2. Prereferral Intervention Efforts

a. *Teacher consultation studies*: Two studies examined the effects of behavioral consultation on pre-referral practices (service-related outcome) and reduction in problem behaviors (symptom reduction).

One study (Fuchs & Fuchs, 1989) assessed the effectiveness of three increasingly inclusive versions of behavioral consultation (BC) on problem behaviors in regular education classrooms. Subjects were 48 teachers, their 48 most difficult-to-teach non-handicapped students, and 12 school consultants. Half of the teachers were randomly assigned to one of three BC variations: problem identification and analysis (BC1); problem identification, problem analysis, and plan implementation (BC2); and problem identification, problem analysis, plan implementation, and evaluation (BC3). The remaining 24 teachers were in the control group. Teacher ratings indicated that the more inclusive variants of BC were more effective than the less inclusive versions in reducing problem behaviors. However, direct observation of student behavior at pre-intervention and post-intervention failed to corroborate these results.

Fuchs, Fuchs, & Bahr (1990) compared a shorter and longer version of a consultant-driven pre-referral intervention to determine if the intervention could be shortened to improve its efficiency without reducing effectiveness. Consultants recruited 92 teachers, 48 of whom were randomly assigned to an experimental (short or long versions) or control condition. The intervention employed a behavioral consultation approach. The longer version included more teacher monitoring whereas the shorter version used more self-monitoring. There was a significant relationship between group membership and referral status. Of the 24 students in both the long and short consultation groups, 5 were referred to special education at the end of the school year. Among the controls, half were referred to special education. Due to interest generated from the initial study, the school system implemented the experimental model into their system.

For more information, see:
Fuchs, D. and Fuchs, L. S. (1989). Exploring effective and efficient prereferral interventions: A component analysis of behavioral consultation. *School Psychology Review*, 18, 260-279.

Fuchs, D., Fuchs, L. S., and Bahr, M. W. (1990). Mainstream assistance teams: Scientific basis for the art of consultation. *Exceptional Children*, 57, 128-139.

b. *Child Development Project (CDP):* This is a multi-year, comprehensive elementary school program to reduce risk and bolster protective factors among children. A longitudinal, quasi-experimental study measured the impact of the CDP on students' involvement in drug use and delinquent behaviors. Analysis showed that between 1992 and 1994 alcohol use declined significantly. Marijuana use showed a similar but not statistically different from control decline. Tobacco-use declined in program and control schools. No significant differences appeared between program and control groups for any other delinquent behaviors. Program effects were strongest for students in the schools with highest levels of implementation. In these schools, students did show significantly lower rates of skipping school, carrying weapons, and vehicle theft than did comparison students in year 2.

For more information, see:
Battistch,V., Schaps, E., Watson, M., & Solomon, D. (1996). Prevention effects of the Child Development Project: Early Findings from an ongoing multisite demonstration trial. *J. Adolescent Research. 11*, 12-35.

Battistich, V., Solomon, D., Kim, D., Watson, M.M., & Schaps, E. (1995). Schools as communities, poverty levels of student populations, and students' attitudes, motives, and performance: A multilevel analysis. *American Educational Research Journal, 32*, 627-658.

Developmental Studies Center, *Child Development Project Replication Manual*, prepared for the Center for Substance Abuse Prevention. center for Substance Abuse prevention, 1995.

The Child Development Project: Summary of findings in Two Initial Districts and the First Phase of an Expansion to Six Additional Districts Nationally. Oakland, CA.: Developmental Studies Center, 1994.

For evaluation information, contact:
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c. *I Can Problem Solve (ICPS):* The ICPS program is intended as both a preventive and rehabilitative program to help children in preschool to grade six, resolve interpersonal problems and prevent antisocial behavior. It uses a cognitive approach to teach children how to think. Studies indicate the behaviors most affected were impulsiveness, social withdrawal, poor peer relationships and lack of concern for others; skills having the greatest impact were identifying alternative solutions and predicting consequences. By year five, boys and girls who received 2 years of training scored better than the controls on impulsiveness, inhibition and total behavioral problems. In another study, more children who received the training in pre-kindergarten were rated as "adjusted" than those not exposed (71% vs. 54%, p>.01). Program results have been replicated in demonstration sites in a variety of urban, suburban and rural settings, with different ages (through age 12) and racial and ethnic groups and with children from different socioeconomic strata.

