The results indicate that in the two IAT teams studied, training impacted their understanding and use of the problem-solving process, although it impacted school B more than school A. Another common theme was that both teams perceive themselves as effective, although the presence of components identified by previous research as leading to team effectiveness varied. Effectiveness outcome variables measured showed mixed results; teacher satisfaction was high in both schools, while student outcome data showed that School B had fewer referrals for special education than School A, as well as a higher percentage of students qualifying when evaluated. The contextual themes regarding organizational variables that impact the teams were different in each school. In order to connect the themes to previous theory, this section will be structured around Kruger & Struzziero’s (1995) model of organizational support explained in the literature review chapter, which includes four components that lead to IAT satisfaction: training, staff social support, perceived purpose, and administrative support. New variables not previously identified in the literature will also be discussed. The final section summarizes training recommendations based on this study.
Training

Kruger and Struzziero (1995) found that IAT satisfaction was significantly related to training satisfaction. Results indicate that training was perceived by both schools to be valuable, although it seemed to have a higher impact on Team B. The difference in training effect could be because Team B had a less experienced team and fewer team members that have had previous specific training in intervention assistance teams. It could also be due to issues with beliefs and contextual factors. Team A collectively believed that they were already functioning well as a team in most respects prior to the training, so therefore resisted making a lot of changes in their process. Additionally, administrator and teacher support for the problem-solving model the team was trained on was lacking. Finally, the combination of the problem-solving model with special education evaluation was a barrier. These factors will be further discussed in subsequent sections.

Although Team A’s strong sense of efficacy was a barrier to change, it can possibly be considered a strength. An organizational element present in both teams not previously included in IAT literature on effectiveness is collective efficacy. Efficacy is defined as how a group or individual assesses their capabilities, regardless of accuracy. In the schools, collective efficacy involves the judgment by teachers/staff of the degree to which the faculty to which they belong can organize and carry out actions that positively impact students (Goddard, Hoy, & Hoy, 2004). Goddard et. al. point out that there is likely a link between collective efficacy beliefs and group goal attainment (i.e.,
IAT), and that studies indicate that collective efficacy is positively related to positive school climate, access to effective instruction, and teacher empowerment. It would therefore seem that the presence of collective efficacy is currently a supportive element in both these teams, and should be nurtured in any continuing training support. That said, current data indicates that Team B seems more capable than Team A to be able to reflect on their practices and take risks in order increase effectiveness.

While the training seems to have impacted the teams in terms of supporting their group efficacy, the teams were not following the problem-solving model with fidelity. Findings indicate that the majority of the problem-solving steps were not fully implemented by either team, although Team B had a higher average implementation rate than team A. This finding is consistent with findings in previous research on team process integrity in that even schools who have undergone training often have implementation difficulties (McDougal, Clonan, & Martens, 2000; McNamara, & Hollinger, 2000). As Burns, Vanderwood, & Ruby (2005) point out, lack of evidence that the problem solving model is being accurately implemented in the field by teams is a short-coming and needs to be further addressed through research in order to determine whether it is an effective and sustainable educational innovation.

Low implementation of the problem-solving process in this case study may be due to several reasons. One, the team is still at the developmental level regarding skills and in need of further support. Although the training that occurred in this school district is likely similar to what occurs out in the field (if there is any training,) other training efforts described in the literature have provided more long-term, regular contact with
teams, including on site coaching/consultation (Rubinson, 2002; McDougal, Clonan, and Martens, 2000; Rosenfield & Gravois, 1996). For example, Rosenfield & Gravois provide a training plan for implementing instructional consultation teams that consists of approximately 30 hours across five months; training content includes topics such as needs assessment, on-site guided practice, and introducing the model to faculty.

Low acceptability of the problem-solving model may also be a factor. More direct evidence regarding Team A’s lack of buy-in to the model due to time constraints and negative teacher feedback existed. As previous research (Flugam & Reschley, 1994; Koveleski, Gickling, Morrow, & Swank 1999) connects student outcomes to process fidelity, this is a component that needs to be addressed. McDougal, Clonan, & Martens (2004) describe three stages of organizational change to promote acceptability: organizational readiness (impetus for change), implementation support, and support for expansion of the model. Features of implementation support include providing external consultants to assist with training, monitoring the integrity of model implementation, and facilitating the development of school-based consultants. While the current training model used an external consultant and some degree of monitoring has taken place, it is recommended that these components be increased, along with a plan to develop school-based consultants.

