Labeling is not the Issue: The Benefits of Labeling Children with Learning Disabilities when Response to Intervention is Implemented

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ABSTRACT:

Labeling students with disabilities has been an educational practice since the U.S.'s passing of P.L. 94-142 in 1975; however, the issue of students being labeled as "learning disabled" remains an ongoing controversy in special education. While some researchers have focused on the negative stigma surrounding students with learning disability (LD) labels, others have highlighted the positive outcomes of these students. This paper analyzed both perspectives on the labeling of students with LDs and focused on its positive outcomes to demonstrate that labels help these students succeed in school. It also discussed the rationales for using the IQ-achievement discrepancy model and the response to intervention (RTI) approach, including their varying implementation procedures and methods, to identify students with LDs. Finally, it addressed the barriers to successfully implementing RTI in schools and explained the implications of using this approach with students with LDs, parents, general educators, and special educators.

Keywords: learning disabilities, labeling, IQ-achievement discrepancy model, response to intervention approach, Individuals with Disabilities Education Act

INTRODUCTION

Labels are used every day to identify objects, people, and places. Clothing labels give information about how to care for the item and the fabrics from which it is made. Food labels list the product's ingredients and nutritional value. Roads are labeled with directional signs that situate a location about its surroundings. In these ways, labels serve a basic and beneficial purpose: to provide useful information. However, the use of labels for people is a sensitive subject, especially since they have been used to stigmatize or prejudge as much as inform. Labeling a group of high schoolers as "the athletes" could help others identify them as the students who play sports, although this label is often associated with being less intelligent or conceited. Labels can be derogatory and stigmatizing when used incorrectly; however, they also offer many benefits when used correctly and with the subject's overall well-being in mind.

Labeling has been a controversial topic in special education for years and continues to be a debated topic. Countless studies have been conducted on the stigmatizing effects of labels for people with disabilities and the impact labels have on teachers' attitudes. The United States Department of Education uses a categorical approach to identifying students who qualify for special education services (Gold & Richards, 2012). The Individuals with Disabilities Education Act (IDEA, 2004) defined thirteen categories of disabilities and related labels: (1) specific learning disabilities, (2) speech or language impairments, (3) intellectual disabilities, (4) emotional disturbance, (5) multiple disabilities, (6) hearing impairments, (7) orthopedic impairments, (8) other health impairments, (9) visual impairments, (10) autism, (11) deafness/blindness, (12) traumatic brain injuries, and (13) developmental delays. Without one of these 13 labels, a child cannot receive special education services and an individualized education plan (IEP) designed to best support their needs (Friend, 2018).

Labeling students with disabilities, in its current iteration, has been an educational practice since the U.S.'s passing of P.L. 94-142 in 1975. The issue of students being labeled as "learning disabled" (LD) has been controversial in the field of special education (Gargiulo & Bouck, 2017). While some researchers have focused on the negative stigma surrounding students with LD labels (Daley & Rappolt-Schlichtmann, 2018; Foster et al., 1976; Higgins et al., 2002; Ho, 2004; May & Stone, 2010; Shifrer, 2013; Smith et al., 1986; Thornton, 2020), others have observed the positive outcomes of students who are given such labels (Behrend, 1994, 2003; García & De Caso, 2004; Keogh, 1987; Osterholm et al., 2007; Swanson & Vaughn, 2010; Thomson, 2012; Van Swet et al., 2011).

The U.S. Department of Education designated *specific learning disability* (abbreviated as SLD or LD) as a special education category in 1968. However, 54 years later, there remains considerable controversy over what a learning disability is (LDA, 2022; Lyon, 1996). In short, an LD is a neurological condition that interferes with an individual's ability to store, process or produce information. LDs can affect one's ability to read, write, speak, spell, compute math, and reason. They can also affect an individual's attention, memory, coordination, social skills, and emotional maturity.

The National Center for Education Statistics (NCES, 2022) reported that the number of children and youth aged 3–21 receiving special education services was 7.2 million (about 15% of all public-school students) in the 2020–21 school year, with 33% of them receiving special education services under IDEA for specific LDs, more than any other type of disability. The time spent in general education classes is significant because, among all public-school students aged 6–21, the percentage who spent most (i.e., 80% or more) of the school day in general education classes in regular schools increased from 59% in fall 2009 to 66% in fall 2020. In fact, in the 2020–21 school year, the majority (approximately two-thirds to three-quarters [75%]) of students with specific learning disabilities served under IDEA spent most of the school day in general education classrooms.

For students labeled with LDs, stereotypes are prevalent. Most stereotypes regarding LDs include notions of limited ability or lower intelligence (May & Stone, 2010). Shapiro and Margolis (1988) noted that "dumb, lazy, spoiled, and hopeless" (p. 11) were some of the common, inaccurate stereotypes held by teachers and peers of students with LDs. Similarly, Krause et al. (1991) observed teachers viewing students with LDs as "less able to cope in new situations … more angry and hostile … less accepting of responsibility … less socially acceptable of others, and having problems with parents" (p. 1). Unfortunately, these negative stereotypes toward students who are labeled with LDs still exist in some societies; however, both the acceptance of and advocacy for students with LDs are increasing in educational settings (see, for example, the person-first language initiative that began in the 1980s).

This study considered the various benefits and drawbacks associated with labeling students with LDs by re-

viewing research studies on the topic. Since labels are necessary for students to receive certain accommodations, I argued that the positive outcomes of labeling outweigh the possible negative consequences. I also discussed the rationale for using either the IQ-achievement discrepancy model or the response to intervention (RTI) approach, including their varying implementation procedures and methods, to identify students who have LDs. Furthermore, I addressed the barriers to successfully implementing RTI in schools and explained the implications of using this approach with students with LDs, parents, general educators, and special educators.

THE EFFECTS OF LABELING STUDENTS WITH LEARNING DISABILITIES

Research identifying the effects of labeling students with LDs can be found on both sides of the spectrum; while some support it, others do not.

Opposition to Labeling Students with Learning Disabilities

Researchers that do not support students being labeled as having an LD have found that teachers, peers, and the students themselves focus on the "label" and the negative expectations, assumptions, and feelings that stem from it. Becker (1963) brought attention to this practice with the introduction of *labeling theory.* "Labeling theory, a sociological model, proposes that labeling of individuals as 'different' in the negative connotation of the word creates a potentially distorted reality for those who bear the label, as well as for their teachers, parents, and peers" (Osterholm et al., 2007, p. 2). Labeling theory also predicts that once an individual is labeled, the social group seems to assign that person a new identity, role, and set of expectations. The social group then responds to the individual according to those expectations, thus reinforcing the label and affecting all future interactions (Osterholm et al., 2007).

Foster et al. (1976) examined teacher expectations for students with LDs. The study aimed to determine whether the label "learning disabled" generated negative bias effects that could be potentially destructive to a child's learning environment. Forty-four elementary-grade teachers were randomly assigned to either a control group or an experimental group and viewed a videotape of a "normal" fourth-grade male engaging in various activities (p. 112). The control group was told that the student was considered "normal," while the experimental group was told he had been labeled with an LD. The teachers were then asked to rate the observed student using a teacher referral form developed by the Model Learning Disabilities Systems of Pennsylvania. The results strongly suggested that the "learning disabled" label generated a negative bias among the classroom teachers, even though in actuality the student had no diagnosed LD.

