

***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS  
AND REDUCING DELINQUENCY***

**STEP 1.**

**Pre-School Early Intervention:  
Birth Through Age 5**

- Introduction
- **AI's Pals: Kids Making Health Choices** (*a best practice*)
- **Dare to Be You** (*a best practice*)
- **First Step to Success** (*a promising practice*)
- **Incredible Years Training Series** (*a best practice*)
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# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

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## ***Step 1. Pre-School Early Intervention: Birth through age 5***

### **Introduction\***

Research has demonstrated that a child's brain develops more rapidly during the first five years of life than any other developmental period. During this time the development of the whole child is at a critical juncture. Children are experiencing powerful influences that will form the foundation for their life in the physical, emotional, social, behavioral, and cognitive domains. Given the power of early influences on future behavior, it is critical that any discussion about the role of educators in preventing juvenile delinquency examine the relationship between early experiences at home and school and how these experiences influence the overall development of young children.

When considering the precursors of juvenile delinquency, longitudinal studies have shown that the strongest predictors of chronic delinquency are the presence of antisocial behaviors in childhood such as frequent fighting, hitting, stealing, vandalism, and lying. However, chronic delinquency has also been associated with the presence of a variety of risk factors. These factors include perinatal difficulties, neurological and biological factors, low verbal ability, neighborhoods characterized by social disorganization and violence, parental criminality, substance abuse, inconsistent and/or harsh parenting practices, low socioeconomic status, and exposure to media violence.

Schools can mitigate the impact of these risk factors by building a student's protective factors. The proportion of protective factors to risk factors significantly impacts the emergence of delinquency and protective factors can combine to offset the effects of risk factors. Protective factors important to build in young children include communication, cognition, academic performance and pro-social behavior. Within preschool programs, these factors are commonly combined to represent instruction associated with "school readiness." School readiness refers to the degree in which a student is prepared for the demands of learning and schools. School readiness has long been tied to a child's cognitive and linguistic preparation with greater attention in recent years to the child's social emotional development, including social skills, relational abilities, self-regulatory capacity, self-confidence and personality.

A growing area of concern in early childhood education is the need to address a child's behavioral "readiness" for school. The prevalence of behavior problems in preschoolers

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\* A *Reference List* for each of the nine Steps, including this Step, can be found in Appendix E.

varies between 10-15%. A growing number of children are engaging in antisocial behavior in early childhood and these children are at a higher risk of adolescent delinquency and adult criminal behavior. This behavior is a serious problem in early childhood education settings and occasionally results in the expulsion of preschoolers from their preschool program.

A recent study by Gilliam (2005) examining the national expulsion rates in preschool settings found that 10.4% of pre-kindergarten teachers reported expelling at least one preschooler in the past 12 months. Further, his research showed that approximately seven percent of preschoolers were expelled per 1,000 enrolled. The pre-kindergarten expulsion rate was 3.2 times higher than the rate for K-12 students. Additionally, the expulsion rates were significantly higher for African-American students and 4.5 times higher for boys than girls. These findings are alarming when considering that the best possible place for young children to learn pro-social behavior is in school where there is an opportunity for direct instruction, feedback and guided practice. Expulsion further limits the child's learning opportunities and increases the likelihood of continued school failure and associated negative outcomes.

This finding also brings attention to the need for early childhood programs to be successful at addressing the whole child. Effective early childhood programs offered in the community often combine health care, mental health care, social services and educational programming in a comprehensive effort to build the capacity of young people to be successful. Yoshikawa (1995) noted that four common factors were associated with early childhood programs that were effective at reducing future juvenile delinquency. These factors include (1) programs that provided quality educational child care and/or preschool as well as support to adults in peer group and family settings; (2) quality programs that had strong theoretical bases for their program components; (3) programs that served the most disadvantaged families; and (4) programs that targeted the first five years of a child's development.

Perhaps the most well-known comprehensive, evidenced-based early childhood prevention program with proven long-term effectiveness is the High/Scope Perry Preschool Project. This project was initiated nearly 40 years ago in Ypsilanti, Michigan, and has demonstrated a number of positive outcomes for program participants including a significantly lower rate of crime and delinquency, improved academic achievement, improved socioeconomic success, greater family stability and higher rates of pro-social behavior. The program focused on providing educational opportunity and family supports. Participants were African American and were identified as being "high risk" based upon low socio-economic status, low IQ with no known biological basis for impairment and at-risk for school failure. A key benefit of this project was noted in how the project reduced the involvement of youth in delinquency and criminal behavior. Follow-up data of participants at age 19 found that program participants in comparison to the control group had significantly fewer arrests (1.3 vs. 2.3 arrests per person); fewer felony arrests (.7 vs. 2.0 arrests per person), and fewer juvenile court petitions

filed (.2 vs. .4 petitions per person). By adulthood, the positive effects of the preschool program were even more evident. At age 27, program participants had significantly fewer arrests than the control group (1.8 arrests vs. 4.0 arrests per person). Further, 35% of the control group were considered "frequent offenders" (5 or more arrests) as compared to only 7% of the program participants.