For more information, see:
Shure, M.B. *Interpersonal Problem Solving and Prevention*: Five Year Longitudinal Study. Prepared for Department of Health and Human Services, Public Health Service, National Institute of Mental Health, 1993.

Shure, M.B., Spivack, G. Interpersonal cognitive problem solving and primary prevention: Programming for preschool and kindergarten children. *Journal of Clinical and Child Psychology*. 1979; Summer:89-94.

For program or evaluation information, contact:
Myrna B. Shure, Ph.D., Allegheny University, Department of Clinical/Health Psychology, Broad & Vine, Mail Stop 626, Philadelphia, PA 19102-1192, (215)762-7205 / fax: (215)762-4419

d. *Going for the Goal*: This "life skills" program is designed to teach young adolescents a sense of personal control and confidence about their future. It assists youth in identifying positive life goals and developing skills to attain these goals. Compared to a control group, the self-report survey findings indicated that participants learned the program information, were able to achieve the goals they set, and found the process of setting and attaining goals easier than they expected. Compared to a control group, students who participated in *GOAL* had better school attendance and reported a decrease in alcohol use, frequency of getting drunk, smoking cigarettes, other drug use, and violent and other problem behaviors.

For program information, contact:
Steven J. Danish, PhD, Director, The Life Skills Center, Virginia Commonwealth University, 800 W. Franklin Street, Box 842018, Richmond, VA 23284-2018. (804) 828-4384 / fax: (804) 828-0239.

For evaluation information, contact:
Todd C. O'Hearn, Department of Psychology, University of Southern California, Los Angeles, CA 90089-1061. (310) 470-4063 / fax: (213) 746-5994.

e. *Effective Behavior Support (EBS)*: EBS is a school-wide prevention approach that schools adopt as a means of addressing the behavior of all students of all ages. EBS provides behavioral support for students, including students who exhibit chronic behavior problems. Studies report that the program resulted in a decrease in referrals to the principal's office by an average of 42% in the first year of the program. At one elementary school, the implementation of EBS is reported as corresponding with a decrease in the number of discipline referrals, from 7,000 to fewer than a projected 2,000.

For references & contact information, see:
George Sugai & Rob Horner, Co-Directors, Effective Behavior Support Project, Institute on Violence and Destructive Behavior, 1265 University of Oregon, Eugune, OR 97403. (541)346-3591.

f. *Behavioral Monitoring and Reinforcing Program:* This early intervention behavior modification program also focuses on teaching thinking skills. Compared to the control group, participants had significantly better grades and attendance at program end. However, the positive effects only appeared after students had been in the program for 2 years. In the year after the intervention ended, students displayed significantly fewer problem behaviors at school. Eighteen months following the intervention, experimental students reported significantly less substance abuse and criminal behavior. Five years after the program ended, experimental youth were 66% less likely to have a juvenile record than were controls.

For references & program information, see:

Bry, B.H. (1982). Reducing the incidence of adolescent problems through preventive intervention: One and five year follow-up. *American Journal of Community Psychology*, 10:265-276.

Bry, B.H., & George, F.E. (1979). Evaluating the improving prevention programs: A strategy from drug abuse. *Evaluation and Program Planning*, 2: 127-136.

Bry, B.H., & George, F.E. (1980). The preventive effects of early intervention on the attendance and grades of urban adolescents. *Professional Psychology*, 11: 252-260.