Smith et al. (1986) reiterated the negative attitudes and perceptions that teachers, school officials, and parents have of students with LDs, suggesting that individuals attach multiple and conflicting meanings to the concept of a student being labeled "learning disabled." The authors asked school personnel to describe the occupational, educational, and income levels of students with LDs. The responses indicated that specific characteristics were assigned to students with LDs and their families, including lower or working class, not performing well academically, African American, and "poor" home environments, emphasizing the negative stigma school personnel may have toward students with LDs.

May and Stone (2010) assessed college participants with and without LDs regarding the stereotypes ascribed to students with LDs. When asked, "What do people in general, believe about individuals with learning disabilities?", the responses included: "They cannot function 'normally' in the real world, socially or occupationally," "They are stupid and incapable of learning" (p. 6), and "They are taking advantage of accommodations for feigned disabilities" (p. 7). The study's findings showed that the stereotypes of LDs held by postsecondary students were still largely negative; most students with and without LDs viewed their classmates with LDs as having low ability or intelligence. Despite years of educational inclusion efforts and curricular and co-curricular success of students with LDs, this study showed that negative views of students with LDs persist.

These studies revealed how some teachers, parents, and even peers negatively view students with LD labels. The researchers agreed that assigning a label to a student automatically disadvantages them due to the deficit perceptions associated with the label. In addition to the negative perceptions held by others, students labeled as learning disabled also internalize the attitudes of others: When students accept the stigmas related to the LD label and incorporate them into their self-conceptualization, they are more likely to demonstrate reduced effort, lower achievement, and damaged self-esteem (Osterholm et al., 2007).

One study conducted by Higgins et al. (2002) focused on students' feelings related to being labeled with LDs and whether they accepted the label. The first ques-

tions related to how students adjusted to their labels. Answers varied: "I think I accept it. … My acceptance of it happened when I was in junior high looking at high school. … I pretty much accepted it from the beginning. … I've learned to cope with it" (p. 6). The students were also asked about the kinds of judgments they received at school, answering, "Kids at school would call me dummy. … They wanted everyone to be the same. Normal [is] what they think normal is" (p. 9). The study highlighted that many students expressed feelings of "difference" as a result of society's stigmatization of them. Students with LDs long to be accepted by society and hope that the negative perspective of having an LD will cease. However, society focuses on the stigmas resulting from the labels an individual is given and forgets to see the individuals themselves.

Advocates for Labeling Students with Learning Disabilities

Other researchers believe that the LD label serves a useful purpose and produces positive results. For instance, according to Keogh (1987), the LD label serves "as a focus for advocacy and for ensuring attention to the problem, as a category or mechanism for providing services, and as a condition or set of conditions that require scientific study" (p. 4–5). Diagnostic labels also facilitate research, resulting in interventions and program improvement (Osterholm et al., 2007).

Researchers that have advocated for labeling have demonstrated that the "learning disabled" label allows educators to give extra support to students through IEPs, offering extra learning support and providing specialized education. When an IEP is developed, it allows the student to receive instruction at their current level of functioning, provides them with accommodations and specially designed instruction, and creates unique goals and objectives.

Behrend (2003) observed a small group of eight third-grade students with LDs, predominately focusing on two boys (Cal and Evan) who struggled with math. Cal and Evan were identified as having LDs in the third and second grades, respectively. Both boys had difficulty understanding instructions and problem-solving and disliked math immensely. The teacher knew that the boys had LDs in math, hence they used a variety of instructional methods such as visualization, manipulatives, and constant repetition. The boys solved the problems individually and compared their answers to see if they got the same answers. If not, they would do the problems again until their answers matched. Through this process, the boys developed more confidence in their ability to do the math and grew to love the subject. This study demonstrates the benefits of labeling: As the teacher knew the students had LDs, they were able to provide extra learning supports (e.g., small group work, repetition) to meet their individual needs.

Extra support and specialized instruction can also be provided in other settings, such as resource rooms. Behrend (1994) conducted a case study involving Dan, a nine-year-old boy who received instruction in a resource room for his LD in math, who had the most inconsistent math performance among the students in the study. When he was taken to the resource room for specific math instruction and given ample time to think, he was able to correctly solve the math equations, demonstrating that accommodating the diverse ways in which children learn does not always require proactive strategies from teachers. Rather, teachers must sometimes step back, observe, and listen to children's thinking patterns so that they can respond to and maximize the children's strengths. Through this research, Behrend found that students with LDs constructed and used their strategies to solve various problem types. Behrend concluded that instruction should build on children's current understandings and promote the development of increasingly more efficient problem-solving strategies, rather than emphasizing specific rules and procedures.

Additionally, Swanson and Vaughn (2010) documented the amount and quality of reading instruction provided to second through fifth-grade students with LDs in resource rooms over 13 weeks. The researchers observed 10 special educators providing reading instruction in their resource rooms, which included effective reading instruction in the five essential components of reading: phonological awareness, word study, comprehension, reading fluency, and vocabulary instruction. Students received instruction in various grouping structures, including whole group, small group, individualized, or independent. The common instructional delivery was whole-group instruction, which included seven students or fewer. The researchers found that when teachers used the maximum instructional time allotted, students gained reading fluency, although, due to the study's time limit, reading comprehension, and word reading remained the same. Overall, this study demonstrated that if students receive intense instruction in an area in which they need help, they can achieve gains over time.

Yet another study, implemented by García and De Caso (2004), focused on 66 fifth and sixth graders and their LDs in writing. The research topic was regulat-

ing interventions for developing writing ability, focusing both on strategies for developing motivation and cognitive processes. The interventions took place over three months, with students placed in small groups of five to six. The interventions included many graphic organizers to assist students in the planning process when writing. After the students were able to understand the process of planning to write, they were guided through the execution of drafting a paper. During this phase, students were taught how to best construct a paragraph. Next, the students focused on rereading and editing as teachers taught them strategies for coherence, structure, and checking the accuracy of spelling, punctuation, and syntax. Overall, García and De Caso found that both the students' attitudes toward written composition and their quality of writing increased significantly as a result of the interventions implemented because of their LDs.

Van Swet et al. (2011) identified many of the negative effects of labels, such as the "othering" of children, and that individuals may identify themselves more with their labels than their own identity. While these effects might occur, labels also have positive effects. A label can be helpful to explain behavior that was unexplainable prior to the diagnosis and to relieve children and their families of some of the guilt they may feel in relation to these previously unexplainable behaviors or difficulties (Van Swet et al., 2011). Each child with a disability is unique and has different strengths and weaknesses. For example, while some students with autism may display some of its common characteristics (e.g., fixating on particular things or poor eye contact), others may not. A visual schedule that works for one student with autism might not work for another. Thus, one disability category should not be generalized to all students who have the same label. This point mirrors that of Lauchlan and Boyle (2007). In special education, labels are necessary for students to receive services; however, their significance should be thought of as "no more than a help/remedy/resource in the support process" of assisting students to obtain the services they need (Van Swet et al., 2011, p. 917).