The High/Scope Perry Preschool Project Program components included having children aged 3-4 participate for two years in a daily (Monday-Friday) preschool classroom for 2.5 hours each day. Classrooms used an active learning approach and emphasized both academic and social emotional skill development. Additionally, they were characterized as nurturing and caring with small student/teacher ratios (5-6 children: 1 adult). Throughout the program, teachers made weekly home visits to offer training, support, and guidance to parents and parents also participated in monthly small group meetings.

A growing interest in early childhood interventions was triggered in part by the High/Scope study and by additional research that suggested significant gains to children and families who participated in selected early intervention programs. These programs typically involved an early childhood education component such as preschool. The quality of the preschool curriculum that focuses on the development of the whole child (cognitive, academic, language, motor and social-emotional) appears to be critical. Integral to the discussion of the prevention of juvenile delinquency are those programs that directly address the social-emotional and mental health needs of youngsters. Programs need to build the capacity of young children to get along with others, resolve conflicts peacefully, communicate about their needs and feelings and develop behavioral awareness and control.

Joseph and Strain (2003) conducted a comprehensive analysis of evidence-based, social-emotional curricula for young children. This analysis identified ten programs that had demonstrated positive results in the development of social-emotional behaviors in early childhood populations. Beginning with this list of evidence-based programs, a review of a variety of additional research and program reviews was conducted and the following model tools were selected for inclusion in this Step:

- ❑ Al's Pals: Kids Making Healthy Choices (1999)
- ❑ DARE to be You (1998)
- ❑ First Step to Success (1998)
- ❑ Incredible Years Training Series: Dinosaur School (1990)
- ❑ Second Step (1989)

Each of these evidenced-based programs involve both classroom based instruction and follow-up in the home and/or community. Most importantly, all of these programs can be easily infused into an early childhood education program and have proven effectiveness in the behavioral "school readiness" of young children.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

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## ***Step 1. Pre-School Early Intervention: Birth through age 5***

### **AI's Pals: Kids Making Healthy Choices (a best practice)**

#### **BRIEF OVERVIEW**

*AI's Pals* is a resiliency-based early childhood curriculum designed to increase social and emotional competence and decrease risk factors associated with persistent aggression or antisocial behavior in preschoolers and young children. The program is designed for use, and has proven to be effective with, children aged 3-8 with diverse ethnic and socio-demographic backgrounds. This program is built upon the fundamental premise that early intervention of at-risk or problem behaviors reduces the likelihood that these behaviors will escalate or persist as problem behaviors.

The following key components characterize the *AI's Pals* program:

- **Classroom Instruction.** Teachers guide children through 46 core lessons designed to help young children learn how to strengthen life and social skills, prevent aggression, self-manage behavior and differentiate between safe and harmful situations. The core lessons are designed to build student protective factors such as empathy, communications, self-discipline and decision making, and reduce risk factors such as aggression, antisocial behavior, peer rejection and lack of self control. The lessons take 15-20 minutes and are offered twice weekly for 23 weeks. Teachers use creative play, brainstorming, puppetry, original and movement to facilitate learning.
- **Parent and Home Component.** Parent communications about the program and lessons learned by the students are ongoing including program announcements, suggested activities and "AI-a-Grams," which recognize the positive accomplishments of students. Fourteen of the 46 lessons have specific activities that parents are encouraged to complete at home.
- **Classroom Follow-Up.** Teachers are expected to reinforce the concepts learned throughout the school day. Children are encouraged to practice positive interpersonal communication during work and play. By reinforcing these concepts throughout the school day and providing feedback to students, the classroom is shaped into a caring and encouraging environment that promotes independent thinking, self-control, healthy decision making, and peaceful problem resolution.

## IMPLEMENTATION ESSENTIALS

**Training.** Teachers and teaching assistants who will be administering the program are required to attend a two-day training provided by Wingspan Workshops. School administrators, parent educators, and other support staff (school mental health personnel, resource specialists, etc.) are also encouraged to participate in the two-day training.

