Decreasing Elementary School Children's Disruptive Behaviors: A Review of Four

Evidence-Based Programs for School Counselors

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Abstract

Elementary school counselors are often expected to intervene when students are disruptive. This article describes four evidence-based programs that have been shown to be highly effective in changing children's disruptive behavior. The success of these programs rests on the involvement of both parents and teachers in developing a collaborative approach to managing children's behavior. These four programs were evaluated in terms of their feasibility of implementation by school counselors and other school personnel, their substantiated effectiveness with diverse populations, and their accessibility and ease of use.

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Johnny calls out "Oooh, I know the answer. It's 'stinky pants.' Ha ha!" Ms. Green turns to him, says his name loudly and frowns. Johnny kicks the leg of his desk and sighs. A couple of the students next to him snicker. Johnny picks up his notebook and throws it at the boy next to him, hitting his classmate in the shoulder, the spiral cutting his chin. The class collectively says "ooh" as they look toward Ms. Green for her response. Ms. Green grits her teeth, looks at Johnny, points to the door and says, "Out!"

The behaviors exhibited by children like Johnny that disrupt learning have long been of concern to teachers, administrators and school counselors. Such disruptive behaviors range on a continuum from students arguing with classmates, becoming angered or annoyed easily by others, throwing things, losing their temper, disobeying rules, showing defiance toward the teacher and students, and displaying aggression (Bowen, Jensen & Clark, 2004; Wakschlag et al., 2005). Children who have significant problems with defiant and hostile behaviors toward parents and teachers appear to have difficulty with recognizing the consequences of their behavior and learning from past mistakes. Often behaviors that are disruptive are addressed through disciplinary measures that are punitive, such as referrals, suspensions, and calling parents, which may do little to eliminate such behaviors. Of particular concern is when disciplinary measures do not account for the culture-bound nature of some disruptive behaviors and therefore school personnel do not assess and intervene accordingly (McAdams, Foster, Dotson-Blake, & Brendel, 2009). As their behaviors escalate, children who are disruptive often experience problematic peer relationships and peer rejection, and

exasperation of their teachers, which can often mask the attentional and academic difficulties that may underlie their behaviors. As a result, children who display aggressive behaviors often become alienated from their teachers, parents, and peers as their early disruptive behavior leads to academic problems (August, Realmuto, Hektner, & Bloomquist, 2001).

As evidence has accumulated that children who show signs of being aggressive in early grades are at the highest risk for developing delinquency in adolescence and antisocial and criminal behavior in adulthood, early intervention is critical (August et al., 2001; Haapasalo & Tremblay, 1994; Tremblay et al., 1992). In an effort to prevent such a negative trajectory, school counselors have often been called upon to intervene with elementary school children displaying disruptive behaviors. Traditionally, school counselors have focused their interventions predominantly on the individual child and failed to take into account the multiple systems in which the child is a part: classroom, home, and community (Edwards & Foster, 1995; McAdams et al., 2009). Recently, however, some counselors have begun to realize that many children who are disruptive may have significant difficulty in generalizing what they learn in a counseling setting to their lives in the classroom and at home and thus such interventions have not been shown to be very successful (DuPaul & Stoner, 2003). Interventions are needed that involve key adults in children's social systems and move from the counselors' office to naturalistic settings such as the classroom, playground or home where and when children actually experience behavior problems (McAdams et al., 2009; Mercugliano, Power & Blum, 1999). Of particular importance is the need for school counselors to work alongside the families of children who exhibit disruptive behaviors (McAdams et

al., 2009). Thus, to be most effective with children who show early signs of disruptive and aggressive behavior, teachers and families need to be involved.

A significant federal funding initiative was undertaken in the 1990s to develop and evaluate intervention programs for children who demonstrated aggressive and disruptive social behaviors during their elementary school years. The results of this large-scale research are clear: Prevention programs that are comprehensive in scope, and address the individual child, the child's peer relationships, the child's school and classroom environment, and the child's family are the most effective (August et al., 2001; Terzian & Fraser, 2005). As a result of years of federal funding, a large number of comprehensive programs have now been developed and have undergone extensive validation (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2002; Farrington & Welsh, 1999; Gottfredson & Gottfredson, 2002; Greenberg, 2004; Wilson, Gottfredson, & Najaka, 2001). These demonstrably effective intervention programs have produced positive outcomes that include decreased discipline problems and aggression and increased parenting skills, positive peer involvement, and school achievement (Farrington & Welsh, 1999; Terzian & Fraser, 2005).

Upon recognizing the importance of taking a comprehensive approach to intervening with children in multiple systems, where do school counselors begin? Although school counselors are often expected to work with children who exhibit disruptive or aggressive behavior, there has been little mention of these effective intervention programs within the school counseling literature. Because most of the research related to these programs is found in the social work, criminology, and psychology literature under the category of delinquency prevention programming, many

school counselors may not be aware of the applicability of these interventions to their work with children who are disruptive and/or aggressive. This lack of information is particularly regrettable given that school counselors have a unique skill set that is well suited for leading such intervention efforts in their schools—by providing leadership in identifying effective programs, implementing direct services, and consulting with teachers and families (American School Counselor Association [ASCA], 2003).

The authors believe that providing school counselors with direct knowledge of well-researched intervention programs for dealing with children's disruptive or aggressive behavior can increase their effectiveness and efficiency. Therefore, the purpose of this article is to describe four comprehensive intervention programs that have been demonstrated to be effective with reducing disruptive behaviors of elementary school students and are consistent with the role and skill set of elementary school counselors. The four selected programs were drawn from the reviews of effective programs (see Appendix A) written by Terzian and Fraser (2005), the Office of Juvenile Justice and Delinquency Prevention's ([OJJDP], 1999) and the Center for the Study and Prevention of Violence's Blueprints for Violence Prevention ([CSPV], 2006a; 2006b). In this article, these four programs are described and their applicability for school counselors is discussed. Finally, we address the implications of school counselors' use of these comprehensive intervention programs.