Van Swet et al. (2011) noted that a label sometimes explains an individual's particular behaviors or difficulties. Moore (2008), a mother of two boys with autism, made a similar point: She explains the many benefits of labels that she sees as a parent, such as her sons' access to individualized education plans, having a label to help explain some of her children's behaviors to others as well as herself, and being free from the guilt that she felt for their behavior before their diagnosis. Further to the point made by Van Swet et al. (2011), Moore (2008) highlighted that many labels fall victim to "playground-style abuse," beginning as non-discriminating, descriptive terms but becoming a form of bullying and stigmatization (p. 498). If labels start being abused, an alternative will have to be found. As per many of the aforementioned studies, while labels are helpful, they should be used with caution, and "every person should be treated first and foremost as a unique individual" (Moore, 2008, p. 497).

In line with Moore (2008) and Van Swet et al. (2011), Gates's (2010) article on the use of labels for students with gifts and talents emphasized the importance of seeing the whole child, not the label, when making decisions about their education. Gates applauded the fact that the special education field has begun to move toward calling students by their name first and identifying their disability second. This is known as "person-first language." An example is using the term "people with disabilities" instead of "handicapped" or "disabled people." If focus is taken away from the label, it becomes less of an issue than when it is the first word identifying a child. A child with gifts can obtain services, such as Academically and Intellectually Gifted (AIG) programs, only if they have been labeled as "gifted." The need for a label is evident here; however, "educators need to be the agents for change and stop *defining* children by their abilities, high or low and begin to see them in terms of their whole identity" (Gates, 2010, p. 205).

In summary, these studies supported students being labeled with an LD because instead of focusing on the label, they focused on the students and their individual needs. LD labels allow teachers to determine which students need specialized instruction and what forms that instruction should take based on their IEPs. The studies also revealed how students were given services and support based on their academic shortcomings, and all students showed success after study completion. While some students needed extra support in the general education classroom, other students were accommodated in resource rooms. Students with LD are unique and have different ways of learning, just like typical students. Not only is there nothing wrong with being labeled with an LD, but in the current educational system, the label is necessary to ensure that students receive the accommodations and interventions that allow them to succeed academically.

Researchers who disagree with the LD label generally do so due to the negative stigma that surrounds it, which comes from society. It is worthwhile distinguishing between labels and people's attitudes in response to them.

When students are labeled with an LD, it helps them: They are able to receive an IEP addressing their individual learning needs, receive extra support in and out of class, and benefit from interventions that help them succeed academically.

PROCEDURES FOR IDENTIFYING STUDENTS WITH LEARNING DISABILITIES

In 1975, the U.S. government recognized the IQ-achievement discrepancy model as the primary criterion for LD identification, which was maintained until only recently (Niileksela & Templin, 2019). According to this procedure, a student is identified as having an LD when their standardized test scores fall below what would be expected based on the student's IQ score. In this case, the student must demonstrate a severe discrepancy between intelligence and achievement in one or more of the following achievement areas: oral expression, listening comprehension, written expression, basic reading skills, reading fluency skills, reading comprehension, mathematics calculation, or mathematics problem solving (IDEA, 2004). With this identification procedure formally implemented, the number of students classified as having LDs increased dramatically (approximately 200% from 1975 to 2008) and reached much higher levels than expected (Kavale & Spaulding, 2008). This unprecedented increase created concern about the overidentification of students labeled with LDs. Consequently, Kavale and Spaulding (2008) indicated that many professionals suggested that there is a need for alternative methods for determining special education eligibility for students with LDs.

As an alternative, the RTI approach has received increased attention since its inclusion in the IDEA of 2004 (Berkeley et al., 2009; Cavendish et al., 2020). Kritikos et al. (2017) recognized that the 2004 reauthorization of the IDEA does not continue to require schools to determine whether a student has a severe discrepancy between their intellectual and achievement ability, the traditional method of identifying LDs. In fact, it mandates that states cannot require schools to establish a discrepancy method; instead, they are permitted to use evidence of a student's failure to respond to instructional interventions as part of the data documenting the presence of a specific LD (Berkeley et al., 2009).

The IQ-Achievement Discrepancy Model

The IQ-achievement discrepancy model is the traditional method used to identify students with LDs and their need for special education services (Berkeley et al., 2009; Cavendish et al., 2020). This discrepancy model identifies LDs based on a severe discrepancy between a student's level of achievement and their intellectual ability (Stoehr et al., 2011), meaning that a student must show significant deficiencies in two areas: 1) their IQ must be lower than that of the average student at that age, and 2) what they know and do is significantly less than what their peers know and do. This model is often described as "waiting for students to fail" because they must be at least two grade levels behind their peers to have a discrepancy large enough to be identified as having LDs (Berkeley et al., 2009). Due to the two-grade-level discrepancy requirement, this model rarely identifies students with LDs in the early grades, representing a critical limitation (Kavale & Spaulding, 2008). However, Kavale and Spaulding (2008) indicated that while many students do not meet the discrepancy criteria, as measured on standardized tests, they would nevertheless benefit from early identification and support to refine their skills.

Another serious limitation of this model is that it does not evaluate or inform the quality of instruction received by students. O'Donnell and Miller (2011) found that some low-achieving students may be given LD labels when, in reality, their problems are due to inadequate instruction that does not meet their learning needs; in other words, there is no disability. Moreover, the assessment results that are used to identify an LD according to this model do not guide and inform the subsequent instructional process (Kavale & Spaulding, 2008).

Though many professionals are concerned about and frustrated with, the IQ-achievement discrepancy model, they describe its implementation procedures as relatively simple to apply and understand (O'Donnell & Miller, 2011). The process is fairly straightforward: When a student is struggling in one or more academic areas, they are referred to a certified diagnostician or school psychologist who conducts the IQ and achievement tests and determines if the student has a disability or not. Furthermore, the identification procedure only requires a one-time assessment.

The Response to Intervention Approach

The RTI approach is an alternative to the traditional IQ-achievement discrepancy model for identifying students with LDs. The Colorado Department of Education (CDE, 2008) offered a broad, inclusive definition of RTI, describing it as "a framework that promotes a well-integrated system connecting general, compensatory, gifted, and special education in providing high quality, standards-based instruction, and intervention that is

matched to students' academic, social, emotional, and behavioral needs" (p. 3). Thus, RTI (sometimes called "response to instruction") has two main purposes:

1. To ensure that students receive research-proven remediation and other support as soon as they are identified as having academic difficulties, even in kindergarten, rather than waiting until the academic gap has grown significantly.
2. To ensure that professionals gather high-quality data to document the effectiveness of the remedial strategies that have been implemented.

This data, collected as an ongoing part of instruction, may be used to determine whether a student has an LD. This feature of RTI, that is, the ongoing use of data to determine whether a student is responding to the interventions being implemented is referred to as "Continuous Progress Monitoring" (Friend, 2018; the IRIS Center, 2018).