**Curriculum Tools.** School personnel implementing the program must follow the specific lessons in the designated sequence contained in the curriculum kit. Curriculum kits are also available in Spanish.

## PROGRAM EVALUATION

- Designated as a Model Program by the Center for Substance Abuse Prevention (SAMHSA), U.S. Department of Health and Human Services. <http://modelprograms.samhsa.gov/>
- Designated Promising Program by the Safe, Disciplined and Drug-Free Schools, U.S. Department of Education. [http://www.ed.gov/admins/lead/safety/exemplary01/report\\_pg7.html](http://www.ed.gov/admins/lead/safety/exemplary01/report_pg7.html)
- Designated an Effective Program by the Collaborative for Academic, Social, and Emotional Learning (CASEL). [http://www.casel.org/projects\\_products/earlychildhood.php#programs](http://www.casel.org/projects_products/earlychildhood.php#programs)
- Recommended research-based program by Helping America's Youth. <http://helpingamericasyouth.org>
- Recommended research-based program by the Center for Evidenced Based Practice: Young Children with Challenging Behavior. <http://challengingbehavior.fmhi.usf.edu>

## AVAILABLE EVIDENCE

Two quasi-experimental studies conducted in Virginia in the mid-90's revealed significant improvement in the behavior of children participating in the program as compared to a control group receiving no intervention. One of these studies also found that the intervention group students had higher post-intervention scores for positive coping skills.

An experimental study conducted in Michigan also showed significant improvements in the pro-social skills and an overall reduction of problem behavior of the intervention group students. The control group students showed no improvement in pro-social behavior and an increase in problem behavior. Replication studies conducted in Iowa, Michigan, Missouri and Virginia between 1997-2000 found similar results.

## RESOURCES

- **Contact for more information:**

Susan Gellar, President  
Wingspan LLC  
4196 A Innslake Drive  
Glen Allen, VA 23060  
E-mail: [sgellar@wingspanworks.com](mailto:sgellar@wingspanworks.com)  
Website: [www.wingspanworks.com](http://www.wingspanworks.com)

- **Materials and training costs available from:** [www.wingspanworks.com/alspals.htm](http://www.wingspanworks.com/alspals.htm)
  - 2-day training for one teacher including curriculum kit (\$845)
  - 2-day training for one teacher and one teacher assistant including kit (\$1095)
  - 2-day training for each administrator or other support staff (\$250)
  - 2-day training for parent educators including instructional materials (\$400)

## **BACKGROUND READING**

- Collaborative for Academic, Social and Emotional Learning (SEL) Programs. (2003). *Safe and sound: An educational leader's guide to evidenced-based social learning programs*. Chicago: Author. [http://www.casel.org/downloads/Safe%20and%20Sound/1A\\_Safe\\_&\\_Sound.pdf](http://www.casel.org/downloads/Safe%20and%20Sound/1A_Safe_&_Sound.pdf)
- Joseph, G.E., and Strain, P.S. (2003). Comprehensive evidence-based social emotional curricula for young children: An analysis of efficacious adoption potential. *Topics in Early Childhood Special Education*, 23(2), 65-76. <http://challengingbehavior.fmhi.usf.edu/joseph.pdf>
- Learning First Alliance. (2001). *Every child learning: Safe and supportive schools*. Washington, DC: Author. [http://www.casel.org/downloads/Safe%20and%20Sound/3C\\_Every\\_Child\\_Learning.pdf](http://www.casel.org/downloads/Safe%20and%20Sound/3C_Every_Child_Learning.pdf)

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## ***Step 1. Pre-School Early Intervention: Birth through age 5***

### **DARE to Be You (a best practice)**

#### **BRIEF OVERVIEW**

The ***DARE to Be You*** program is a primary prevention, community-school-family collaboration program for children aged 2-5 and their families. The program brings together families, schools, and community providers to build effective parenting skills, nurture positive family relationships, and strengthen the social and interpersonal skills of young children. The program lessons and activities are designed to build protective factors such as empathy, problem-solving, nurturing and positive parent-child interactions and reduce risk factors contributing to unstable family environments and low parental effectiveness. The program uses parent training, teacher training, community involvement, youth skill development, and peer leadership as methods for delivering program components. The DARE in *DARE to Be You* is an acronym that represents the program's efforts to build the following skills: D—decision making/problem solving; A—assertiveness/communication/social skills; R—responsibility/role modeling; and E—esteem for self and others/empathy development.

An educational or community agency needs to act as the site sponsor for this program. Site sponsors provide meeting spaces for families to participate in the program and designate specific personnel responsible for coordinating program activities. The *DARE to Be You* program was developed for use with ethnically diverse populations living in rural, suburban, and urban settings.