The part of the problem-solving process that seems to be most challenging to both teams in both their perceptions and their actions is data collection. Data collection impacts several discreet steps of the problem-solving process and is therefore critical to implementation. This is especially true if teams are considering moving into a Response
To Intervention (RTI) model, which uses the data based decision making process with considerably more intensity (Gradon, 2006). Further training focusing more at a school based level on how to overcome the challenges involved in data collection is recommended. For example, it may be that certain team members need to spend time assisting and/or coaching teachers in data collection techniques; previous studies have shown that it is important to use both modeling and performance feedback to train teachers to implement interventions (Noell et. al., 2000; Noell et. al., 1997; Sterling-Turner, Watson, & Moore, 2002). Additionally, structural supports that may assist in data collection include the use of computerized progress monitoring programs, such as the Dynamic Indicators of Basic Early Literacy program.

A barrier that Nastasi (2002) describes in reform efforts is when there is an attempt to implement a single model across multiple sites. Results of the study of School A indicate that they do not find the problem-solving model to always be effective, and have not integrated many of the training components into their process. The amount of flexibility in model implementation that will be accepted is something that needs to be considered when planning future training.

Administrative Support

Kruger & Struzziero (1995) found that administrator support accounted for over 50% of the variance of consumer’s satisfaction with IAT. Administrative support was demonstrated within each building, though in different ways. School A’s principal was not directly involved in the IAT process, and did not attend training, whereas School B’s principal played more of a direct role in terms of meeting facilitation, support, and
evaluation. Common administrator traits included a consistent positive image with the staff, alliance with teachers, and the ability to be sensitive to issues involved in working with parents. Both were given favorable ratings by team members in terms of their support. Although more research is needed, this would seem to indicate that a principal’s involvement in terms of regular meeting attendance is not always necessary for teams to be effective.

While the two principals of the schools studied are supportive of the IAT process, other evidence indicates that other building administrators in the school district do not buy into the practice. Nastasi (2002) points out that differences in administrator priorities can lead to failed change effort. More training with the principals is important so that understanding and support of the process can increase.

In Team B, the principal and IAT coordinator have initiated an evaluation for teacher satisfaction and input. Evaluation of team impact has been found to be an effective component of IAT teams (Shrag & Henderson, 1996). Neither team however evaluated any student oriented outcome data, such as the trend in special education referrals. McDougal, Clonan, & Martens (2000) describe a comprehensive program evaluation they instituted that included teacher and team surveys, process integrity evaluation (through both survey and direct observation), and student referral and outcome data. It is recommended that the training project encourage schools to use instruments such as the Team Effectiveness Scale for evaluation, and that they include evaluative procedures for process integrity (through more direct means than the case study) and student outcome measures.
Administrative support at the district level is an additional component not studied in previous IAT literature that supports effective IAT functioning in both schools studied.

The district studied provides support in several ways, including providing each school with an intervention coordinator, providing IAT member stipends, providing technology support to computerize the IAT paperwork process, and in coordinating the training for IATs. Providing a building coordinator allows the principal to engage in distributed leadership. Supporters of this type of leadership assert that it is necessary in a school environment due to widespread and complex tasks that cannot be handled by one person (Elmore, 2000). In addition, the use of a building level coordinator supports the theory of transactional/transformational leadership. Transactional leaders carry out actions and are concerned with short-term tasks and organization; transformational leaders are the ones who inspire, motivate people, and think globally. (Ulrich & Lake, 1990)

Research shows that transformational leadership has greater effects on schools than transactional leadership and that transformational leaders receive higher ratings, are perceived as leading more effective organizations, and have subordinates who exert greater effort than transactional leaders (Silins, 1992). When a building coordinator is a strong transactional leader, the principal can focus more on being a transformational leader, which seemed to occur in both buildings. Data from both schools indicated that the administrators had confidence in the skills of their IAT coordinator and that coordinator leadership was a factor in why the teams were effective.
**Staff Social Support**

Kruger and Struzziero defined staff support as the degree to which staff members perceived that (a) their skills and abilities were appreciated by co-workers, (b) they could obtain valuable advice from co-workers, and (c) they could depend on co-workers for assistance during difficult times. They found that only dependence on co-workers was a significant factor of IAT satisfaction for team members, not referring teachers. The researchers attributed this to team members being needier of support from team members when solving problems over time. Results of the current investigation and another study (Slonski-Fowler & Truscott, 2004) however indicate that the other two components of staff support were important to both members and referring teachers.