The RTI approach offers many significant benefits. By providing high-quality instruction and interventions in the early grades, educators can increase the likelihood that more students will be successful in the general education classroom and ensure that struggling students receive appropriate instruction before referrals to special education are made (O'Donnell & Miller, 2011), reducing inappropriate referrals to special education for students with LDs. Further, through RTI, schools can determine what is working, what is not, and what to do about it (Stoehr et al., 2011). Finally, RTI is a preventive approach that targets both behavior and academic achievement (Kerr & Nelson, 2010). However, though the RTI approach has several positive aspects, it has been criticized, for example, for lacking sufficient research to support its use, the variations in its implementation, and its logistical considerations (O'Donnell and Miller, 2011).

Implementation Procedures for the Response to Intervention Approach

The RTI approach can be implemented in a variety of ways, although it is usually based on a three-tiered process of intervention (Friend, 2018; Hyson et al., 2020). The implementation procedures begin with universal screening, called a Class-Wide Assessment (Kerr & Nelson, 2010). Universal screenings are used with all students to identify their current levels of academic achievement. Sometimes, universal screening is considered part of Tier 1 (Stoehr et al., 2011), which refers to using research-based approaches for all students in the general education setting; so that high-quality classroom instruction is ensured (Friend, 2018). Students' academic skills are also frequently monitored, and those who do not meet the desired benchmarks become eligible for Tier 2 services.

Tier 2 generally involves small-group instruction (perhaps three or four students) several times each week, using more intensive instructional strategies and other supports, such as peer tutoring. Student progress continues to be monitored regularly at least once or twice per week to determine the effectiveness of the intervention (Friend, 2018). The small number of students (i.e., 10% to 15%) who are still struggling and do not respond positively to this more intensive instruction are moved to the next tier for additional services after a specified period. Tier 3, the final and most intensive level before referral to special education, usually involves one-to-one instruction or small-group instruction outside the classroom. A state or district's policies then determine the options at Tier 3. In some systems, Tier 3 may include deciding that a student needs special education; in others, Tier 3 occurs prior to consideration for special education.

In the RTI approach, a problem-solving methodology guides school-based teams in making instructional decisions for students (Fuchs et al., 2003; Hyson et al., 2020). This methodology derives from the scientific method and includes four basic steps: (1) identifying and defining a problem, (2) analyzing the problem, (3) developing and implementing a plan, and (4) evaluating the efficacy of the plan. This step-by-step process increases the likelihood that reliable instructional and placement decisions are made (Kame'enui, 2007; Vaughn & Roberts, 2007). In this way, the RTI approach promotes carefully designed, evidence-based instruction and a referral process for special education and related services for students requiring services beyond Tier 3, consequently eliminating the number of students who do not qualify for special education services. However, several barriers and challenges to the successful implementation of RTI continue to exist in many schools, which contributes to the achievement gap.

Barriers to the Successful Implementation of the Response to Intervention Approach

The successful implementation of RTI requires providing teachers with adequate resources, ongoing professional development, opportunities to collaborate, and clear steps for success (Pyle et al., 2011; Robinson et al., 2013; Sansosti et al., 2011; Werts et al., 2014). However, Robinson et al. (2013) found that teachers in elementary schools piloting RTI reported limited knowledge of both how to provide evidence-based instruction in various academic subjects and how to make data-driven decisions

and solve problems. Special education teachers identified time constraints and a lack of training, knowledge, resources, and personnel as barriers to effectively implementing the RTI approach (Werts et al., 2014).

This challenge of the limited sources of information for teachers affects their efficacy beliefs and perceived ability to deliver instruction, engage students, and manage classroom behavior (Warren & Hale, 2016). Teachers' perceptions of the challenges of RTI implementation are often considered barriers to effective instruction (Warren & Baker, 2013). The perceived ability and different instructional outcomes lead to thoughts, emotions, and behavioral responses that hinder teachers' attempts to deliver evidence-based instruction (Warren & Hale, 2016).

These psychosocial barriers among teachers may serve to weaken the RTI process, even though it has a sound methodology. Sometimes, teachers' beliefs and attitudes may impede the efficacy and responsiveness of the process. For instance, teachers often resist change, become disinterested when receiving new information, and fail to refer students due to the workload involved (Robinson, 2010; Werts et al., 2014). Thus, teachers' rigid beliefs, intolerance of frustration, and feelings of anxiety can impede their efforts to provide effective instruction (Warren, 2010, 2013; Warren & Baker, 2013; Warren & Gerler, 2013; Warren & Hale, 2016).

Additionally, teachers' resistance to change can be a challenge when integrating RTI into the existing structure and culture of a school. To ensure successful RTI implementation, teachers, administrators, and school districts must adopt new behaviors and procedures that may differ from current practices. Numerous researchers have illustrated that for RTI implementation to work well, the general education environment must provide high-quality assessment, curriculum, and instruction for all students as a foundation for RTI (see, e.g., Mellard & Johnson, 2008; Pyle et al., 2011; Warren & Hale, 2016). These components of the RTI approach are additional responsibilities for school staff, beyond those of the LD identification model (i.e., the IQ-achievement discrepancy model) that schools have used since adopting the 1975 IDEA regulations (Gold & Richards, 2012). Thus, RTI is a different system that requires changing the behavior of adults in a school, which is not an easy task. To do so requires effort, support, and diligence (Heimbaugh, 2010; Warren & Robinson, 2015). For example, as staff begins to implement the RTI approach in a school, the school administration should provide them with extensive feedback, training, and practice on the implementation components and skills.

Even if teachers fully embrace the RTI approach, barriers remain that hinder its implementation. Successful RTI implementation often depends on teachers' and school leaders' capability to implement RTI practices with fidelity (Tackett et al., 2009). Pyle et al. (2011) noted that a set of emotions (e.g., teachers' frustrations at their lack of understanding of testing procedures and their inability to use student data productively to gauge learning improvement) often appears during teachers' efforts to provide effective instruction in Tier 1. These emotions become heightened as teachers provide supplemental and intensive support in Tiers 2 and 3. Experiencing these healthy negative emotions (i.e., concern) is reasonable and acceptable; however, in some instances, more intense emotions such as frustration, anger, depression, resentment, annoyance, helplessness, and worthlessness emerge (Warren, 2013). These harmful emotions prevent teachers from delivering effective instruction (Warren & Hale, 2016).

Understanding how to deliver interventions might not prohibit teachers from failing to implement strategies with fidelity due to these psychosocial barriers. Pyle et al. (2011) investigated the influence of teacher empowerment on successfully implementing RTI, finding that when teachers' efforts in Tier 1 were not acknowledged, they experienced frustration, which negatively affected their delivery of Tier 2 interventions. These emotions stem from teachers' thoughts about their inability to effectively educate students (Warren & Hale, 2016).