The *DARE to Be You* program consists of three key components:

- **Family Component.** The family component requires parent, youth, and family participation in a 12-week workshop series teaching self-responsibility, personal and parenting efficacy, communication and social skills, and problem-solving and decision making skills. Families also participate in a semi-annual family workshop and are encouraged to participate in a post-training support group.
- **School Component.** The school component trains teachers, school support staff, and other child-care providers. School participants are required to participate in a 15-hour training. Teachers and other school personnel implement the curriculum designed to increase self esteem, self responsibility, communication, and decision making. Engaging materials (puppets, etc.) and fun developmentally appropriate activities are used for

teaching each lesson.

- **Community Component.** The community component trains community members who provide direct services to families in the areas of social service, public health, family support, and law enforcement. Community participants are required to participate in 15-hours of training. Community providers emphasize skills that improve parent-child interaction and family functioning.

## **IMPLEMENTATION ESSENTIALS**

**Training.** Three days of on-site training is required for all site team members participating in the implementation of the program including community and school trainers. Technical and follow up assistance is provided.

**Personnel.** Three part-time professionals are required for effective program delivery to 20 adult family members and their children. These three professionals include: (1) a *site coordinator* who is responsible for overseeing staff and program logistics; (2) a *parent/trainer facilitator* who is responsible for conducting family workshops; and (3) a child program coordinator/teen-trainer supervisor who is responsible for preparing and implementing the children's program including the teen mentors. Additional staff may include teen teachers who recruit and coach the teen mentors and clerical staff. Program evaluation staff is also required.

## **PROGRAM EVALUATION**

- Designated as a Model Program by the Center for Substance Abuse Prevention (SAMHSA), U.S. Department of Health and Human Services.  
[http://modelprograms.samhsa.gov/template\\_cf.cfm?page=model&pkProgramID=5](http://modelprograms.samhsa.gov/template_cf.cfm?page=model&pkProgramID=5)
- Designated as a Model Program by the Office of Juvenile Justice and Delinquency Prevention [http://www.dsgonline.com/mpg2.5//TitleV\\_MPG\\_Table\\_Ind\\_Rec.asp?id=319](http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_Ind_Rec.asp?id=319)
- Designated as an Exemplary Program by the National Association of State Alcohol and Drug Abuse Directors and the National Prevention Network <http://www.nasdad.org/>
- U.S. Department of Agriculture: Building Human Capital Award
- Colorado Governor's Award: Excellence in Prevention

## **AVAILABLE EVIDENCE**

Key research findings reported include:

- A study involving three hundred 8 to 12 year-old youth in community youth groups showed significant increases in their internal control, assertiveness, communication, and problem solving skills. The onset of alcohol and tobacco use also was significantly delayed when compared to control peers.
- Another study involving teachers involved in the program showed significant decreases in "burn-out;" increases in personal teaching efficacy, satisfaction, and sense of competence in the teacher role. Control teachers showed the opposite pattern.
- In a five-year study of 800 families, parents showed lasting increases in parental

competence and satisfaction, increases in appropriate control techniques (discipline), and decreases in harsh punishment.

- Preschool youth showed a doubling of developmental attainment over control peers.

## RESOURCES

- **Contact for more information:**

Jan Miller-Heyl  
Colorado State University Cooperative Extension  
215 N. Linden, Suite E  
Cortez, CO 81321  
E-mail: [darecort@coop.ext.colostate.edu](mailto:darecort@coop.ext.colostate.edu)  
Website: <http://www.coopext.colostate.edu/DTBY/>

- **Articles and reports:**

- *DARE To Be You: Fact Sheet.* (2004). Rockville, MD: Substance Abuse and Mental Health Services Association. <http://www.modelprograms.samhsa.gov/pdfs/FactSheets/Dare.pdf>
- Miller-Heyl, J., MacPhee, D., & Fritz, J. (1998). DARE to be you: A family-support, early prevention program. *Journal of Primary Prevention, 18*, 257-285. <http://www.springerlink.com/content/gnj007583q478546/>
- Promising Practices Network on Children, Families, and Communities. (2004). *DARE to be you.* <http://www.promisingpractices.net/program.asp?programid=100>
- Webster-Stratton, C., & Reid, M.J., (2004). Strengthening social and emotional competence in young children—The foundation for early school readiness and success: Incredible years classroom social skills and problem-solving curriculum. *Infants and Young Children, 17*(2), 96–113. <http://www.incredibleyears.com/research/article-foundation-fo-early-school-readiness-sccess-04.pdf>