Brenna H. Bry, Graduate School of Applied and Professional Psychology, Rutgers University, 152 Frelinghuysen Rd., Piscataway, NJ 08854-8085. Tel: (732)445-2189

g. Seattle Social Development Project: This universal, multidimensional intervention is designed to decrease juveniles' problem behaviors by working with parents, teachers, and children. It incorporates both social control and social learning theories and intervenes early in children's development to increase prosocial bonds, strengthen attachment and commitment to schools, and decrease delinquency. The program can be used for the general population and high-risk children (those with low socioeconomic status and low school achievement) attending grade school and middle school. It combines parent and teacher training. Teachers receive instruction that emphasizes proactive classroom management, interactive teaching, and cooperative learning. These techniques are intended to minimize classroom disturbances by establishing clear rules and rewards for compliance, increase children's academic performance, and allow students to work in small, heterogeneous groups to increase their social skills and contact with prosocial peers. In addition, first-grade teachers teach communication, decision-making, negotiation, and conflict resolution skills; and sixth-grade teachers present refusal skills training. Parents receive optional training programs throughout their children's schooling. When children are in 1st and 2nd grade, 7 sessions of family management training is provided to help parents monitor children and provide appropriate and consistent discipline. When children are in 2nd and 3rd grade, 4 sessions encourage parents to improve communication between themselves, teachers, and students; create positive home learning environments; help their children develop reading and math skills, and support their children's academic progress. When children are in 5th and 6th grade, 5 sessions focus on helping parents create family positions on drugs and encourage children's resistance skills. Evaluations have demonstrated that the approach improves school performance, family relationships, and student drug/alcohol involvement at various grades. As compared to controls, Project student, at the end of grade 2 showed: (a) lower levels of aggression and antisocial, externalizing behaviors for white males, and (b) lower levels of self-destructive behaviors for white females; at the beginning of grade 5 showed (a) less alcohol and delinquency initiation, (b) increases in family management practices, communication, and attachment to family, and (c) more attachment and commitment to school; at the end of grade 6, high-risk youth were more attached and committed to school, and boys were less involved with antisocial peers; at the end of grade 11, Project students showed (a) reduced involvement in violent delinquency and sexual activity, and (b) reductions in being drunk and in drinking and driving.

For more information, contact:
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References:

Hawkins, J. David, Catalano, Richard F., Morrison, Diane, O'Donnell, Julie, Abbott, Robert, & Day, Edward (1992). The Seattle Social Development Project: Effects of the first four years on protective factors and problem behaviors. In Joan McCord & Richard E. Tremblay (eds.), *Preventing Antisocial Behavior: Interventions from Birth through Adolescence*. New York: The Guilford Press.

Hawkins, J. David, Doueck, Howard J., & Lishner, Denise M. (1988). Changing teacher practices in mainstream classrooms to improve bonding and behavior of low achievers. *American Educational Research Journal, 25*, 31-50.

Psychiatry, 30, Hawkins, J. David, Von Cleve, Elizabeth, & Catalano, Richard F. (1991). Reducing early childhood aggression: Results of a primary prevention program. *Journal American Academy Child Adolescent* 208-217.

O'Donnell, Julie, Hawkins, J. David, Catalano, Richard F., Abbot, Robert D., & Day, Edward (1995). Preventing school failure, drug use, and delinquency among low-income children: Long-term intervention in elementary schools. *American Journal of Orthopsychiatry, 65*, 87-100.

h. The Think Time Strategy: This is a cognitive-behavioral time-out strategy designed to enable a teacher and student to stop a negative social exchange and provide the student with feedback and an opportunity to plan. The Think Time strategy requires teamwork between two or more teachers -- the homeroom teacher and a cooperating teacher(s) who provides the Think Time area. Teachers prepare their class for implementation of the strategy by actively teaching students the steps which are: catching disruptive behavior early, moving to and entering the designated Think Time classroom, debriefing process, checking students debriefing responses, rejoining the class, and use of other consequences. Reported results indicate a 85% decrease in expulsions, 75% decrease in suspensions, and 45% decrease in emergency removals.

For more information, see:

Nelson, J.R., Carr, B.A., & Smith, D.J. (1997). Managing Disruptive Behaviors in School Settings: The THINK TIME Strategy. *Communique, 25*, 24-25.

Nelson, J.R. (1998, April). *The Think Time Strategy: Responding effectively to disruptive behavior*. Paper presented at the International Conference of The Council for Exceptional Children, Minneapolis, MN.

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