In some cases, teachers' perceived inability or lack of effort to effectively deliver interventions is predicated upon a rigid, culturally insensitive belief that foils worthy attempts to deliver instruction. For example, "educators and psychologists [may] mistake lower socioeconomic-class manners, attitudes, and speech for lack of academic and cognitive ability" (Kincheloe et al., 1999, p. 245). The history of African Americans has also been plagued with labels: Labeling has historically been a critical factor for African Americans as they have been referred to as "Blacks," "Coloreds," "Negroes," and often "niggers," terms that have subtextual implications of "ignorance," "laziness," and "inferiority" (Gold & Richards, 2012). Holcomb-McCoy (2007) suggested teachers may view African Americans and Latinos as "less than" simply because these are historically oppressed groups. Hence, teachers often have low academic expectations for Latino and African American students (Holcomb-McCoy, 2007), who are not encouraged and are afforded the same educational experiences as other students. Consequently, the majority of students that receive special education services and live in poverty are predominantly Af-

rican-American and Hispanic (Fahle et al., 2020; NCES, 2021; Wagner et al., 2005). Thus, the cycle of oppression continues, and the achievement gap persists.

Beliefs and attitudes play a significant role in teachers' ability to successfully deliver instruction and implement RTI; hence, they should reflect on the culturally responsive practices promoted by RTI (Dray et al., 2009; Fiedler et al., 2008) and believe that all students, regardless of race, can learn (Gold & Richards, 2012; Holcomb-McCoy, 2007) so that effective instruction can be given. Teachers without intercultural competence or who espouse negative perspectives may implement RTI yet fail to adequately support students struggling to meet the U.S.'s Common Core State Standards (CCSS). In addition to a need for training in evidence-based practices and data-based decision-making, psychosocial skills development and cultural competence are necessary (Dimmitt et al., 2007; Mandal, 2018; Szelei et al., 2020).

The IQ-Achievement Discrepancy Model Versus the Response to Intervention Approach

As illustrated, there are several differences between the IQ-achievement discrepancy model and the RTI approach. In determining eligibility for LD services, the IQ-achievement discrepancy model focuses on the discrepancy between a student's intellectual/cognitive abilities and academic performance. The RTI approach, meanwhile, largely focuses on the discrepancy between a student's performance and benchmarks, as well as pre- and post-intervention levels of academic performance.

The IQ-achievement discrepancy model is often described as waiting for students to fail because academic problems must be severe before they are considered important. In contrast, the RTI approach rapidly identifies low-achieving students and provides them with intensive and validated instruction, meaning they do not have to fail before receiving the support they need.

In the RTI approach, decisions (i.e., about the need for intervention, characteristics of appropriate interventions, and effectiveness of interventions) are based on data generated in the course of assessment and on the strength of the evidence supporting the choice of a particular intervention strategy. This differs significantly from the IQ-achievement discrepancy model, which is completely dependent on the judgments or opinions of teachers.

DISCUSSION

As the research showed, the LD label gives the students the benefit of receiving an IEP, extra support, and specialized instruction. It is through the IEP that they receive appropriate instruction, accommodations and interventions, and the monitoring of individualized goals and objectives. Moreover, students can receive instruction in the subject they have a discrepancy in, and instruction is provided in the general education classroom or resource room. As demonstrated through the research reviewed in this paper, students with the LD label can benefit from many interventions and supports used by teachers.

Labels themselves are not the problem. A label, after all, is simply a name given to a person so that they can be identified. Nor is the student the problem, which stems from the stereotypes and misconceptions that people hold of students with LDs. Though students can be harmed by how other people respond to their LD label, disposing of labels and asserting that they are innately bad for children would also take away the services and supports that students need to be successful in the classroom. When focusing on the individual and not the label, a label becomes what it is intended to be, a way to identify support for and better understand the child.

According to Kauffman and Badar (2014), a significant amount of time is wasted on arguments about the use of labels in special education. As Kauffman (2013) pointed out:

> "We can either label something or not talk about it; we cannot talk about it without labeling it (using a word to designate it). This is not because someone wants it to be that way; it is just the way things are, the way language works…" (p. 29).

Kauffman and Badar (2014) acknowledged that "perhaps some things should not be talked about, but disabilities are not among them" (p. 29). This is not to suggest that labels cannot be changed, simply that their use is too important to get rid of them entirely. Today's labels will likely evolve. For example, the "mental retardation" label became misused by the general public and was thought to be stigmatizing and an inaccurate description of those individuals. The label or disability category was changed to "intellectual disability" with the enactment of "Rosa's Law" in 2010 (McNicholas et al., 2018). Regardless of the label's wording, Kauffman and Badar (2014) reminded us that central to the task of special education is its requirement to help children learn more than they would have learned had special education not existed. Teaching is the most important facet of special education, and to lose focus on that important idea due to controversies such as labeling would be a disservice to students. Indeed, students with LDs are well-served; focusing only on the "learning disabled" label is a distraction from the

important work of putting in place the support, resources, and training for the people who interact with these students so they can better understand LDs.

In an early study conducted on mothers' perceptions of their "normal" or "learning-disabled" self-concepts, Coleman (1984) found that mothers of students around nine years of age who were labeled as having LDs predicted a much lower self-concept for their children than the self-concept reported by the children themselves. To the same effect, mothers of students without disabilities overestimated their children's self-concept, while the children themselves typically reported a lower self-concept. This raises some questions that should be explored in future research: Do children with disabilities have a lower self-concept than their peers without disabilities? At what age do the stigmatizing effects of labels begin?

To focus on the reason labels exist in special education and appreciate their value, educators must strive to use them in productive ways that benefit the child. Referring to a student as having autism or telling others that they have an LD provides no value to the child. Understanding that a student has been diagnosed or labeled with an LD can, however, help teachers determine how they can make their instruction more relatable to the student. For instance, understanding that a student has an LD in decoding while reading can help teachers find interventions that are more geared toward the student's needs. In these ways, teachers are using the label as a way to review their instructional practices and determine how to best meet a student's individual needs. In sum, teachers should not use labels as an identifying characteristic of the student or as an excuse to explain why the child is not succeeding.

Hibel et al. (2010) suggested that, for most students, the benefits of special education programs far outweigh the potential costs. Some disabilities are undeniable and are diagnosed at birth or within the first few years of life. Others typically begin to surface when the child is in school and performing significantly below grade level (e.g., an LD). This has contributed to some of the concerns regarding labels. Sometimes, special education assessments are subjective; thus, misjudgments may occur, leading to an unwarranted label (Gold & Richards, 2012).

The implementation of referral processes, such as RTI, helps ensure that at-risk students are provided with interventions designed for their specific needs and eliminate inappropriate placements in special education (Moore-Brown et al., 2005; O'Donnell & Miller, 2011). The frequency or duration of the intervention may change depending on the child's response. If a child is not making adequate progress during intensive interventions, it is an indicator that they may have a disability (Moore-Brown et al., 2005). Moore-Brown et al. (2005) studied 63 students that had been identified as at-risk and had received interventions. After one year, only four had been identified as having a disability and were receiving special education services. With a required referral process and more accountability, more of those 63 at-risk students would have been referred for testing for special education services. Studies such as this establish confidence in the validity of the labels given to students through RTI.

The literature reviewed in this paper showed the shortsightedness of opposing labels for students with LD; while there are many negatives associated with labels, removing them altogether would mean stripping students of the services they need to perform their best in school. Labels can create stigmas; however, stigmas are not solely created by labels and exist whether a label is present or not. Children with and without disabilities can have poor self-perceptions based on their academic or social competence: A child's awareness of their learning differences does not necessarily mean that the label is what caused their low self-perception.