- **DARE To Be You materials.**

- 20-Hour Implementation Training (includes trainer & travel, materials) (\$3800)
- K-12 Curriculum: (\$225)
- Preschool Activity Kit. (\$225)
- Community Leader’s Manual (\$50)
- Parent Training Guide (\$50)
- Teen Training Guide (\$50)
- Puppets(\$80)
- Various Supplemental Training Guides (\$10.65 each)
- Various Supplemental Materials (button, stickers, patterns, etc.) (\$1.35 each)

## BACKGROUND READING

- Center for the Study and Prevention of Violence. (n.d.). *Blueprints for violence prevention.* Boulder, CO: Author. <http://www.colorado.edu/cspv/blueprints/>
- U.S. Department of Education. (n.d.). *Exemplary and promising Safe, Disciplined and Drug-Free Schools Programs 2001.* Washington, D.C.: Author.

<http://www.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf>

- Webster-Stratton, C., Reid, M.J., and Stoolmiller, M. (2006). *Preventing aggression and improving social, emotional and academic competence: Evaluation of Dina Dinosaur Classroom Curriculum in high risk schools*. [http://www.incredibleyears.com/research/article-preventing-aggression-improving-social-emotional-academic-competence-high-risk-schools\\_8-06.pdf](http://www.incredibleyears.com/research/article-preventing-aggression-improving-social-emotional-academic-competence-high-risk-schools_8-06.pdf)
- *Prevention Online*. <http://ncadi.samhsa.gov/>
- *Top 50 Prevention Publications*. <http://ncadistore.samhsa.gov/catalog/top.aspx>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

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## ***Step 1. Pre-School Early Intervention: Birth through age 5***

### **First Step to Success (a promising practice)**

#### **BRIEF OVERVIEW**

***First Step to Success*** is a school- and home-based intervention program for at-risk kindergarten children with early signs of antisocial behavior patterns. The program goal is to divert antisocial kindergartener behavior to more appropriate patterns of behavior and to develop the necessary competencies for social-behavioral adjustment. It takes approximately three months to complete the total program. By using both a school and home intervention, the program participants have the greatest opportunity for generalization of new behaviors across multiple settings.

The following are the key components of the *First Step to Success* program:

- **Universal Screening.** Kindergarten students are first screened using the Early Screening Project (ESP) (Walker, Severson, & Feil, 1995). This tool is a downward extension of the Systematic Screening for Behavioral Disorders (Walker & Severson, 1990) and utilizes three screenings to identify students at risk. In screening one, teachers rank orders five children in their class who fit a standardized description of externalizing problems and five that fit the criteria for internalizing problems. In screening two, the teacher completes three rating scales for the top three ranked children from the externalizing and internalizing lists. The rating scales used include the ESP Adaptive Scale, ESP Maladaptive Scale, and the aggression sub-scale of the Child Behavior Checklist—Teacher Report (Achenbach, 1991). In screening three, the selected six students are then observed in the classroom setting to determine their Academic Engagement Time (AET). The data collected from these screening mechanisms act as the dependent variables for this program.
- **School Intervention.** The goal of the school intervention is to teach the target child more behaviors that foster academic and social success. Behavioral criteria are set daily and children are given feedback about their performance. Children receive reinforcement for earning 80% of available points. In the first phase of the program, the project consultant implements the program in the classroom by integrating behavioral competencies into the existing academic program. In the second phase of the project, the consultant turns the program over to the teacher and provides supervision and support. Gradually, the program reaches the “maintenance phase” where the teacher,

consultant, and parent are able to maintain the child's improved behavior primarily through the use of praise. The School Intervention module is adapted from the CLASS program for Acting-Out Children (Hops & Walker, 1988).

- **Home Intervention.** The Home Intervention is a six-week skill building program focusing on building children's competencies in the areas of: (1) communication and sharing; (2) cooperation; (3) limit setting; (4) problem solving; (5) friendship making; and (6) confidence development. The program consultant visits each child's home for 45-60 minutes each week. The consultant supports the parents in monitoring the child's school behaviors, reinforcing school success, and building the basic child competencies. The consultant provides parents with a guidebook and activities that can be used for building participant skills. The Home Intervention module is based upon the research conducted at the Oregon Social Learning Center (OSLC).

## **IMPLEMENTATION ESSENTIALS**

**Personnel.** A program consultant is considered a key player in ensuring the fidelity of program implementation. The consultant works with teachers to implement the universal screening, identify potential participants, encourage parental participation, conduct weekly home visits, and acts as the overall program coordinator and evaluator. The typical investment of the *program consultant* is 50-60 hours over the three-month period of program implementation.

