

EFFECTS OF THE FIRST STEP TO SUCCESS PROGRAM [5214]

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Introduction

Young children in the United States are at increased risk for antisocial behavior and negative school and life outcomes. This increased risk is largely due to the changing social, economic, and cultural conditions of our society over the past several decades (Loeber & Farrington, 1998; Sprague & Walker, 2005). Growing numbers of children are exposed to a host of risk factors such as poverty, abuse, neglect, criminal or substance using parents, harsh and inconsistent parenting practices, limited exposure to language and reading prior to the beginning of their school careers (Patterson, Reid, & Dishion, 1992; Reid & Eddy, in press; Wahler & Dumas, 1986). As a result, the number of young children with aggressive, noncompliant and acting-out behaviors in schools has been steadily rising (Reid, 1993; Yoshikawa & Knitzer, 1997).

Further, large numbers of K-12 students now begin their schooling careers without basic school success skills, and are entering the public school system unprepared for the experience of schooling. These children bring emerging antisocial behavior patterns with them (Loeber & Farrington, 1998). Antisocial behavior patterns and high levels of aggression evidenced early in a child's life are among the best predictors of academic failure and delinquency years later (Patterson et al., 1992; Walker et al., 1996).

Young children typically exhibit some problem behaviors during the typical socialization process. However, what distinguishes antisocial behavior patterns from the norm in this regard is the extent to which the pattern generalizes across persons, settings, or contexts. In addition, it is distinguished by its frequency (how often), intensity (how damaging or disruptive), duration (how long) and versatility (number of different forms) of the antisocial behavior (Patterson et al., 1992; Walker, 1995). In general, higher levels on these dimensions indicate higher risk status.

The problem behaviors displayed by children at risk for antisocial behavior will not only have an adverse effect on their own adjustment, but also can negatively affect peer behavior, teacher behavior, and the overall classroom ecology. Research has shown that adults prefer to engage in teaching activities with non-problem children, and likewise, tend to avoid interacting academically with children displaying problem behavior (Carr, Taylor, & Robinson, 1991; Nelson, J. R. & Roberts, 2000). As a result, academic instruction for children with antisocial behavior patterns is compromised and teachers often feel they spend more time trying to cope with the problem behavior of a few children, and less time on teaching other students (Madsen, Becker, & Thomas, 1968; National Educational Goals Panel, 1995).

The disruption of the teaching-learning process and the loss of instructional time is a serious waste of teaching opportunities. In addition, children with antisocial behavior patterns tend not to respond to corrections and adult-management strategies as other children do, and preschool and primary grade teachers are generally not well prepared to cope with the problems these children present in the classroom and on the playground (Baer, 1998; Carr et al., 1991). Finally, many of these children lack the social competence or the social skills necessary to develop positive peer and adult relationships (Katz, 1997; Sugai & Lewis, 1989).

Importance of Intervention Efforts

It is difficult to predict exactly which children will exhibit life-course-persistent antisocial behavior. However, we have the necessary tools and assessment techniques to identify, often as early as 3-5 years of age, many children who are at an increased risk for committing deviant and violent acts later in their lives (Dwyer, Osher, & Warger, 1998; Sprague & Walker, 2000; Walker, Colvin, et al., 1995). Early identification

of children and participation in prevention programs that assist in overcoming and compensating for early risk factors are essential if we are to significantly reduce the number of children who are apt to become a part of our nation's serious epidemic of youth violence (Guralnick, 1997). This prevention perspective is built on the belief that the manifestation, severity, or extended impact of a specified condition (i.e., antisocial behavior), can be prevented if identified early, and appropriate interventions are put into place (Zigler et al., 1992).

The Case for Early Intervention

Longitudinal research indicates that behavior is stable from preschool through elementary school. Specifically, it has been found that children who exhibit behavior problems in preschool continue to have behavior problems in elementary school, and children without behavior problems in preschool are likely to continue to be socially competent (Egeland, Kalkoske, Gottesman, & Erickson, 1990). Likewise, Kazdin (1987) states that if children manifesting severe antisocial behavior patterns are not successfully intervened with by the end of third grade (age 8), then this disorder should be regarded much like a chronic disease that can be managed, but can not be cured. Therefore, the case for early intervention is compelling; we do not want to miss this developmental "window of opportunity". This means providing intensive intervention and supports as soon as the early signs of the behavior pattern are evident (Kazdin, 1987; Reid, 1993). Indeed, the field of early intervention is predicated on the assumption that problems such as academic failure and antisocial behavior problems can be alleviated with early detection, prevention, and intervention (Feil, Severson, & Walker, 1995; Guralnick, 1997). Moreover, there is solid evidence that effective early intervention programs, if they are high in quality and are comprehensive in nature, have the potential to prevent the host of long-term negative outcomes (i.e., adult criminality and interpersonal violence) associated with antisocial problem behavior (Hawkins et al., 2000).