Criteria for Selecting Effective Programs for School Counselors

Terzian and Fraser (2005) reviewed school-based family interventions. OJJDP and the Substance Abuse and Mental Health Services' Center for Substance Abuse Prevention (CSAP) identified "Best Practice" programs that were family strengthening

and prevented juvenile delinquency and substance abuse. In contrast, the CSPV's review, *Blueprints for Violence Prevention*, identified programs to address aggression in children and adolescents. The authors of each of the above reviews derived lists of programs by examining published literature and using committees of experts in the field to locate programs that used experimental or quasi-experimental designs to assess program outcomes. Programs identified as effective by these published reviews were based upon the rigor of the study design, replication of the study at multiple sites, and evidence of demonstrable outcomes up to one-year later. OJJDP also evaluated programs based on cultural and age appropriateness (OJJDP, 1999). Programs were then rated or rank-ordered in terms of their effectiveness.

A total of 26 validated intervention programs identified from the three reviews written by Terzian and Frazier, OJJDP, and CSPV were then reviewed by the authors of this manuscript, using a set of inclusion criteria based on the usability of these programs by school counselors. Programs that met the following criteria were included in this review: (a) applicability to elementary school aged children, (b) inclusion of a family component, and (c) inclusion of a universal classroom component. These preliminary criteria were based upon literature citing the importance of early intervention (August et al., 2001; Haapasalo & Tremblay, 1994; Tremblay et al., 1992), the inclusion of the family (August et al., 2001; Terzian & Fraser, 2005), and the need for universal, or school-wide interventions from which all students could benefit.

Only six programs met these initial criteria. One of these programs, the Seattle Social Development Project, was eliminated because it was a precursor to the Raising Healthy Children program that was one of the other five programs. Another program,

Classroom Centered/Family School Partnership Intervention, was also eliminated because the classroom curriculum had only been tested in the Baltimore City Schools. Hence its transferability to other schools was untested. With the elimination of these two programs, four demonstrably effective programs remained and are discussed in this review: Linking the Interests of Families and Teachers (LIFT), Fast Track/PATHS, Raising Healthy Children, and Incredible Years.

These four programs were judged to be applicable for school counselors' use in addressing disruptive and aggressive behavior. Each of these programs were then evaluated by the authors as to their: (a) applicability for implementation by school counselors and other school personnel (e.g. counselors and teachers) with minimal or no outside community support, (b) adequate evidence of effectiveness with diverse populations and, (c) level of accessibility and ease of use. Therefore, we found the programs presented herein to be consistent with the multiple roles of the school counselor, their accountability to varied constituencies, and their prevailing need for practicality.

Description of Effective Programs for School Counselors

In this section, each of the four intervention programs will be discussed. Further information for school counselors about how to obtain more specific information about the selected interventions is provided in Appendix B.

Linking the Interests of Families and Teachers

Linking the Interests of Families and Teachers (LIFT) is a program for first and fifth graders that addresses the reduction of children's oppositional, defiant and socially problematic behavior in adolescence (Eddy, Reid & Fetrow, 2000). Interventions were

designed to decrease coercive punishment and increase pro-social behaviors (Reid, Eddy, Fetrow, & Stoolmiller, 1999). The LIFT program includes a universal, pro-social skills training program for use in classrooms, behavior modification on the playground, and parent training.

The classroom, or universal, component of LIFT consists of 10-weeks (20 one-hour sessions) that can be taught by the classroom teacher or the school counselor (Eddy et al., 2000). Each session consists of four parts: (a) classroom discussion of social and problem solving skills, (b) skill practice in both small and large groups, (c) free play, and (d) review of the lesson and the presentation of daily rewards (Reid et al., 1999).

"The Good Behavior Game" (GBG: Barrish, Saunders, & Wolfe, 1969; Dolan et al., 1993) is a particularly well-validated component of LIFT that occurs on the school playground (National Academies Press, 2009). Each classroom is divided into four or five small groups that work together on a series of activities. The GBG framework allows students to earn points for their group and their entire class by displaying pro-social behavior. Prosocial behaviors are immediately rewarded with an armband; and once the class earns a certain number of armbands, the class earns a reward. Group rewards are dependent on group members' ability to refrain from negative social behaviors, such as defiance towards authority, aggressive behavior towards peers, and/or being argumentative and disregarding classroom and school rules. Each group is awarded a set number of positive points called "good faith points." If over a period of time the group is able to maintain point totals, each member of the group receives a prize (Reid et al., 1999; Eddy et al., 2000).

The LIFT parenting component focuses on parental involvement in their child's education and effective discipline and supervision (Reid et al., 1999). Parental involvement is promoted by the inclusion of a phone and answering machine in each classroom. Teachers record outgoing messages daily so parents can call the machine to receive information and/or leave messages for the teacher. Additionally, parents meet in groups of 10 to 15 families once a week for six weeks at the school. Parent groups include videotaped scenarios of parenting skills, role-plays, reading activities, and home-practice activities. In addition to group meetings and daily communication, parents are contacted weekly by phone to check on progress made at home and to address any parental concerns (Reid et al., 1999).

The LIFT program has undergone a series of evaluative research studies and the results are promising. In a study conducted by Reid et al. (1999), a standardized random regression method determined statistically significant differences between the LIFT program participants and control group participants immediately after the completion of the program. Significant findings included less child physical aggression toward classmates on the playground, less aversive behavior from parents during family problem-solving discussions, and improved teachers' impressions of children's classroom behavior. In a three year follow up, Eddy and colleagues (2000) reported that students who participated in LIFT in first grade were significantly less likely than control group children to increase hyperactive, impulsive, and inattentive behaviors. Furthermore, in a study of long-term program effects, researchers utilized two methods of survival analyses, logistic and Cox regression, to determine that participants of the LIFT program were less likely than control participants to experience police arrest or

patterned alcohol use (Eddy, Reid, Stoolmiller & Fetrow, 2003). Though early reports are promising, the LIFT program is newer and still undergoing extensive evaluation. Of concern to the current authors is that the LIFT program has been researched in a city with a predominantly White population (Eddy et al., 2000, 2003; Reid et al., 1999) and thus it is difficult to substantiate how effective this program would be with diverse populations.