In their review of the literature, Shrag and Henderson (1996) identified trust/nonhierarchical relationship (i.e., collaborative) between consultant/consultee as a component that leads to effective teams. While this was a more salient theme in School B, both schools demonstrated collaborative structures within their buildings such as team planning and literacy support. Findings support previous research indicating that teachers who are already involved in collaboration are more likely to be interested in engaging in collaborative problem solving (Wade, Welch, & Jenson, 1994). In addition, both teams demonstrated trust-related behaviors that according to Kinlaw (1991) are associated with high-performing teams; specifically, members have confidence among them when they do what they say they are going to do; are viewed by colleagues as
having knowledge and skills to perform; and are willing to listen to each other as they expect reliable information/good ideas.

Another variable theorized to be indicative of effective teams that can be conceptualized under staff social support is commitment of teachers in their role in implementing interventions (Shrag & Henderson, 1996). At both schools, the majority of teachers and team members interviewed described the teachers as understanding their role as interventionist, and looked at the team as being a support to helping them provide interventions. These results differ from previous studies (Myers et al, 1996; Slonski-Fowler & Truscott, 2004) where teachers were unsure of their role and the purpose of the IAT. As the teachers have had little direct training on interventions, results seem to support the conceptualization based on the teacher assistance model that teachers are capable of providing their own initial interventions (Chalfont, Pysh, & Moultrie, 1989), and look to the team for more intense assistance (Slonski-Fowler & Truscott).

The roles of teachers and IATs in providing interventions can also be conceptualized in terms of a Response to Intervention (RTI) model. RTI is an extension of the problem-solving model which generally entails the following steps: Students are provided with “generally affective” instruction by their classroom teacher; Their progress is monitored; Those who do not respond get something more targeted and/or something more intense from their teacher or someone else. Progress is monitored again, and students who make insufficient progress are evaluated or placed in special education. (Fuchs, Mock, & Young, 2003). Graden (2006) refers to initial teacher
initiated assistance as “tier one” school wide interventions verses “tier two” targeted individualized interventions (provided by the team). As both teams are perceived to provide strong assistance in the intervention area, this may be why they are perceived by teachers as effective.

While teachers support their role as interventionists, other data show that both teams have had challenges in getting teachers to participate in the problem-solving process, especially the data collection and progress monitoring components. Another concern is that there was a lack of evidence that consistent follow-up directed towards insuring accurate intervention implementation occurred. Direct studies investigating teachers as interventionists suggest that teachers have difficulty with data collection and intervention practices (Wilson, Gutkin, Hagen, & Oats, 1998; Flugam & Reschley, 1994; Fuchs et. al., 1989). Both teams brought up the issue of whether it is reasonable to expect a teacher to always be responsible for data collection, with Team B often making accommodations so that the team is at times more responsible for data collection. However, this change from the problem-solving model is not always feasible; in many cases, the teacher may be the only one who can provide progress monitoring data for the length and accuracy which is often recommended in both the behavior modification and problem-solving literature.

One possible reason for the inconsistent commitment from teachers regarding the problem-solving process is that in both schools, teachers have had limited training; training of the staff is another variable found to lead to effective teams (Shrag & Henderson, 1996). Providing behavioral interventions, expanding problem
conceptualizations to include the learning environment, and collecting data often require major changes in teacher practices. Some components of staff training that have lead to effective teacher change include school wide, context specificity; support and encouragement from principals; and long-term duration with adequate support/follow-up (Richardson & Placier, 2001). It is recommended that teams continue to provide training/support to teachers within this framework.

Another reason for lack of teacher support for IAT may be perception that the IAT is not effective in meeting teacher needs. Team B is attempting and making gains in overcoming past negative perceptions of the IAT that the IAT was not effective. These perceptions replicate the findings of Slonski-Fowler & Truscott (2004) that teachers disengaged in the process when: they perceived that their input was devalued or ignored by the PIT; PIT intervention strategies were limited and lacked clarity; and, teams demonstrated little accountability for implementation or outcomes.

Perceived Purpose

Another plausible explanation for the difficulties demonstrated by both schools with implementing the problem solving model may be due to conflicts in perceived purpose. Kruger & Struzziero (1995) found that the perceived purpose of supporting general education teachers was related to team satisfaction. While this goal certainly exists for both teams, there were also some diversions from this goal. Team members often related that the goal was more student centered, while teachers tended to see it as a means to helping them help students succeed. The importance of documenting problems was also mentioned by both teachers and team members as a perceived
purpose; one team member even related that the goal was learned through training. (Documentation is a means to the goal of IAT.) This misperception provides support for the recommendation that trainers need to ensure clear understanding about goals, requiring ongoing frequent communication with stakeholders (Nastasi, 2002).