In the reviewed literature, parents understood that the services made available to their children are a result of obtaining a diagnosis, or label; they also asserted that labels should be used with caution. When thinking about labels, it is important to keep in mind that the language used to identify different disabilities has evolved over the years and will continue to evolve as words take on new and different meanings. For example, the term "mental retardation" has now been removed from medical and educational use. The problem with labels, then, is not the labels themselves, but the way they are used and misused in today's society.

POSITIVE IMPLICATIONS OF USING THE RESPONSE TO INTERVENTION APPROACH

The RTI approach has many positive implications for students and their parents, as well as general and special educators. When using the RTI approach, all students are provided with evidence-based instruction and interventions in the early grades, helping them obtain the appropriate classroom instruction and interventions necessary to meet their needs. As a result, students' classroom performance and academic progress will improve; thus, the number of students who succeed within general education will be increased. Additionally, by providing intervention in the early grades, RTI helps to prevent students' academic difficulties from developing and to

reduce the overall number of students referred for special education services. Teachers and parents also gain confidence in the educational system when students' needs for more intensive intervention or special education evaluation are not a result of ineffective classroom instruction.

To deliver targeted services to students, RTI requires collaboration between multiple stakeholders: teachers (general and special educators), administrators, school psychologists, and parents (McKenzie, 2009; Vaughn & Fuchs, 2003; Warren & Robinson, 2015). Such collaboration reaps benefits for all parties. In the RTI approach, parents become active partners in all stages of the learning process for their children (Byrd, 2011; Cordero, 2015) and can track their children's academic progress. When possible, parents can make suggestions about strategies and interventions based on what they know works at home. As Byrd (2011) explained, when schools work together with parents and communicate regularly to support learning, students achieve more, and schools succeed in educating children.

Progress monitoring techniques that are used in the context of RTI provide information that allows general education teachers to better evaluate students' needs and match instruction, resources, and interventions appropriately. When using the RTI approach, special educators work with all struggling students, not just those with disabilities. Additionally, the RTI approach allows an increase in the collaboration between general and special educators. In fact, with the RTI approach, general and special educators collaborate to define and analyze the needs of students, develop and implement a plan, and evaluate the response to the intervention.

CONCLUSION

Historically, the IQ-achievement discrepancy model has been the criterion for determining special education eligibility for students with LDs. This discrepancy model assesses whether a substantial difference or severe discrepancy exists between a student's intelligence and their achievement test scores. In 2004, the RTI approach was added to the IDEA specifically to offer an alternative to the discrepancy model and to provide early support to students who are experiencing academic difficulties. Even though the IDEA of 2004 clearly favors utilizing the RTI approach over the use of the discrepancy model, it does not replace the use of the IQ-achievement discrepancy model. In fact, it continues to allow states and school districts to choose between the two models in the identification of students with LDs.

The LD label is not bad in and of itself: It is people's attitudes and stigmas that make the label seem "bad." When students with LDs are stigmatized, they are more likely to demonstrate reduced effort, lower achievement, and damaged self-esteem. Consequently, teachers, staff, administrators, and parents should be aware of the stigmas they both knowingly and unknowingly impose on students.

This paper establishes that labels are beneficial for students and provide them with the necessary services and support needed to excel in school. While it is apparent that stigmas of labeling still exist, it is frequently noted that labels do not define who a student is. Students with an LD label simply learn differently from their peers and need extra support from their parents, teachers, school staff, and peers. Students with LDs are individuals and should be treated as such.

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REFERENCES

Becker, H. S. (1963). *Outsiders: Studies in the sociology of deviance*. New York, NY: The Free Press of Glencoe.

Behrend, J. L. (1994). *Mathematical problem-solving processes of primary-grade students identified as learning disabled* [Unpublished doctoral dissertation]. University of Wisconsin.

Behrend, J. L. (2003). Learning-disabled students make sense of mathematics. *Teaching Children Mathematics*, *9*(5), 269–273. https://doi.org/10.5951/TCM.9.5.0269

Berkeley, S., Bender, W. N., Gregg Peaster, L., & Saunders, L. (2009). Implementation of response to intervention: A snapshot of progress. *Journal of Learning Disabilities*, *42*(1), 85–95. https://doi.org/10.1177/0022219408326214

Byrd, E. S. (2011). Educating and involving parents in the response to intervention process: The school's important role. *TEACHING Exceptional Children*, *43*(3), 32–39. https://doi.org/10.1177/004005991104300304

Cavendish, W., Morris, C. T., Chapman, L. A., Ocasio-Stoutenburg, L., & Kibler, K. (2020). Teacher perceptions of implementation practices to support secondary students in special education. *Preventing School Failure: Alternative Education for Children and Youth*, *64*(1), 19–27. https://doi.org/10.1080/1045988X.2019.1628000

Coleman, J. M. (1984). Mothers' predictions of the self-concept of their normal or learning-disabled children. *Journal of Learning Disabilities, 17*(4), 214–217. https://doi.org/10.1177/002221948401700405

CDE, (2008). *Response to intervention: A practitioner's guide to implementation.* Colorado Department of Education. Retrieved from: https://www.cde.state.co.us/sites/default/files/documents/rti/downloads/pdf/rtiguide.pdf (access: 2021/08/05).

Cordero, Y. (2015). *Response to intervention: Importance of parental involvement* [Master's thesis, The College at Brockport, State University of New York]. Education and Human Development Master's Theses. Retrieved from: https://digitalcommons.brockport.edu/ehd_theses/560 (access: 2021/10/03).

Daley, S. G. & Rappolt-Schlichtmann, G. (2018). Stigma consciousness among adolescents with learning disabilities: Considering individual experiences of being stereotyped. *Learning Disability Quarterly*, *41*(4), 200–212. https://doi.org/10.1177/0731948718785565

Dimmitt, C., Carey, J. C., & Hatch, T. (2007). *Evidence-based school counseling: Making a difference with data-driven practices*. Thousand Oaks, CA: Corwin Press.

Dray, B., Cole, H., & White, M. (2009). *Culturally responsive response to intervention: A model for schoolwide reform* [Paper presentation]. Council for Exceptional Children (CEC) Annual Convention 2009, Seattle, WA. https://doi.org/10.1080/08856250802387448

Fahle, E. M., Reardon, S. F., Kalogrides, D., Weathers, E. S., & Jang, H. (2020). Racial segregation and school poverty in the United States, 1999–2016. *Race and Social Problems, 12*(1), 42–56. https://doi.org/10.1007/s12552-019-09277-w

Fiedler, C. R., Chiang, B., Van Haren, B., Jorgensen, J., Halberg, S., & Boreson, L. (2008). Culturally responsive practices in schools: A checklist to address disproportionality in special education. *TEACHING Exceptional Children, 40*(5), 52–59. https://doi.org/10.1177/004005990804000507

Foster, G. G., Schmidt, C. R., & Sabatino, D. (1976). Teacher expectancies and the label "Learning Disabilities." *Journal of Learning Disabilities*, *9*(2), 111–114. https://doi.org/10.1177/002221947600900209

Friend, M. (2018). *Special education: Contemporary perspectives for school professionals* (5th ed.). Boston, MA: Pearson.