Implementation of the LIFT program by school counselors is feasible. For example, school counselors' group counseling skills allow them to lead parent education groups and to facilitate parent-to-parent connection. At this time, a description of the LIFT program is available in the journal articles listed in Appendix B. Although it is yet to be made commercially available (K. Jordan, personal communication, March 3, 2009), there is sufficient access to publications for the program to be replicable (Appendix B).

Fast Track/PATHS

The Fast Track program targets children who are disruptive and aggressive in school and emphasizes two high-stake transitions for school children – school entry and transition to middle school (Conduct Problems Prevention Research Group [CPPRG], 1992). The goals of the Fast Track intervention are to reduce disruptive behaviors at home and children's aggressive, disruptive and off-task behaviors in school, improve children's social cognitive skills, problem solving, peer relations, academic skills, and enhance parent-child and family-school relationships. Fast Track consists of five components, a universal classroom intervention, parent training, home-visitation/case management, friendship groups, and academic tutoring for students identified by teachers and parents as "high risk" (Bierman & Greenberg, 1996; CPPRG, 1992).

The Fast-Track universal school-based component is an adapted version of the multi-year (1st - 5th grade) PATHS curriculum (Kusche & Greenberg, 1994). The PATHS curriculum, which is implemented by teachers, focuses on the development of self-control, a positive peer climate, emotional awareness, and interpersonal problem solving skills (Bierman & Greenberg, 1996; CPPRG, 1992). On average, teachers are to conduct two to three lessons per week, and reinforce the learned lesson throughout the day (Bierman & Greenberg, 1996). For example, students' draw feeling faces on cards that they keep on their desks in order to communicate feelings throughout the day. To facilitate the implementation of the PATHs curriculum, the program authors recommend having an Educational Coordinator (EC), who is trained in the curriculum and is available to provide support and consultation to teachers for behavioral management issues (CPPRG, 1992).

The Fast-Track program provides skill development to parents through 2-hour group sessions. The Fast Track authors suggest that a Family Coordinator (FC), an individual with a social work or a psychology/counseling degree, lead the 22-session group sessions based on creating positive family- school relationships and teaching social learning-based parenting skills. Similar to the LIFT program, these sessions consist of videotaped vignettes, modeling, and role-plays (CPPRG, 1992; McMahon, Slough & CPPRG, 1996). While parents meet in group sessions, children are in social skills training groups led by the ECs. After the parent sessions, children join their parents for a 30-minute parent-child social skills activity that provides practice so that skills generalize into the home. The Fast Track enrichment program also includes bi-weekly home visits or telephone contacts. Through home visits, trusting relationships

are established, skills are practiced, and parental problem solving is promoted (CPPRG, 1992; CPPRG, 1999a). The Fast Track program continues beyond first grade, with parent groups meeting for 14 sessions in 2nd grade, and parents meeting once a month for 9 sessions in 3rd grade.

The effectiveness of the Fast Track program has been evaluated in a number of research studies (CPPRG, 1999a; CPPRG, 1999b; CPPRG, 2002). Using a two-level mixed model (analogous to analysis of covariance) researchers found significant differences between Fast Track participants and controls, in their levels of emotional and social coping skills, basic reading skills, language art grades, and positive peer relations in school (CPPRG, 1999a). The researchers also reported significant improvements for the parents who participated in their parental warmth and positive involvement, consistency of discipline, school involvement, decreased use of harsh punishment, and enhanced parenting satisfaction and self-efficacy (CPPRG, 1999a). Using hierarchical linear modeling and generalized linear modeling, researchers also have found that the universal classroom intervention significantly affected the level of aggression and negative classroom behavior demonstrated by participants (CPPRG, 1999b). While studies have substantiated the program's effectiveness with diverse populations (CPPRG, 1999a, 1999b, 2002), the authors urge caution due to the program's use of deficit-based language regarding students' social skills and academics with such terms as "handicaps" and "distortions" (see Bierman & Greenberg, 1996; CPPRG, 2002).

The Fast Track/PATHs program is suitable for implementation in elementary schools. Multiple components offer classroom social skill enhancement, a focus on the

parent-child relationship, friendship groups, and academic tutoring. These activities are familiar to school counselors as they already conduct friendship/social skills small groups, consult with parents, and coordinate various student services, including tutoring. Moreover, K. Bierman, one of the creators of the program, has indicated that school counselors are qualified to serve as the Educational Coordinator (EC) or Family Coordinator (FC) (personal communication, February 13, 2009). Access to the universal PATHs curriculum is available for purchase (see Appendix B), and the Fast Track curriculum is in production with Oxford Press.

Raising Healthy Children

The Raising Healthy Children program, previously named Skills, Opportunity, and Recognition (SOAR), is a replication and extension of the Seattle Social Development Project (SSDP). This well-documented program provides a school-wide approach to intervening with aggressive children that includes teacher training, parent training, and student skill development (Catalano, Haggerty, Oesterle, Fleming, & Hawkins, 2004). Raising Healthy Children (RHC) is grounded in forging strong connections to school and family as protective factors against antisocial behaviors. RHC focuses on teachers, children, and parents from kindergarten through third grade, and provides an extension program for grades four through seven (Catalano et al., 2003; 2004; O'Donnell, Hawkins, Catalano, Abbott & Day, 1995). A school home coordinator (SHC), either a former classroom teacher or school counselor is recommended to administer the interventions used in RHC (Catalano et al., 2004).