## **PROGRAM EVALUATION**

- Recommended research-based program by Helping America's Youth. <http://helpingamericasyouth.org>
- Recommended research-based program by the Center for Evidenced Based Practice: Young Children with Challenging Behavior. <http://challengingbehavior.fmhi.usf.edu>
- Awarded a research and development grant by the U.S. Department of Health and Human Services, Administration for Children and Families to create a Head Start adaptation of the First Step to Success program. <http://www.uoregon.edu/~ivdb/doc/grants/headstart.htm>

## **AVAILABLE EVIDENCE**

A randomized clinical trial demonstrated that children who participated in First Steps were rated by teachers as significantly more adaptive ( $p < .001$ ), less aggressive ( $p < .001$ ), displaying less maladaptive behavior ( $p < .001$ ), and displaying more academic engagement ( $p < .05$ ) as compared to control subjects. Limitations of the study were the small sample size ( $N = 46$ ) and the low minority representation (7% of the sample). These findings were replicated with similar results and further independent replications of the program are currently underway.

## **RESOURCES**

- **Contact for more information and to purchase materials and services:**

Hill M. Walker  
Institute on Violence and Destructive Behavior

1265 University of Oregon  
Eugene, OR 97403  
Phone 541/346-3591; email: [ivdb@darkwing.uoregon.edu](mailto:ivdb@darkwing.uoregon.edu);

- Homepage News Archive. (2003). *Head Start Research Center offers kids 'First Step to Success.'* Eugene, OR: University of Oregon. <http://duckhenge.uoregon.edu/hparchive/display.php?q=headstart.html>
- Walker, H.M., Stiller, B., Severson, H.H., Feil, E.G., & Golly, A. (1998). First Step to Success: Intervening at the point of school entry to prevent antisocial behavior patterns. *Psychology in the Schools*, 35(3), 259-269. <http://education.ucsb.edu/school-psychology/School-Violence/PDF/FirstSteps.pdf>

## **BACKGROUND READING**

- Institute on Violence and Destructive Behavior. <http://www.uoregon.edu/~ivdb/>
- Lumsden, L. (2000). Early intervention to prevent violence. *University of Oregon Clearinghouse on Educational Policy and Management, Research Roundup*, 17(1). [http://eric.uoregon.edu/publications/roundup/Fall\\_2000.html](http://eric.uoregon.edu/publications/roundup/Fall_2000.html)

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## ***Step 1. Pre-School Early Intervention: Birth through age 5***

### **Incredible Years Training Series (a best practice)**

#### **BRIEF OVERVIEW**

*The Incredible Years Training Series* includes three comprehensive, multifaceted, developmentally based curricula for parents, teachers, and students. The program is designed to promote social and emotional competence and to prevent, reduce, and treat aggressive, defiant, oppositional, and impulsive behaviors in children 2-8 years old.

The following are the key components of the *Incredible Years Training Series*:

- **Parent Training Program:** The Parent Training Program consists of three different levels of instruction: *basic*, *advance*, and *school*. The *basic* level teaches parenting skills that promote children's competence and reduce problem behaviors. The *advance* level emphasizes the development of parent interpersonal skills. The *school* level emphasizes parenting approaches designed to promote academic skills and school success. In all levels of the Parent Training program, improving the quality of parent-child interactions is emphasized.
- **Teacher Training Program:** The Teacher Training series helps teachers learn and apply proven classroom management skills such as the use of teacher attention, praise, encouragement, incentives, proactive teaching strategies, management of inappropriate classroom behaviors, the importance of building positive relationships with students, and how to teach empathy, social skills, and problem solving. The Teacher Training program can be delivered in fourteen 2-hour sessions or a 4-day intensive workshop.
- **Child Training Program:** The Child Training Program consists of skill development activities promoting emotional literacy, empathy, perspective taking, friendship, anger management, interpersonal problem solving, school rules, and successful student behaviors. This program is called the *Dina Dinosaur Classroom* and includes 60 lessons delivered 1-3 times a week for 45 minute periods. For students experiencing more intense conduct problems, the *Dina Dinosaur Small Group* therapy is available, which focuses on more individualized skills development through 2-hour sessions across 18-22 weeks.

## IMPLEMENTATION ESSENTIALS

**Commitment by the School.** The successful implementation of the *Incredible Years* requires the full commitment of administrators, faculty, and staff to the principles and tenants of the program.