Fuchs, D., Mock, D., Morgan, P. L., & Young, C. L. (2003). Responsiveness-to-intervention: Definitions, evidence, and implications for the learning disabilities construct. *Learning Disabilities Research and Practice*, *18*(3), 157–171. https://doi.org/10.1111/1540-5826.00072

García, J.-N., & De Caso, A. M. (2004). Effects of a motivational intervention for improving the writing of children with learning disabilities. *Learning Disability Quarterly*, *27*(3), 141–159. https://doi.org/10.2307/1593665

Gargiulo, R. M., & Bouck, E. C. (2017). *Special education in contemporary society: An introduction to exceptionality* (6th ed.). Thousand Oaks, CA: SAGE Publications.

Gates, J. (2010). Children with gifts and talents: Looking beyond traditional labels. *Roeper Review, 32*(3), 200–206. https://doi.org/10.1080/02783193.2010.485308

Gold, M. E. & Richards, H. (2012). To label or not to label: The special education question for African Americans. *Educational Foundations, 26*(1–2), 143–156.

Heimbaugh, B. (2010, April 6). *Getting buy-in for RTI implementation.* RTI Action Network: A Program of the National Center for Learning Disabilities. Retrieved from: http://www.rtinetwork.org/rti-blog/entry/1/57 (access: 2021/09/04).

Hibel, J., Farkas, G., & Morgan, P. L. (2010). Who is placed into special education? *Sociology of Education, 83*(4), 312–332. https://doi.org/10.1177/0038040710383518

Higgins, E. L., Raskind, M. H., Goldberg, R. J., & Herman, K. L. (2002). Stages of acceptance of a learning disability: The impact of labeling. *Learning Disability Quarterly*, *25*(1), 3–18. https://doi.org/10.2307/1511187

Ho, A. (2004). To be labelled, or not to be labelled: That is the question. *British Journal of Learning Disabilities*, *32*(2), 86–92. https://doi.org/10.1111/j.1468-3156.2004.00284.x

Holcomb-McCoy, C. (2007). *School counseling to close the achievement gap: A social justice framework for success*. Thousand Oaks, CA: Corwin Press.

Hyson, D. M., Kovaleski, J. F., Silberglitt, B., & Pedersen, J. A. (2020). *The data-driven school: Collaborating to improve student outcomes*. New York, NY: The Guilford Press.

IDEA, (2004). Individuals with Disabilities Education Act Publ. L. No. 108-446, 118 Stat. 2647. (2004). Retrieved from: https://www.copyright.gov/legislation/pl108-446.pdf (access: 2021/06/03).

Kame'enui, E. J. (2007). A new paradigm: Responsiveness to intervention. *TEACHING Exceptional Children*, *39*(5), 6–7. https://doi.org/10.1177/004005990703900501

Kauffman, J. M. (2013). Labeling and categorizing children and youth with emotional and behavioral disorders in the USA: Current practices and conceptual problems. In T. Cole, H. Daniels & J. Visser (Eds.), *The Routledge international handbook of emotional and behavioural difficulties* (pp. 15–21). New York, NY: Routledge. https://doi.org/10.4324/9780203117378

Kauffman, J. M., & Badar, J. (2014). Better thinking and clearer communication will help special education. *Exceptionality, 22*(1), 17–32. https://doi.org/10.1080/09362835.2014.865953

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

Keogh, B. K. (1987). Learning disabilities: In defense of a construct. *Learning Disabilities Research, 3*(1), 4–9.

Kerr, M. M., & Nelson, C. M. (2010). *Strategies for addressing behavior problems in the classroom* (6th ed.). Boston, MA: Pearson.

Kincheloe, J. L., Steinberg, S. R., & Villaverde, L. E. (1999). *Rethinking intelligence: Confronting psychological assumptions about teaching and learning*. Routledge.

Krause, K., Nixon, J., Beer, J., & Beer, J. (1991). Attitude, anxiety, and social readjustment toward learning disabilities by student teachers. *Psychological Reports*, *68*(2), 399–402. https://doi.org/10.2466/pr0.1991.68.2.399

Kritikos, E. P., McLoughlin, J. A., & Lewis, R. B. (2017). *Assessing students with special needs* (8th ed.). New York, NY: Pearson.

Lauchlan, F., & Boyle, C. (2007). Is the use of labels in special education helpful? *Support for Learning, 22*(1), 36–42. https://doi.org/10.1111/j.1467-9604.2007.00443.x

LDA, (2022). Learning Disabilities Association of America. *A timeline of learning disability history*. Retrieved from: https://ldaamerica.org/a-timeline-of-learning-disability-history/ (access: 2022/12/26).

Lyon, G. R. (1996). Learning disabilities. *The Future of Children, 6*(1), 54–76. https://doi.org/10.2307/1602494

Mandal, S. (2018). The competencies of the modern teacher. *International Journal of Research in Engineering, Science and Management, 1*(10), 351–360. Retrieved from: http://www.ijresm.com/Vol_1_2018/Vol1_Iss10_October18/IJRESM_V1_I10_93.pdf (access: 2021/09/21).

May, A. L. & Stone, C. A. (2010). Stereotypes of individuals with learning disabilities: Views of college students with and without learning disabilities. *Journal of Learning Disabilities*, *43*(6), 483–499. https://doi.org/10.1177/0022219409355483

McKenzie, R. G. (2009). Obscuring vital distinctions: The oversimplification of learning disabilities within RTI. *Learning Disability Quarterly*, *32*(4), 203–215. https://doi.org/10.2307/27740373

McNicholas, P. J., Floyd, R. G., Woods, I. L., Singh, L. J., Manguno, M. S., & Maki, K. E. (2018). State special education criteria for identifying intellectual disability: A review following revised diagnostic criteria and Rosa's Law. *School Psychology Quarterly*, *33*(1), 75–82. https://doi.org/10.1037/spq0000208

Mellard, D. F., & Johnson, E. (2008). *RTI: A practitioner's guide to implementing response to intervention.* Thousand Oaks, CA: Corwin Press. http://doi.org/10.4135/9781483329772

Moore, C. (2008). Thoughts about the autism label: A parental view. *Journal of Philosophy of Education, 42*(3–4), 493–498. https://doi.org/10.1111/j.1467-9752.2008.00652.x

Moore-Brown, B. J., Montgomery, J. K., Bielinski, J., & Shubin, J. (2005). Responsiveness to intervention: Teaching before testing helps avoid labeling. *Topics in Language Disorders, 25*(2), 148–167. https://doi.org/10.1097/00011363-200504000-00007

NCES, (2022). *Preprimary, elementary, and secondary Education: Students with disabilities* [Annual report]. National Center of Education Statistics. Retrieved from: http://nces.ed.gov/programs/coe/indicator_cgg.asp (access: 2022/12/24).