Teachers receive 10 to 12 days of in-service training over a two-year period to develop teaching and proactive classroom management skills that increase children's

bonding to school. Training in proactive classroom management includes establishing routines, giving clear instructions, and intervening early to keep classroom disruptions from escalating. A cooperative learning component introduces teachers to the use of small group teaching methods (Catalano et al., 2003, 2004; O'Donnell et al., 1995).

Children receive direct cognitive and social skills training in the classroom. Some of the skills addressed include listening, problem solving, tattling versus reporting, sharing, anger management, giving compliments, recognizing feelings, and manners. Each skill is covered for approximately one month and each session is approximately 45 minutes with 5-10 minutes of reinforcement and practice (K. Haggerty, personal communication, December 10, 2008; K. Estep, personal communication, February 11, 2009). Additionally, *The Get-Alongs,* a set of books created by Carol Cummings (1993), are used to teach interpersonal and problem solving skills. RHC also provides a summer camp for students with academic or behavioral difficulties. Although funding for a summer camp may not be realistic for many schools, elements of the summer camp social skills curriculum may be implemented in a developmental guidance or small group format.

Parenting workshops focus on teaching child-rearing skills, decreasing family conflict, setting clear rules, and developing academic support skills. There also is an opportunity for parents to engage with their children in activities such as demonstration and modeling, role-plays, and small and large group discussions. An example of RHC's parent training includes teaching first- and second-grade parents to use behavior management skills through a "Catch 'Em Being Good" activity (Hawkins, Catalano, Jones & Fine, 1987). "Catch 'Em Being Good" is designed to build on children's'

strengths by helping parents to identify both positive and negative behavior and provide positive reinforcement or consequences as needed. In second and third grade, parents receive a four-session academic support curriculum, originally called "Supporting School Success." In grades four through seven, parents are invited to participate in a program originally called "Guiding Good Choices." (aka, "Preparing For the Drug (Free) Years," (Hawkins, Catalano, & Kent, 1991).

Using multivariate statistical analyses researchers have determined that children who participated in the Raising Healthy Children program, and its predecessor, the Seattle Social Development Project (SSDP) demonstrated increased bonding to school, enhanced academic achievement and social skills, less school misbehavior and antisocial behaviors, and less frequent use of alcohol and marijuana following treatment (Brown, Catalano, Fleming, Haggerty, & Abbott, 2005; Catalano et al. 2003; Hawkins, Catalano, Kosterman, Abbott, & Hill, 1999). In a long term follow up study of SSDP participants at age 21 researchers conducted a multivariate analysis of variance to compare participants to controls. The results of this study showed that SSDP participants were significantly more likely to have graduated high school and be gainfully employed than were control group participants. Moreover, SSDP participants had significantly better regulation of emotions, significantly fewer thoughts of suicide and were significantly less likely than control participants to be involved in crime or adjudicated (Hawkins, Kosterman, Catalano, Hill & Abbott, 2005). In its current form, RHC has not been extensively researched with culturally diverse populations, with only 20% of the participants in the existing studies being of non-European American descent (Catalano et al., 2002, 2003). However, research studies on the Seattle Social

Development Project showed positive outcomes when the majority of the participants were of non-European American descent (Hawkins et al., 1999; O'Donnell et al., 1995).

Incredible Years

Initially developed to assist parents of young children ages two to eight in coping with common child behavior problems, the Incredible Years program has now been expanded to include both a classroom curriculum for developing children's social skills and problem-solving, a structured group on child management for parents, and an intensive small group intervention program for children with more severe behavior problems (Reid & Webster-Stratton, 2001, Webster-Stratton & Reid, 2004). While each component can be delivered separately, research has demonstrated that a combined multi-systemic approach yields the most change in children who have severe behavior problems (Beauchaine, Webster-Stratton, & Reid, 2005).

The development of these programs has been strongly influenced by Patterson (Patterson 1982, 1986) who hypothesized a "coercive pattern" in which children learn to get their own way and escape (or avoid) parental criticism by escalating their negative behavior, which in turn leads to increasingly aversive adult responses, which reinforces a negative cycle (Patterson, Reid, Jones, & Conger, 1975; Patterson, Reid & Dishion, 1992). Research reveals that parents of children with these behavior patterns exhibit fewer positive behaviors, use more violent disciplinary techniques, are more critical, more permissive, less likely to monitor their children's behavior, and more likely to reinforce inappropriate behaviors while ignoring, or even punishing, prosocial behaviors (Patterson et al., 1992). As a result, these programs are used with young children and their families when parent-child styles of interaction are still relatively malleable

(Webster-Stratton, Reid & Hammond, 2004; Webster-Stratton, Reid & Stoolmiller, 2008).

The Incredible Years parenting program consists of weekly two-hour group sessions over an 18 to 24 week period. By means of video vignettes and group leader-facilitated discussions, the curriculum focuses on strengthening and enhancing parents' knowledge of child-directed play, encouragement, limit-setting, and natural and logical consequences. Parents also are encouraged to understand and accept individual differences in their child's temperament, attention span, attention needs, and emotion regulation that affect parental approaches. Also included are topics such as anger management, family-school collaboration, communication, academic success, and children's peer relationships (Reid & Webster-Stratton, 2001).