Another of the IAT effectiveness factors identified by Shrag and Henderson (1996) that can be conceptualized under perceived purpose is understanding and differentiating the intervention assistance model as an alternative to the traditional refer-test-place model. Both teams at an operational level have made that change. However, in both schools and especially in School A, evidence emerged that indicated some team members and teachers still hold beliefs that problem-solving is student centered. According to Rosenfield and Gravois (1996), this assumption is well embedded in the traditional or medical model that focuses on problems in a within-student oriented fashion. However, they maintain that the problem-solving process must focus on the environment and learning rather than on student deficits. “This emphasis on the individual as the basic unit of study has permeated the way problems in school are defined and intervention developed. …Usually few intensive and/or specific questions are asked about the instructional and management design that the teacher or parents have used…” (p.15). It is recommended that training emphasize and challenge teams to examine their beliefs about student learning and to evaluate how well they meet their goal of assisting students by student outcome data in addition to teacher satisfaction.

Part of the issue regarding the intervention verses the refer-test-place purpose is that IATs, while they are no longer thought of as a stepping stone to getting a child
evaluated, still typically function as a gateway to special education evaluation. As a result, there are children who present with concrete symptoms of disorders when they are referred to the IAT. Consequently, there is a tendency, as some participants in this study related, to think about getting a student evaluated as a goal, in addition to providing intervention; after all, special education law requires schools to evaluate children whom they suspect have disabilities. It is therefore somewhat understandable that educators rely on disability related explanations (as school A did) for problems when students exhibit symptoms of disabilities such as Autism or Attention Deficit Disorder. However, the drawback about operating within that framework is that it can conflict with the ecological, intervention based focus of the problem-solving process. As long as IATs are required of all referrals, a tension will continue to exist between the perspective (student or environment) on which to focus. Moving towards the previously described RTI evaluation process would help in terms of bridging intervention with special education assessment, at least in the academic area.

A perceived purpose related issue that did not surface thematically that was surprising was the decreased status of the school district’s accountability rating by the state described in the methods chapter. According to academic achievement data, the district is struggling to provide effective instruction to students with disabilities and students who are English Language Learners (ELL). The teams studied may not tie in these issues with intervention either because special education is a separate entity than the students they serve, or because they do not have a large population of ELL students.
However, with the increasing diversity in all public schools, serving ELL students through effective interventions is an issue that IATs will all need to address.

*Working with Families*

In addition to providing extension to the organizational variables identified by Kruger & Struzziere (1995), an additional contextual issue identified that has not been previously studied in IAT literature is parent participation. Although the theme that working with parents is challenging emerged only in school A, concerns about how best to involve parents in the problem solving process were present in school B also. Previous studies have shown that parents often have difficulty participating in school based teams (Meyers, Meyers, and Gelzheiser, 2001). However, policy regarding working with families to increase student achievement recommends that parents be included to work with staffs collaboratively in planning and problem-solving teams (Davies, 1996). Yet, educators are often poorly trained to work with parents in this way, and often school structures promote divisions in home and school relations (Lazar & Slostad, 1999). As the focus of parent perceptions and team interactions with families was only marginal in this study, it is recommended that future studies focus more on this aspect of IATs.

*Training Recommendations*

While the training was essentially evaluated by this study as an effective initial change effort, further ongoing coaching and training is recommended to include the following components:
1) Include some direct measurement when monitoring teams for implementation of the problem-solving process.

2) Ensure clear understanding of training goals through ongoing frequent communication with trainees.

3) Train school-based consultants to provide support and leadership in model implementation and outcome evaluation.

4) Provide coaching support at a school based level to assist with challenges such as data collection.

5) Make a concerted effort to involve administrators in the training.

6) Determine if some flexibility in the model can be considered by teams, and if so, how to determine if the alteration still results in positive outcomes.

7) Encourage schools evaluate their effectiveness and set goals through measuring teacher satisfaction and student outcome data (i.e. special education referrals, individual student test scores, observations).

Limitations & Implications for Future Research

Several limitations regarding this study need to be discussed. Common to doing field-based research, certain parts of the method design were not able to be followed as the researcher had intended. Although a critical case sampling was proposed in choosing the two teams, only one of the original two teams suggested agreed to participate in the study; therefore, a convenience sampling method resulted. In addition, by the time approval was given to begin data collection, school A was no longer scheduling initial IAT meetings. This was a limitation for two reasons: One, it was
likely not typical practice for an IAT in the school district; two, it resulted in different data collection procedures than in School B. Consequently, comparisons between the cases were minimized in the data analysis. Additionally, as with any qualitative study, generalization of the findings to other schools should be made with caution.