**Training.** It is essential that all personnel involved in the delivery of the program be trained by certified trainers in the areas that they plan to be involved. School counselors, social workers, psychologists, and teachers are all excellent candidates for training and subsequent implementation of the program. All training groups should be supported by two certified group leaders. All training participants should receive a complete set of books and manuals.

## PROGRAM EVALUATION

- Designated as a Model Program by the Center for Substance Abuse Prevention (SAMHSA), U.S. Department of Health and Human Services. <http://modelprograms.samhsa.gov/>
- Designated Model Program by the Office of Juvenile Justice and Delinquency Prevention [http://www.dsgonline.com/mpg2.5/mpg\\_index.htm](http://www.dsgonline.com/mpg2.5/mpg_index.htm)
- Recommended research-based program by the Center for Evidenced Based Practice: Young Children with Challenging Behavior. <http://challengingbehavior.fmhi.usf.edu>
- U.S. Leila Rowland National Mental Health Award recipient

## AVAILABLE EVIDENCE

All three program components have been evaluated using experimental randomized control group studies. Further, the findings from these studies have been independently replicated with different ethnic populations, age groups, and in the United States, Canada, and the United Kingdom. Sample findings from these studies include:

- The addition of teacher and/or child training programs significantly enhanced the effects of parent training, resulting in significant improvements in peer interactions and behavior at school.
- According to standardized reports by teachers and parents, at least 66% of children previously diagnosed with Obsessive Defiance Disorder/Compulsive Disorder whose parents received the training were in the normal range at both the one-year and three-year follow up assessments.

## RESOURCES

- **For more information contact:**

Lisa St. George, Administrative Director  
Incredible Years  
1411 8<sup>th</sup> Ave. West  
Seattle, WA 98119  
888-506-3562; [incredibleyears@seanet.com](mailto:incredibleyears@seanet.com)

- **The Incredible Years** website. <http://www.incredibleyears.com>

- Parent Training (3 days) or Child/Teacher Training (2 days), \$1300 per day plus expenses. <http://www.incredibleyears.com>
- Materials: <http://www.incredibleyears.com>
  - Parent Training Program: BASIC (\$1300)
  - Parent Training Program: ADVANCE (\$775)
  - Parent Training Program: SCHOOL (\$995)
  - Teacher Training Program (\$1250)
  - Child Training Program (\$975)
- **Articles and reports:**
  - Webster-Stratton, C., & Reid, M.J. (2004). Strengthening Social and Emotional Competence in Young Children -- The Foundation for Early School Readiness and Success Incredible Years Classroom Social Skills and Problem-Solving Curriculum. *Infants and Young Children*. 17(2), (pp. 96–113).  
<http://www.incredibleyears.com/research/abstract-article-foundation-for-early-school-readiness-success-04.htm>
  - Webster-Stratton, C., Reid, M.J., and Stoolmiller, M. (2006). Preventing Aggression and Improving Social, Emotional and Academic Competence: Evaluation of Dina Dinosaur Classroom Curriculum in High Risk Schools.  
<http://www.incredibleyears.com/research/abstract-article-preventing-aggression-improving-social-emotional-academic-competence-high-risk-schools-8-06.htm>

## **BACKGROUND READING**

- Bear, G. G., Webster-Stratton, C., Furlong, M. J., & Rhee, S. (2000). Preventing Aggression and Violence. In G. Bear & K. Minke (Eds.), *Preventing school problems - promoting school success: Strategies and programs that work*. Washington: DC: National Association of School Psychologists. <http://www.nasponline.org/trainers/Preventing/TOC.pdf>
- Dwyer, K. P., Osher, D., & Warger, C. (1998). *Early warning, timely response: A guide to safe schools*. Washington, DC: U.S. Department of Education. Produced by AIR in collaboration with NASP, under a collaborative agreement with Office of Special Education Programs of the U.S. Department of Education. [www.naspcenter.org/pdf/guide.pdf](http://www.naspcenter.org/pdf/guide.pdf)
- NASP Resources. (July 1, 2006). *Violence Prevention and Crisis Management*. <http://www.nasponline.org/advocacy/violresources2006.pdf>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

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## ***Step 1. Pre-School Early Intervention: Birth Through Age Five***

### **Second Step: Violence Prevention Curriculum (a best practice)**

#### **BRIEF OVERVIEW**

***Second Step: Violence Prevention Curriculum*** is a classroom-based social skills program for children aged 4-14 years old. It focuses on teaching empathy, impulse control, problem-solving, and anger management through direct instruction, modeling, guided practice, and reinforcement. The goal of the program is to reduce impulsive, high-risk, and aggressive behaviors while increasing children's social emotional competence and other protective factors. A Spanish version of the curriculum is also available.