The Incredible Years classroom intervention, entitled the Dinosaur Social Skills and Problem-Solving Curriculum, is designed to enhance children's social abilities, anger management, classroom engagement, problem solving, communication, and school success and behavior (Webster-Stratton et al., 2008). This curriculum can be delivered to all children in K-3 classrooms or to small groups of children (Reid & Webster-Stratton, 2001; Webster-Stratton et al., 2008). The classroom-based version has approximately 30 lessons per year and is typically implemented by the classroom teacher. Teacher training for delivery of this classroom curriculum consists of 4 to 5 day training sessions interspersed throughout the school year (Reid & Webster-Stratton, 2001). The training includes topics on family-school collaboration, relationship-building between teacher and student, and the use of praise and attention, limit-setting, time outs, and other classroom management strategies that encourage social development

and problem-solving skills (Reid & Webster-Stratton, 2001; Webster-Stratton et al., 2008). Another aspect of teacher training includes being sensitive to individual differences, helping to prevent peer rejection, teaching aggressive children problem-solving strategies, and holding age appropriate expectations (Webster-Stratton et al., 2004).

Numerous research studies on the programs' effectiveness reveal that while there were significant reductions in children's conduct problem when parents participated in the training program, the addition of child-focused social skills training resulted in a more significant reduction in children's conduct problems at home and at school (Webster-Stratton & Hammond, 1997). Results from an Analysis of Covariance (ANCOVA) (controlling for teacher and classroom variation) revealed that teachers who participated in the Incredible Years training used fewer inappropriate or harsh discipline strategies and were more nurturing than were control teachers (Webster-Stratton et al., 2008). Studies by other researchers also have found significant changes in parents' behavior and lower levels of children's aggression (Scott, Spender, Doolan, Jacobs, & Aspland, 2001; Taylor, Schmidt, Pepler, & Hodgins, 1998; Webster-Stratton et al., 2008). This program also has been found to be representative of and effective with a wide variety of culturally and economically diverse parents.

School counselors will find that the interactive, videotaped family training program are exceptionally effective in improving parent-child interactions and reducing children's conduct difficulties. Because the training program includes a focus on family-school communication and problem-solving, this program can be used to enhance

interactions between school staff and the families of disruptive children who often feel alienated from school due to the severity of their children's conduct problems.

Implications for Counseling Practice

In far too many elementary schools, if teachers signal that they cannot manage disruptive behaviors in the classroom, the children either receive punitive discipline or are referred out for therapy. Yet these punitive responses often seem to exacerbate the student's problem rather than resolve it and have not been found to effectively improve student conduct, achievement, or relationships with teachers (Reyes, 2006). Moreover, rather than engendering cooperation with the school's recommendation, meeting with parents to suggest that they seek mental health counseling for their children often results in parental defensiveness as a result of their feeling blamed for their children's difficulties. The four programs discussed in this article provide well-tested child management practices by both parents and teachers and have shown success in engaging families and teachers in decreasing children's disruptive behavior. As such they draw upon the collective efficacy of teachers, counselors and parents to create a consistent approach to teaching children how to relate effectively in school and at home.

The use of these intervention programs has important implications for the work of the school counselor in terms of: (a) delivering direct services to students, (b) consulting with parents and teachers, and (c) providing leadership within the school. One key implication for the delivery of direct counseling services is that the site of intervention with children displaying disruptive behaviors (e.g., inattention, restlessness and noncompliance) may need to shift from counseling the student individually to engaging their parents and teachers so that the child learns social skills in the real life contexts of

their families and classrooms. Second, because the multi-family group format used in these programs creates a supportive network for parents to express their fears and anxieties and to try out new interactions with their child, it represents a less blaming, more collaborative approach to consulting with parents than the typical parent-teacher encounter. In addition, these four programs provide school counselors with a framework for sharing child management skills with parents through a group format or by consulting with individual families. These four programs also offer specific suggestions by which the school counselor can consult with teachers about managing children in the classroom and teaching them important social skills. Not only might the school counselor share resources with teachers but they might also share the responsibility with teachers for implementing classroom-based social skills program components.

Introducing these interventions within the school will require the school counselor to assume a leadership role in helping their school staff change their usual ways of dealing with children's disruptive behavior. Rather than engaging in disciplinary actions or merely communicating to parents that it is their responsibility to have their children behave in school, these programs require school staff to have a different mindset as well as different skills. In all likelihood, the professional school counselor will need to take a leadership role in evaluating the needs of students, parents, faculty and staff, in assessing how organizational norms will be impacted by these initiatives, and in building school-wide support for these new initiatives (ASCA, 2003; Bemak, 2000; Brown & Trusty, 2005; Gottfredson & Gottfredson, 2002). In addition, the counselor will need to assess sources of resistance to these programs initiatives and consider how this resistance might be addressed. For example, the school administrator may be wary of

the cost, the program's impact on the time spent away from academic activities, or other issues. Teachers may be opposed to using class time to address social skills training.

Considering the time and energy needed to implement such programs, timing and consensus building may be critical in deciding when and how to implement these program efforts. Because most school personnel are unaware of the evidence regarding the effectiveness of offering interventions in both the school and home, the school counselor may need to present the intervention in a way that "sells" how the program can lead to greater student achievement. For example, the school counselor may need to present empirical data concerning the efficacy of such programs and argue for their relevance to the school's mission (Dollarhide, 2003). Another consideration may be to implement the components one at a time, based on a critical needs area. For example, these comprehensive programs include universal curricula for classrooms that might be introduced first, followed by other components of the program such as parenting workshops. To move toward implementing additional program components, the school counselor may need to enlist the help of other professionals both inside and outside of the school as multimodal programs are the most effective.

Not only are the activities in LIFT, Fast Track/PATHS, RHC, and Incredible Years compatible with the role expectations of the school counselor, they draw upon the counselors' knowledge about skills in direct intervention, consultation, and organizational leadership. According to ASCA, school counselors are educated in child and adolescent development, mental health, and parental involvement (ASCA, 2003). Each of these tested programs require professionals that lead them to have a skill-set consistent with that of the school counselor—that of individual and group intervention,

classroom interventions, parent and teacher consultation and family-school collaboration. Furthermore, each of the developers of these four programs has communicated that the school counselor can be influential in bringing these resources into schools. To be sure, implementing such interventions will require time, effort and training. However, because these programs have already been developed and evaluated with student and parent populations, they save the counselor considerable program development time and ease the job of program implementation.