Other constraints occurred in attempting to collect data through parent and teacher interviews. Because observations of meetings did not occur in School A, the researcher needed to rely on the coordinator for referrals of teacher and parents to interview. It is likely that she chose individuals who have had a positive experience with IAT, thus lowering the reliability of the information obtained. In school B, only one parent agreed to be interviewed, so little parent information could be incorporated in the findings. Additionally in school B, due to the large size of the team there is the possibility that interviewing additional members would have increased the confirmability and/or thoroughness of the data analysis.

Another study limitation is that because data interpretation largely occurred during the summer, member checks with the subjects for certain data did not occur. In both schools, this was the case in regards to the IAT plan reviews, and additionally in school A, the outcome data collected. The researcher plans to meet with each team coordinator as well as the team to carry out this member check.

Finally, there is a general limitation regarding the researcher’s engagement in the two cases. More regular participant observer status would likely have increased findings regarding school culture, leadership, and parent relations. However, this was not feasible due to the outsider status of the researcher. For example, the researcher
requested to observe in a teacher’s classroom where intervention was occurring; while
this request was granted, the observation occurred in a classroom that did not have
intervention occurring and therefore did not lend any quality data to the study.

Several recommendations for future studies can be made from the results of this
case study. More in depth inquiry on team and teacher beliefs and practices regarding
the problem-solving process (especially data collection and intervention integrity)
needs to be made in order to determine the focus of consultants and trainers so that
acceptability and implementation are increased. For example, results of this study
indicate that more structural supports may need to be in place in order for data
collection to improve.

Current results indicate that teams can be perceived by teachers to be effective
when there is low implementation of the problem-solving process. Data on student
outcomes in this study was limited regarding student achievement, but special education
referrals were low in both schools. This indicates the need for more studies involving
direct observation and records review of how implementation of the problem-solving
process impacts student outcome. Research regarding process integrity and outcomes
that is based on indirect evaluation has been inconclusive (Telzrow, MacNamara, &
Hollinger, 2000) and does not seem to be reliable (i.e., McDougal, Clonan, & Martens,
2004).

Two other factors identified in this study that need closer examination are the
role of leadership in effective teams, and the role of parents. In this study, leadership
behavior in both schools was identified as a team strength. Knowledge development in
this area would help in focusing training efforts. For example, it may be effective to provide follow-up training and support to leaders rather than the whole team. While data regarding family involvement in this study was minor, there was evidence that working with parents was perceived by the team to be a barrier. Research is needed to make recommendations on effective school practices regarding the involvement of parents in the IAT process.

Finally, it is recommended that research be completed that compares the team problem-solving process with didactic consultation. As discussed in the literature review, the behavioral problem-solving model has been developed and studied largely using the single consultant and teacher as participants. Results from school A indicate that frequently their process altered from a team approach to an individual consultative approach at times so they could more effectively engage parents or teachers. In relation, some school districts and trainers in the field have developed a tiered model of intervention service that combines both the team and the individual consultation approach (Fuchs, Mock, & Young, 2003; Rosenfield & Gravois, 1996). It is important to determine the most effective model of service delivery so schools can make researched based decisions on how to carry out intervention and assessment procedures.
References


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APPENDIX A

INFORMATION REGARDING STATE REGULATIONS
Rule 3301-51-06(A)(1) and (2) states that a school district shall:

“adopt and implement written procedures to ensure that a referral process is employed to determine whether or not a child is a child with a suspected disability, that appropriate initial multifactored evaluations are conducted and that necessary reevaluations are completed”…[and]

“each school district shall provide interventions to resolve concerns for the preschool or school-age child prior to conducting a full and individual evaluation.”

Some districts have established “intervention assistance teams” or “intervention-based assessment teams” that use a collaborative problem-solving approach to design and deliver effective intervention. In many districts, this approach has led to a reduction in the numbers of students who “develop” a need for special education services. Districts are not required to have such teams in place, nor is it required that collaborative problem-solving teams design interventions prior to conducting multifactored evaluations. However, note that “intervention” is a requirement and must be implemented for any child who is struggling academically and must be designed to meet student needs. Results of interventions must be included in every multifactored evaluation and those found to be effective are used to design individualized education plans for students determined to have disabilities and need specially-designed instruction.

http://www.ode.state.oh.us/exceptional_children/children_with_disabilities/iba_response.asp - retrieved 8/26/05
APPENDIX B