It is also important to include in our early intervention efforts the three key social agents (parents, teachers, peers) who have the greatest influence on the developing child (Hart & Risley, 1995; Reid, 1993). Collaborative home and school intervention approaches, in which caregivers and school personnel work in concert to ameliorate the negative effects of risk factors and promote a good start in school, can prevent many short- and long-term negative outcomes (Zigler et al., 1992). In addition, research indicates that intervening early across a variety of settings (home, school) is a more cost-effective way to handle antisocial behavior. Comprehensive early intervention efforts reduce costs associated with dropout rates, the need for remedial education, teen pregnancy, criminal involvement, and welfare dependency (Greenwood, 1995; Guralnick, 1997; Walker & Sylwester, 1991).

First Step to Success

First Step to Success is an early intervention program designed for at-risk children who show the soft, early signs of emerging antisocial behavior at the point of school entry (Walker, , Kavanagh, , Stiller, B., Golly., Severson, & Feil (1998). The First Step to Success program incorporates intervention techniques (i.e., adult praise and feedback, positive reinforcement, social skills training, teacher and parent involvement, time-out/cost contingency) that research has shown to be effective [(cite Walker literature base; Acting out Child)]. Likewise, First Step to Success incorporates techniques to facilitate generalization of behavior change across the school day and in the home.

First Step to Success consists of three interrelated components: 1) a proactive, universal screening procedure to identify at risk children, 2) a classroom intervention (involving the target student, peers and teacher) that teaches an adaptive, prosocial pattern of school behavior; and 3) a home intervention that instructs parents in key skills for supporting and improving their child's school adjustment and performance (Walker, Stiller, & Golly, 1998; Walker et al., 1997). Through these three components, the program aims to improve at-risk children's social adjustment and academic performance by enlisting the coordinated support and participation

of the three social agents who are most important in their lives: parents, teachers, and peers.

By recruiting parents as partners with teachers, the program enhances early school experiences and assists at-risk children to get the best start possible in their school careers by teaching them social and academic skills such as: how to attend to the teacher, get along with others, participate in activities, engage in schoolwork in an appropriate manner, and follow directions the first time. First Step to Success also relies heavily on elements of positive reinforcement, such as adult praise and feedback, and attention to appropriate behavior, in conjunction with direct and intensive monitoring (Walker, Stiller, et al., 1998; Walker et al., 1997).

The direct effects of the First Step to Success program on the target student have been documented by multiple studies (Beard, 1998; Golly et al., 2000; Golly, Stiller, & Walker, 1998; Walker, Kavanagh, et al., 1998). Results of these research studies indicate that exposure to the First Step to Success program produces powerful behavior changes in kindergarten, first and second grade children who display antisocial behavior patterns. Targeted children have moved to within the normal range on measures of aggression, adaptive behavior, maladaptive behavior and amount of time spent academically engaged (i.e., working on teacher assigned tasks and activities, responding to teacher prompts and directives, complying with classroom rules) through exposure to First Step. These changes are apparent from the start of intervention and are maintained throughout the program's implementation. In addition, these changes have been found to remain stable throughout grades one and two (Epstein & Walker, 2002). Research has also demonstrated that the program produces substantial changes in the teacher's interactions with the target child (i.e., less criticism, more positive attention, and more positive peer to peer interactions) (Walker, Stiller, et al., 1998).

In addition to these changes, many teachers and coaches have also reported that they have seen positive collateral effects occur throughout the whole classroom because of the First Step to Success program. For example, peer academic and social behaviors have been reported to have positively increased. Teachers also report that the skills they have learned in dealing with the target student's antisocial behavior problems have generalized to their interactions with other students in the classroom. As a result, the overall classroom ecology, in terms of levels of appropriate and inappropriate behavior, academic engaged time (AET), cooperation, and peer social relations seems to improve. Although research studies have evaluated the direct effects of the First Step to Success program on the targeted children, to date there is no empirical evidence to support the above suppositions regarding generalization of behavior change and multiple collateral effects.

Conclusion

The case for prevention programs can often be a difficult sell with most school systems (Walker, Severson, et al., 1998; Webster-Stratton, 1997). In addition, teachers not only have to manage a wide variety of responsibilities, but they have to handle large class sizes, orchestrate multiple activities at the same time, and deal with a wide variety of student characteristics and problem behaviors. They often do not feel like they have the time or energy that is necessary to implement secondary prevention level intervention programs, especially if the intervention is only going to make a difference in the behavior of one child in their classroom. Therefore, secondary prevention level interventions are needed that not only focus on the severe problem behaviors of targeted children, but concomitantly have a positive impact on a broad range of students. Research on the effects of the First Step to Success program may further justify the time and effort required to implement this intervention.

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