Conclusion

Because of the large number of children who exhibit disruptive behaviors in schools and the negative outcomes on students, classrooms, and families when interventions efforts are unsuccessful, finding effective interventions is an essential counselor responsibility. The purpose of this article was to showcase four well-researched intervention programs that school counselors might use to enhance their effectiveness and efficiency in working with schoolchildren who display disruptive and aggressive behavior. These intervention programs provide school counselors with an opportunity to "work smarter, not harder" by decreasing the amount of time the counselor must spend responding to individual students' difficulties and increasing their ability to work proactively and collaboratively with teachers and parents in resolving student behavior problems.

References

American School Counselor Association. (2003). *The ASCA national model: A framework for school counseling programs.* Alexandria, VA: Author.

August, G. J., Realmuto, G. M., Hektner, J. M., & Bloomquist, M. L. (2001). An integrated components preventive intervention for aggressive elementary school children: The Early Risers Program. *Journal of Consulting and Clinical Psychology, 69*(4), 613-626.

Barrish, H. H., Saunders, M., & Wolfe, M. D. (1969). Good behavior game: Effects of individual contingencies for group consequences and disruptive behavior in a classroom. *Journal of Applied Behavioral Analysis*, *2*, 119-124.

Beauchaine, T. P., Webster-Stratton, C., & Reid, M. J. (2005). Mediators, moderators, and predictors of one-year outcomes among children treated for early-onset conduct problems: A latent growth curve analysis. *Journal of Consulting and Clinical Psychology, 73*, 371-388.

Bemak, F. (2000). Transforming the role of the counselor to provide leadership in educational reform through collaboration. *Professional School Counseling, 3,* 323-331.

Bierman, K. L., & Greenberg, M. T. (1996). Social skills training in the Fast Track program. In R. D. Peters & R. J. McMahon (Eds.) *Preventing childhood disorders, substance abuse and delinquency.* (pp. 65-89). Newbury Park, CA: Sage.

Bowen, J., Jenson, W., & Clark, E. (2004). *School based interventions for students with behavior problems.* New York: Kluwer.

Brown, D., & Trusty, J. (2005). *Designing and leading comprehensive school counseling programs: Promoting student competence and meeting student needs.* Belmont, CA: Thomson Brooks/Cole.

Brown, E. C., Catalano, R. F, Fleming, C.B., Haggerty, K. P., & Abbott, R. D. (2005). Adolescent substance use outcomes in the Raising Healthy Children Project: A two part latent growth curve analysis. *Journal of Consulting and Clinical Psychology*, *73*, 699-710.

Catalano, R. F., Berglund, M. L., Ryan, J.A., Lonczak, H. S., & Hawkins, J. D. (2002). Positive youth development in the United States: Research findings on evaluations of positive youth development programs. *Annals of the American Academy of Political and Social Science, 591*, 98-124.

Catalano, R. F., Haggerty, K. P., Oesterle, S., Fleming, C. B., & Hawkins, J. D. (2004). The importance of bonding to school for healthy development: Findings from the Social Development Research Group. *Journal of School Health*, *74*, 252-262.

Catalano, R. F., Mazza, J. J., Harachi, T. W., Abbott, R. D., Haggerty, K. P., & Fleming, C. B. (2003). Raising healthy children through enhancing social development in elementary school: Results after 1.5 years. *Journal of School Psychology*, *41*, 143-164.

Center for the Study of Violence Prevention. (2006a). *Blueprints model program fact sheets.* Retrieved , 2008 from http://www.colorado.edu/cspv/infohouse/ publications.html#factsheets

Center for the Study of Violence Prevention. (2006b). *Blueprints Fact Sheet: Blueprints for violence prevention selection process.* Retrieved December from http://www.colorado.edu/cspv/publications/factsheets/blueprints/FS-BP01.pdf

Conduct Problems Prevention Research Group. (1992). A developmental and clinical model for the prevention of conduct disorder: The FAST Track Program. *Development and Psychopathology*, *4*, 509-527.

Conduct Problems Prevention Research Group. (1999a). Initial impact of the Fast Track prevention trial for Conduct problems: I. The high-risk sample. *Journal of Consulting and Clinical Psychology*, *67*, 631-647.

Conduct Problems Prevention Research Group. (1999b). Initial impact of the Fast Track prevention trial for Conduct problems: II. Classroom effects. *Journal of Consulting and Clinical Psychology*, 67, 648-657.

Conduct Problems Prevention Research Group. (2002). Evaluation of the first 3 years of the Fast Track prevention trail with children at high risk for adolescent conduct problems. *Journal of Abnormal Child Psychology*, *30*, 19-35.

Cummings, C. (1993). *The Get Alongs: A curriculum guide for teaching social skills.* Edmunds, WA: Teaching Inc.

Dolan, L. J., Kellam, S. G., Brown, C. H., Werthamer-Larsson, L., Rebok, G. W., Mayer, L. S,… Wheeler, L. (1993). The short-term impact of two classroom-based preventive interventions on aggressive and shy behaviors and poor achievement. *Journal of Applied Developmental Psychology*, *14*, 317-345.

Dollarhide, C. (2003). School counselors as program leaders: Applying leadership contexts to school counseling. *Professional School Counseling*, *6*, 304-308.

DuPaul, G. J., & Stoner, G. (2003). *ADHD in the schools: Assessment and intervention strategies* (2nd ed.). New York: Guilford.

Eddy, J. M., Reid, J. B., & Fetrow, R. A. (2000). An elementary school-based prevention program targeting modifiable antecedents of youth delinquency and violence: Linking the interests of families and teachers (LIFT). *Journal of Emotional and Behavioral Disorders*, *8*, 165-176.