RUBRIC FOR CASE
<table>
<thead>
<tr>
<th><strong>Problem-solving Component/Student Outcome</strong></th>
<th><strong>Likert Scale and Scoring Rubric</strong></th>
</tr>
</thead>
</table>
| 1. Behavioral definition of the target behavior | 1= target behavior is not identified  
2=intermediate between 1 and 3  
3=area of concern is identified (e.g., reading, attendance), but concern is defined in non-behavioral terms such as “trouble with,” “weakness in,” etc.  
4=intermediate between 3 and 5  
5=concern is described entirely in measurable, observable, and behavioral terms and is related to the student’s academic or behavioral performance |
| 2. Direct measure of the student’s behavior in the natural setting prior to intervention implementation (baseline data) | 1=estimates or general descriptive information about student’s behavior: no baseline data  
2=intermediate between 1 and 3 (e.g. raw samples that are not summarized or quantified  
3=indirect measures of the student’s behavior are provided (e.g., scores on standardized tests)  
4=intermediate between 3 and 5  
5=multiple samples of direct measures of student behavior in the natural setting are reported (e.g. three baselines probes in reading) [Note: unless there are three data points on graph or a reference to median scores for baseline, assume no multiple samples] |
| 3. Clearly identified goal or target behavior for student | 1=no specific goal or objective is identified  
2=intermediate between 1 and 3  
3=a goal has been identified, but no information is provided about what level of accuracy or by what date it should be accomplished (neither date nor level, or date only)  
4=intermediate between 3 and 5 (criterion level, but no date)  
5=the desired goal or target behavior has been established with a specific, clearly stated criterion level (how much and when) |
| 4. Hypothesized reason for the problem | 1=interventions are designed without consideration of the possible factors related to the concern: no hypothesized reason for the problem  
2=intermediate between 1 and 3 (limited to child characteristics)  
3=some possible factors related to the concern beyond child characteristics are considered  
4=intermediate between 3 and 5  
5=a thorough analysis of possible factors related to the concern has been conducted, beyond child characteristics; for a 5, assume several areas are thoroughly considered and that one or more of these drives the intervention |
| 5. systematic step-by-step intervention plan | 1=no systematic intervention plan; vague, general information about interventions  
2=intermediate between 1 and 3  
3=a plan of action is devised, but not all specifics are provided  
4=intermediate between 3 and 5 (“what” in intervention warrants higher score than where, when)  
5=a plan of action is devised which specifies what will occur, who will do it, where the intervention will occur, and when the intervention will be implemented |
| 6. Evidence that intervention was implemented as designed: treatment integrity | 1=no information about treatment integrity is provided  
2=intermediate between 1 and 3 (e.g. a name is listed on treatment integrity line on worksheet)  
3=vague, general statement about the integrity of the intervention is provided (e.g., an assertion that the intervention occurred)  
4=intermediate between 3 and 5  
5=data about the integrity of the intervention are provided (e.g., attendance records for tutoring, copies of homework, dates and running record of what occurred during interventions) |
| 7. Data indicating student response to intervention | 1=no monitoring of the intervention is evident  
2=intermediate between 1 and 3 (#2 score when there is a description of student response to intervention, but no evidence of data)  
3=some quantifiable data are reported about the student’s response to intervention, but the results are not graphed  
4=intermediate between 3 and 5  
5=results of the intervention are collected on a consistent schedule over a period of time and are depicted on a graph |
| 8. Direct comparison of the student’s postintervention performance with baseline data | 1=no comparison is made between the student’s postintervention performance and baseline data  
2=intermediate between 1 and 3  
3=the student’s postintervention performance is compared with baseline data through the use of quantifiable data that are not graphed (no baseline, no graph, but data supplied)  
4=intermediate between 3 and 5 (e.g., no baseline, but a graph)  
5=evaluation of the intervention is conducted by reviewing the charted results of the intervention (e.g., evidence of a graph with a trendline) and comparing these with the baseline (e.g., baseline and aimline on graph) |
| 9. Student outcome: Degree to which the student’s target goal was achieved | 1=There is evidence the student has regressed significantly from baseline level of performance  
2=intermediate between 1 and 3  
3=There is evidence the student’s performance has remained at approximately the same level as reflected during preintervention baseline  
4=intermediate between 3 and 5  
5=There is evidence the student’s performance has improved significantly from baseline levels of performance and that the target goal was achieved or exceeded |
APPENDIX C

INFORMED CONSENT LETTER FOR TEAM
Dear Intervention Assistance Team Member,

As you or a member of your team has participated in professional development regarding behavioral problem-solving, you have been selected to participate in a study examining the impact of the training on IAT effectiveness. One other IAT will be participating in the study for comparison purposes. In order to gain an in-depth understanding of IAT functioning, the researcher will be collecting information on two cases referred to your team. Data will be collected directly by the researcher through attending IAT meetings and collecting IAT records, and interviewing IAT members, referring teachers, and administrators on their perceptions of the IAT and the effects of training on the IAT. Audiotapes will be taken of the interviews in order for the information to be accurately analyzed and studied. These tapes will be transcribed without using any identifying information other than initials and will be destroyed once checked for accuracy. The same procedures will be used for any other written documentation from observational notes and case notes.