The following are the key components of the *Second Step* preschool/kindergarten curriculum:

- **In-School Curricula.** For the in-school curricula, teachers are trained to lead each lesson. Teachers show students a large photo card depicting an interpersonal situation between children. Printed on the back of each card is a scripted lesson guide for teachers to follow. Teaching techniques used in the lessons include discussion, videotape modeling, teacher modeling, direct instruction, role play, and guided practice. The pre-K level also includes puppets and sing-along tapes. All lessons recommend ways to generalize the behaviors to other settings and activities. Twenty to twenty-three lessons per year varying in length from 20-45 minutes should be presented to students. Lessons are designed so that they can be completed in a typical class period. The lessons are arranged in a specific order that developmentally builds student skills.
- **Parent Training.** The preschool through fifth grade modules have an optional video-based parent training component. The parent training module is designed to help parents of children participating in the school program apply pro-social skills to parenting situations. This module familiarizes parents with the curriculum, assists them in reinforcing skills at home, and gives families the necessary skills to communicate, problem solve, and manage anger and conflict.

#### **IMPLEMENTATION ESSENTIALS**

- **Training.** Classroom teachers should be the primary presenters of the curriculum. All participating teachers need to take a one-day teacher training workshop prior to implementing the curriculum. This training will help teachers understand the purpose,

structure, format, and strategies to be used in the curriculum.

- **All School Reinforcement of Second Step Principles.** To maximize the effectiveness of the program, all school faculty should be familiar with and reinforce the skills taught in the curriculum. Ideally, the program should be implemented school-wide. If this is not possible, a minimum of two teachers should implement the program at one time so that they can share and learn from each other's experiences.

## **PROGRAM EVALUATION**

- Designated as a Model Program by the Center for Substance Abuse Prevention (SAMHSA), U.S. Department of Health and Human Services. <http://modelprograms.samhsa.gov/>
- Designated an Exemplary Program by the U.S. Department of Education. <http://www.cfchildren.org/cfc/aboutf/awardsendorse>
- Recommended research-based program by the Center for Evidenced Based Practice: Young Children with Challenging Behavior. <http://challengingbehavior.fmhi.usf.edu>
- Drug Strategies, Inc.: Rated an "A" program. <http://www.drugstrategies.org/overview.html>

## **AVAILABLE EVIDENCE**

More than a dozen evaluations have been conducted of the Second Step program. These evaluations include large, diverse samples in experimental and control group designs. Sample findings from experimental-control group studies include:

- 20% reduction in physical aggression during lunchtime and recess as compared to the control group that increased aggressive incidents by 41%;
- 36% less aggressive behavior during conflict/arousing situations;
- 41% reduction in the need for adult intervention during conflicts; and
- 37% more likely to choose positive social goals.

Overall findings specific to the preschool-kindergarten curriculum included decreased verbal aggression, disruptive behavior, and physical aggression and increased empathy and consequential thinking skills.

## **RESOURCES**

- **Contact for more information:**

Committee for Children  
568 First Avenue South, Suite 600  
Seattle, WA 98104  
Website: [www.cfchildren.org](http://www.cfchildren.org)

- **Contact for training and technical assistance:**

Client Support Services Department  
800-634-4449 (training costs may also apply)

- **Preschool-Kindergarten Kit** (\$279)  
<http://www.cfchildren.org/cfc/images/productandpricelist.pdf>
- **Family Manual** and **Parent Education** videos (\$395)  
<http://www.cfchildren.org/cfc/images/productandpricelist.pdf>
- National Center for Mental Health Promotion and Youth Violence Prevention Fact Sheet: Second Step-A Violence Prevention Curriculum  
<http://www.promoteprevent.org/documents/EBI/Second%20Step.pdf>

## **BACKGROUND READING**

- Dwyer, K., & Osher, D. (2000). *Safeguarding our children: An action guide*. Washington, DC: U.S. Departments of Education and Justice.  
[http://www.ed.gov/admins/lead/safety/actguide/action\\_guide.pdf](http://www.ed.gov/admins/lead/safety/actguide/action_guide.pdf)
- Yannacci, J., & Rivard, J. (2006). *Matrix of children's evidenced based interventions*. Alexandria, VA: NRI Center for Mental Health Quality and Accountability.  
<http://systemsofcare.samhsa.gov/headermenu/docsHM/MatrixFinal1.pdf>