Eddy, J. M., Reid, J.B., Stoolmiller, M., & Fetrow, R. A. (2003). Outcomes during middle school for an elementary school-based preventive intervention for conduct problems: Follow up results from a randomized trial. *Behavior Therapy*, *34*, 535-553.

Edwards, D. L., & Foster, M. A. (1995). Uniting the family and school systems: A process of empowering the school counselor. *School Counselor, 42*, 277-282.

Farrington, D. P., & Welsh, B.C. (1999). Delinquency prevention using family-based interventions. *Children & Society*, *13*, 287-303.

Gottfredson, D. C., & Gottfredson, G. D. (2002). Quality of school-based prevention programs: Results from a national survey. *Journal of Research in Crime and Delinquency*, *39*, 3-35.

Greenberg M. T. (2004). Current and future challenges in school-based prevention: The researcher perspective. *Prevention Science*, *5*, 5-14.

Haapasalo, J., & Tremblay, R. E. (1994). Physically aggressive boys from ages 6 to 12: Family background, parenting behavior, and prediction of delinquency. *Journal of Consulting and Clinical Psychology*, *62*, 1044-1052.

Hawkins, J. D., Catalano, R. F., Jones, G., & Fine, D. (1987). Delinquency prevention through parent training: Results and issues from work in progress. In J. Q. Wilson & G. C. Lowry (Eds.). *From children to citizens: Families, schools, and delinquency prevention* (Vol. 3, pp.186-204). New York: Springer Verlag.

Hawkins, J. D., Catalano, R. F., & Kent, L. A. (1991) Combining broadcast media and parent education to prevent teenage drug abuse. In L. Donohew, P. Palmgreen, & Y.W. Buosk (Eds.), *Persuasive communication and drug abuse prevention* (pp. 283-342). Hillsdale, NJ: Lawrence Erlbaum.

Hawkins, J. D., Catalano, R. F., Kosterman, R., Abbott, R., & Hill, K. G. (1999). Preventing adolescent health risk behaviors by strengthening protection during childhood. *Archives of Pediatrics and Adolescent Medicine, 153*, 226-234.

Hawkins, J. D., Kosterman, R., Catalano, R. F., Hill, K..G. & Abbott, R. (2005). Promoting positive adult functioning through social development intervention in childhood: Long term effects from the Seattle Social Development Project. Archives of Pediatric and Adolescent Medicine, 159, 25-31.

Kusche, C. A., & Greenberg, M. T. (1994). *The PATHS curriculum.* Seattle, WA: Developmental Research and Programs.

McAdams, C. R., III, Foster, V. A., Dotson-Blake, K., & Brendel, J. M. (2009). Dysfunctional family structure and aggression in children; A case for school-based, systemic approaches with violent students. *Journal of School Counseling, 7*(9). Retrieved from http://www.jsc.montana.edu/articles/v7n9.pdf

McMahon, R. J., Slough, N. M., & CPPRG (1996). Family-based intervention in the Fast Track Program. In R. D. Peters & R. J. McMahon (Eds.) *Preventing childhood*

disorders, substance abuse and delinquency. (pp. 90-110). Newbury Park, CA: Sage.

Mercugliano, M., Power, T. J., & Blum, N. J. (1999). *The practical guide to attention-deficit/hyperactivity disorder*. Baltimore: Paul H. Brookes Publishing.

National Academies Press (Report, 2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities.* Retrieved March 10, 2009 from http://www.nap.edu

O'Donnell, J., Hawkins, J. D., Catalano, R. F., Abbott, R.D., & Day, E. (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.

Office of Juvenile Justice and Delinquency Prevention (1999). *Strengthening America's families: Effective family programs for prevention of delinquency*. Retrieved December 14, 2008 from http://www.strengtheningfamilies.org/

Patterson, G. (1982) *Coercive family process.* Eugene, OR: Castalia

Patterson, G. (1986). Performance models for antisocial boys. *American Psychologist, 41*, 432-444.

Patterson, G., Reid, J., & Dishion, T. (1992). *Antisocial boys: A social interactional approach* (Vol. 4). Eugene, OR: Castalia Publishing.

Patterson, G., Reid, J., Jones, R., & Conger, R. (1975). *A social learning approach to family intervention* (Vol. 1). Eugene, OR: Castalia.

Reid, J. B., Eddy, J. M., Fetrow, R. A., & Stoolmiller, M. (1999). Description and

   immediate impacts of a preventive intervention for conduct problems. *American*

   Journal of Community Psychology, *27*, 483-517.

Reid, M. J., & Webster-Stratton, C. (2001). The Incredible Years parent, teacher, and

   child intervention: Targeting multiple areas of risk for young child with pervasive

   conduct problems using a flexible, manualized treatment program. *Cognitive and*

   Behavioral Practice, 8, 377-386.

Reyes, A. H. (2006). *Discipline, achievement and race: Is zero tolerance the answer?*

   Lanham, MD: Rowman & Littlefield Education.

Scott, S., Spender, Q., Doolan, M., Jacobs, B., & Aspland, H. (2001). Multicentre

   controlled trial of parenting groups for child antisocial behaviour in clinical

   practice. *British Medical Journal, 323*, 1-5.

Taylor, T. K., Schmidt, F., Pepler, D., & Hodgins, H. (1998). A comparison of eclectic

   treatment with Webster-Stratton's Parents and Children Series in a children's

   mental health center: A randomized controlled trial. *Behavior Therapy, 29*, 221-

   240.

Terzian, M. A., & Fraser, M. W. (2005). Preventing aggressive behavior and drug use in

   elementary school: Six family-oriented programs. *Aggression and Violent*

   Behavior, 10, 407–435.