The information you offer will provide valuable information towards understanding the impact of training and other variables on IAT functioning and it is hoped that it will lead to useful recommendations regarding future training and IAT support. Your participation in this study is voluntary and you may at any time opt not to participate. Should you participate in the study fully, results of the study will be shared with the participants and the participants will be asked to provide feedback regarding the researcher’s results. Should any questions or concerns arise regarding the study,
please contact examiner Marybeth Auletto, or her advisors, Dr. Wendy Naumann, or Dr. Antoinette Miranda (see contact information below).

I understand the procedures of this study and am willing to participate as explained above.

________________     ________________  _______________
Marybeth Auletto      Dr. Wendy Naumann  Dr. Antoinette Miranda
855-5366
Auletto.1@osu.edu    Naumann.12@osu.edu   Miranda.2@osu.edu
APPENDIX D

INTERVENTION ASSISTANCE TEAM OBSERVATION FORM
<table>
<thead>
<tr>
<th>Observer:</th>
<th>Date:</th>
<th>Meeting: Initial or Follow-up</th>
<th>Referring teacher/grade (initials):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team members present:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Categories to mark after observation: 1) Problem definition 2) baseline data 3) Hypothesis reason for problem 4) Define goal/target behavior 5) intervention plan 6) progress monitoring/treatment integrity 7) student response to intervention 8) Comparison of post intervention performance with baseline 8) post intervention decision/evaluation. 9) Unclear Person Speaking/comment/question summary Category</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Category</th>
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APPENDIX E

ADMINISTRATOR INTERVIEW QUESTIONS
1) What lead you to organize training for IAT members?

2) How did you decide to hire Dr. M. for this training?

3) How did the training fit in with your school district goals for professional development?

4) What do you think are the critical components of effective professional development?

5) In your opinion, was the IAT training effective? Why or why not?

6) Do you think any more training needs to occur regarding IATs? If so, please describe.

7) Have you had any interactions with IAT teams or individual members since the training ended? If so, please describe.

8) How would you describe the primary role of the IAT?

9) What current district goals do you think are most impacting how IATs function? Please describe and give examples.

10) What do you think are the awareness and support levels for IATs amongst other administrators, such as:

   a. Principals?

   b. Special Education?

   c. Superintendents/Assistant Superintendents?
APPENDIX F

INTERVIEW SCRIPT & IAT MEMBER INTERVIEW QUESTIONS
Thank you for taking the time for this interview. As I shared with you in our initial meeting, I will be tape recording our interview so that it can be transcribed verbatim. The transcription will increase the accuracy of my findings and allow me to recheck my analyses against the actual words of my participants. I will send the written transcription copy to you for you to check and provide additional information or clarification. However, please be assured that what you say is confidential and you will not be identified by name with any of the content that is recorded. I will also be sharing the actual themes that emerge from the data analysis with all of the participants to receive their feedback about the accuracy of my interpretation as well.

1) Describe your role as a member of the IAT.

   Possible Prompts:
   a. How long you have been a member?
   b. What tasks do you typically complete?

2) How are people selected for the IAT?

3) Once selected, how long do people serve on the team?

4) Describe what the official goals are for your school’s IAT.

   Possible prompts:
   a. In what ways is your IAT effective in meeting these goals?
   b. In what ways is your IAT not effective in meeting these goals?
Describe what you think the primary goals of the IAT should be.

Possible prompts:

c. In what ways is your IAT effective in meeting these goals?

d. In what ways is your IAT not effective in meeting these goals?

5) What is the most satisfying part of being a member of the IAT for you?

a. What is the most challenging part?

b. What is the most frustrating part?

Possible prompts:

c. What are your team’s strengths?

d. What are your team’s weaknesses?

6) Prior to the training by Dr. M., did you receive other training on IAT or the problem-solving process? If yes please describe.

a. Did (the previous training) adequately prepare you for your role on IAT?

b. Why or why not?

7) Did the training you received from Dr. Miranda improve your personal functioning as an IAT member? Please explain.

8) Did the training you received improve your IAT functioning as a team? Please explain.