Niileksela, C. R., & Templin, J. (2019). Identifying dyslexia with confirmatory latent profile analysis. *Psychology in the Schools*, *56*(3), 335–359. https://doi.org/10.1002/pits.22183

O'Donnell, P. S., & Miller, D. N. (2011). Identifying students with specific learning disabilities: School psychologists' acceptability of the discrepancy model versus response to intervention. *Journal of Disability Policy Studies*, *22*(2), 83–94. https://doi.org/10.1177/1044207310395724

Osterholm, K., Nash, W. R., & Kritsonis, W. A. (2007). Effects of labeling students "Learning Disabled": Emergent themes in the research literature 1970 through 2000. *FOCUS on Colleges, Universities and Schools, 1*(1), 1–11. Retrieved from: http://www.nationalforum.com/Electronic%20Journal%20Volumes/Osterholm,%20Karen%20Effects%20of%20Labeling%20Students%20Learning%20Disabled.pdf (access: 2021/06/12).

Pyle, A., Wade-Woolley, L., & Hutchinson, N. L. (2011). "Just listen to us": The role of teacher empowerment in the implementation of responsiveness to intervention. *Alberta Journal of Educational Research*, *57*(3), 258–272.

Robinson, G. G. (2010). *Culturally responsive beliefs and practices of general and special education teachers implementing response to intervention (RTI) in diverse elementary schools (Publication No. 3418837)* [Doctoral Dissertation, The University of North Carolina at Greensboro]. ProQuest Dissertations and Theses Global. Retrieved from: https://www.proquest.com/openview/f2b563cba2245e19e6fc1b39c8e73c21/1?pq-origsite=gscholar&cbl=18750 (access: 2021/08/26).

Robinson, G. G., Bursuck, W. D., & Sinclair, K. D. (2013). Implementing RTI in two rural elementary schools: Encouraging beginnings and challenges for the future. *Rural Educator, 34*(3), 1–9. https://doi.org/10.35608/ruraled.v34i3.394

Sansosti, F. J., Goss, S., & Noltemeyer, A. (2011). Perspectives of special education directors on response to intervention in secondary schools. *Contemporary School Psychology*, *15*(1), 9–20. https://doi.org/10.1007/BF03340959

Shapiro, A., & Margolis, H. (1988). Changing negative peer attitudes toward students with learning disabilities. *Journal of Reading, Writing, and Learning Disabilities International, 4*(2), 133–146. https://doi.org/10.1080/0748763880040208

Shifrer, D. (2013). Stigma of a label: Educational expectations for high school students labeled with learning disabilities. *Journal of Health and Social Behavior*, *54*(4), 462–480. https://doi.org/10.1177/0022146513503346

Smith, R. W., Osborne, L. T., Crim, D., & Rhu, A. H. (1986). Labeling theory as applied to learning disabilities: Survey findings and policy suggestions. *Journal of Learning Disabilities, 19*(4), 195–202. https://doi.org/10.1177/002221948601900403

Stoehr, J., Banks, M., & Allen, L. G. (2011). *PLCs, DI, & RTI: A tapestry for school change.* Thousand Oaks, CA: Corwin Press.

Swanson, E. A., & Vaughn, S. (2010). An observation study of reading instruction provided to elementary students with learning disabilities in the resource room. *Psychology in the Schools*, *47*(5), 481–492. https://doi.org/10.1002/pits.20484

Szelei, N., Tinoca, L., & Pinho, A. S. (2020). Professional development for cultural diversity: The challenges of teacher learning in context. *Professional Development in Education, 46*(5), 780–796. https://doi.org/10.1080/19415257.2019.1642233

Tackett, K. K., Roberts, G., Baker, S., & Scammacca, N. (2009). *Implementing response to intervention: Practices and perspectives from five schools—Frequently asked questions*. Center on Instruction.

The IRIS Center. (2018). *MTSS/RTI: Mathematics.* Retrieved from: https://iris.peabody.vanderbilt.edu/module/rti-math/ (access: 2021/08/09).

Thomson, M. M. (2012). Labelling and self-esteem: Does labelling exceptional students impact their self-esteem? *Support for Learning*, *27*(4), 158–165. https://doi.org/10.1111/1467-9604.12004

Thornton, B. E. (2020). *The impact of internalized, anticipated, and structural stigma on psychological and school outcomes for high school students with learning disabilities: A pilot study (Publication No. 2426547802)* [Doctoral dissertation, University of California]. UCLA Electronic Theses and Dissertations. Retrieved from: https://escholarship.org/uc/item/51h3k411 (access: 2021/06/07).

Van Swet, J. V., Wichers-Bots, J., & Brown, K. (2011). Solution-focused assessment: Rethinking labels to support inclusive education. *International Journal of Inclusive Education, 15*(9), 909–923. https://doi.org/10.1080/13603110903456615

Vaughn, S., & Fuchs, L. S. (2003). Redefining learning disabilities as inadequate response to instruction: The promise and potential problems. *Learning Disabilities Research and Practice*, *18*(3), 137–146. https://doi.org/10.1111/1540-5826.00070

Vaughn, S., & Roberts, G. (2007). Secondary interventions in reading: Providing additional instruction for students at risk. *TEACHING Exceptional Children*, *39*(5), 40–46. https://doi.org/10.1177/004005990703900506

Wagner, M., Kutash, K., Duchnowski, A. J., Epstein, M. H., & Sumi, W. C. (2005). The children and youth we serve: A national picture of the characteristics of students with emotional disturbances receiving special education. *Journal of Emotional and Behavioral Disorders*, *13*(2), 79–96. https://doi.org/10.1177/10634266050130020201

Warren, J. M. (2010). The impact of rational emotive behavior therapy on teacher efficacy and student achievement. *Journal of School Counseling, 8*(11), 1–28.

Warren, J. M. (2013). School counselor consultation: Teachers' experiences with rational emotive behavior therapy. *Journal of Rational-Emotive and Cognitive-Behavior Therapy, 31*(1), 1–15. https://doi.org/10.1007/s10942-011-0139-z

Warren, J. M., & Baker, S. B. (2013). School counselor consultation: Enhancing teacher performance through rational emotive-social behavioral consultation. In G. R. Walz, J. C. Bleuer & R. K. Yep (Eds.), *Ideas and research you can use: VISTAS 2013* (pp. 1–15). American Counseling Association.

Warren, J. M., & Gerler, E. R., Jr. (2013). Effects of school counselors' cognitive behavioral consultation on irrational and efficacy beliefs of elementary school teachers. *The Professional Counselor*, *3*(1), 6–15. https://doi.org/10.15241/jmw.3.1.6

Warren, J. M., & Hale, R. W. (2016). The influence of efficacy beliefs on teacher performance and student success: Implications for student support services. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, *34*(3), 187–208. https://doi.org/10.1007/s10942-016-0237-z

Warren, J. M., & Robinson, G. (2015). Addressing barriers to effective RTI through school counselor consultation: A social justice approach. *Electronic Journal for Inclusive Education, 3*(4), 1-27. Retrieved from: https://libres.uncg.edu/ir/uncp/f/Addressing%20Barriers%20to%20Effective%20RTI%20through%20School%20Counselor%20Consultation.pdf (access: 2021/09/13).

Werts, M. G., Carpenter, E. S., & Fewell, C. (2014). Barriers and benefits to response to intervention: Perceptions of special education teachers. *Rural Special Education Quarterly, 33*(2), 3–11. https://doi.org/10.1177/875687051403300202