Tremblay, R. E., Mâsse, B., Perron, D., LeBlanc, M., Schwartzman, A. E., &

   Ledingham, J. E. (1992). Early disruptive behavior, poor school achievement,

   delinquent behavior, and delinquent personality: Longitudinal analyses. *Journal*

   of Consulting and Clinical Psychology, 60, 64-72.

Wakschlag,L., Leventhal, B. Briggs-Gowan, M., Danis, B., Keenan, K. Hill, C. et al. (2005). Defining the "disruptive" in preschool behavior: What diagnostic observation can teach us. *Clinical Child and Family Psychology Review, 8,* 183-201.

Webster-Stratton, C., & Hammond, M. (1997). Treating children with early-onset conduct problems: A comparison of child and parent training interventions. *Journal of Consulting and Clinical Psychology, 65*, 93-109.

Webster-Stratton, C., Reid, M. J., & Hammond, M. (2004). Treating children with early-onset conduct problems: Intervention outcomes for parent, child, and teacher training. *Journal of Clinical Child and Adolescent Psychology, 33*, 105-124.

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. *Journal of Infants and Young Children, 17,* 96-113.

Webster-Stratton, C., Reid, M. J., & Stoolmiller, M. (2008). Preventing conduct problems and improving school readiness: Evaluation of the Incredible Years Teacher and Child Training Programs in high-risk schools. *Journal of Child Psychology and Psychiatry, 49*, 471-488.

Wilson, D. B., Gottfredson, D. C., & Najaka, S. S. (2001). School-based prevention of problem behaviors: A meta-analysis. *Journal of Quantitative Criminology, 17*, 247-272.

Appendix A

Empirically Validated Intervention Programs Identified by CSPV, OJDDP, and Terzian & Fraser

Reviewing Body	Program Name
Terzian & Frazer (2005)	Linking the Interests of Families and Teachers
	Classroom Centered intervention/Family School Partnership intervention
	Fast Track Paths
	Seattle Social Development
	Raising Healthy Children
	Families and Schools Together
CSPV Blueprints (2006)	Big Brothers Big Sisters of America
	Functional Family Therapy
	The Incredible Years
	Life Skills Training
	Midwestern Prevention Project
	Multidimensional Treatment Foster Care
	Multi-systemic Therapy
	Nurse-Family Partnership
	Olweus Bullying Prevention Program
	Project Towards No Drug Abuse
	Promoting Alternative Thinking Strategies
OJJDP Exemplary I (1999)	Functional Family Therapy
	Helping the Noncompliant Child Parent Training
	The Incredible Years
	Multi-systemic Family Therapy
	Preparing for the Drug Free Years
	Strengthening Families Program
	Multidimensional Treatment Foster Care
OJJDP Exemplary II (1999)	Adolescent Transitions Program
	Brief Strategic Therapy
	Multidimensional Family Therapy
	Parenting Wisely
	Prenatal and Early Childhood Nurse Home Visitation Program
	Raising a Thinking Child: I Can Problem Solve Program for Families
	Strengthening Families Program: For Parents and Youth

Appendix B

Resources for Implementation of Effective Interventions

Program Name	Resources
Linking the Interests of Families and Teachers	http://www.oslc.org/home.html Eddy, J. M., Reid, J. B., & Fetrow, R. A. (2000). An elementary school-based prevention program targeting modifiable antecedents of youth delinquency and violence: Linking the Interests of Families and Teachers (LIFT). *Journal of Emotional & Behavioral Disorders,* 8, 165-176. Reid, J. B., Eddy, J. M., Fetrow, R. A., & Stoolmiller, M. (1999). Description and immediate impacts of a preventive intervention for conduct problems. *American Journal of Community Psychology*, 27, 483-517.
Fast Tack/Paths	http://childandfamilypolicy.duke.edu/fasttrack/index.html Conduct Problems Prevention Research Group. (1992). A developmental and clinical model for the prevention of Conduct Disorder: The FAST Track Program. *Development and Psychopathology*, 4, 509-527. Bierman, K. L. & Greenberg, M. T. (1996). Social skills training in the Fast Track program. In R. D. Peters & R. J. McMahon (Eds.) *Preventing childhood disorders, substance abuse and delinquency.* (pp. 65-89). Newbury Park, CA: Sage. McMahon, R. J., Slough, N. M., & CPPRG (1996). Family-based Intervention in the Fast Track Program. In R. D. Peters & R. J. McMahon (Eds.) *Preventing childhood disorders, substance abuse and delinquency.* (pp. 90-110). Newbury Park, CA: Sage. Email: fasttrack@duke.edu PATHs Curriculum for purchase http://www.channing-bete.com/prevention-programs/paths

Program Name	Resources
Raising Healthy Children	http://depts.washington.edu/sdrg/ (click on the Raising Healthy Children icon in the upper right corner)
	Catalano, R.F., Haggerty, K.P., Oesterle, S., Fleming, C.B., & Hawkins, J.D. (2004). The importance of bonding to school for healthy development: findings from the Social Development Research Group. *Journal of School Health*, *74*, 252-262.
	Catalano, R. F., Mazza, J. J., Harachi, T. W., Abbott, R. D., Haggerty, K. P., & Fleming, C. B. (2003). Raising healthy children through enhancing social development in elementary school: Results after 1.5 years. *Journal of School Psychology*, *41*, 143-164.
	Email: sdrg@u.washington.edu
Incredible Years	www.incredibleyears.com
	Webster-Stratton, C. (2005). *The incredible years: A trouble-shooting guide for parents of children aged 2-8 years.* Seattle, WA: Incredible Years.
	Webster-Stratton, C., Reid, M. J., & Hammond, M. (2004). Treating children with early-onset conduct problems: Intervention outcomes for parent, child and teacher training. *Journal of Clinical Child and Adolescent Psychology, 33,* 105-124.
	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. *Journal of Infants and Young Children, 17*, 96-113.
	Email: incredibleyears@incredibleyears.com

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