Possible prompts:

a. What part of the training was most valuable?

b. What part of the training was least valuable?
9) In what area or areas do you feel your team needs more training and/or improvement?

10) Do you know your school’s mission statement?

11) How does the IAT help accomplish this mission?

12) Have teachers in your school had any training regarding the IAT that you are aware of? If yes, please describe.

13) Do you think teachers understand their role in the IAT process?

   *Possible prompts:*
   a. Give some examples of how teachers do (do not) understand their role.
   b. What do you think your teachers need to do in order for the IAT to function more effectively?

14) What role does your building administrator play in the IAT?

   *Possible prompts:*
   a. What is your opinion on the level of support your building administrator provides for the IAT?
   b. Give some examples of how they support (or do not support) the IAT.
   c. What do you think your administrator needs to do in order for the IAT to function more effectively?

15) What role does the district administration play in the IAT? (I am aware that they organized the training for you by Dr. Miranda).

   *Possible prompts:*
   a. What is your opinion of the type of support that has been provided by the district for the IAT?
   b. Give some examples of how they support (or do not support) the IAT.
c. What do you think the district administration needs to do in order for the IAT to function more effectively?

16) How would you describe the relationships between teaching staff members in your school?

   a. Between the teachers and the administrator?
   b. Between the teachers and the specialists?
   c. How would you describe the communication regarding professional issues, such as classroom management?

17) What if any other concerns and/or recommendations do you have regarding the IAT process?
I am currently studying IAT teams and would like to take approximately 10 -15 minutes of your time to interview you on what you think about the IAT process. With your permission, I would like to tape record your responses; the transcription will increase the accuracy of my findings and allow me to recheck my analyses against the actual words of my participants. Please be assured that what you say is confidential and you will not be identified by name with any of the content that is recorded.

1) Describe what you think are the primary goals of the IAT.

2) Do you feel your IAT is effective in meeting these goals? Explain why or why not.

3) Tell me about how you learned about the IAT process.

4) How did you feel about the IAT process regarding the referral you made?

5) Was the outcome the one you were hoping for?

6) What do you think of the interventions provided by the team?
   a. How did you collect data on the intervention?

7) Did someone from the team follow-up with you after the initial meeting?

8) If yes, what did they do? What did you think of their actions?

9) Is there anything the IAT could do to better support teachers?

10) Is there anything teachers could do to better support the IAT?
APPENDIX H

PARENT INTERVIEW SCRIPT & QUESTIONS
1) What are you most concerned about regarding your child’s school functioning this year?

2) What is your child’s teacher most concerned about?

3) As the teacher shared with you, your child was referred to the intervention assistance team (referred to as the “IAT”). Did (he)she explain the IAT process to you? If so, can you describe it to me?

4) Did you attend the team meeting?

5) Are you aware of what the teacher is doing in the classroom to help your child? (If yes) Can you describe what they are doing?

6) Did the teacher ask you to do anything to help your child? If yes, what? Have you been able to do it?

7) What do you think your child needs in order to do better in school?

8) How do you feel about the actions the school has taken to help your child be successful?
APPENDIX I

TEAM EFFECTIVENESS SCALE QUESTIONS
Please respond to the following items using the following scale:

1=strongly disagree  2=disagree  3=slightly disagree  4=slightly agree  5=agree  6=strongly agree

1) Our team develops appropriate interventions regarding the student’s needs.
2) Our team develops manageable interventions for teachers and students.
3) Our team uses a shared decision-making process.
4) Our team clearly defines the role every member has in working on a specific student concern.
5) I encourage fellow educators to use our team when they have a specific student concern.
6) I am satisfied with our intervention team process.
7) Our team is effective in meeting the needs of the problem identifier (e.g., teacher).
8) Our team is effective in meeting the needs of the student.
9) Team members communicate clearly with one another.
10) Overall, I think our team is effective.
APPENDIX J

EXPLANATION OF PROBLEM-SOLVING COMPONENTS
1. Behavioral Definition of the target behavior: describing concern in measurable, observable, and specific terms.

2. Baseline data: direct measure of student behavior in the natural setting; minimum of three data points needed.

3. Clearly identified goal – set with specific, clearly stated criterion level.

4. Problem hypothesis – analysis of possible factors related to the concern – several should be considered that will drive the intervention.

5. Intervention plan – a plan of action which specifies what will occur, who will do it, where the intervention will occur, and when the intervention will be implemented.

6. Treatment integrity: data that shows the intervention is being implemented accurately.

7. Student response data: results of the intervention – depicted on a graph.

8. Comparison of response to baseline data – graphs.