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Prevention Science and Practice

In this chapter, we

- provide a context for current prevention practices,
- describe and discuss links between response-to-intervention and prevention practices, and
- provide an overview of information in our book.

School personnel face daily and continuous challenges in their efforts to establish and maintain safe and orderly classroom environments where teachers can teach and students can learn. Prevention practices are preferred to other behavior management approaches because of their potential to reduce the development of new, and the severity of current, school-related problems. A well-crafted approach to prevention improves the efficiency and effectiveness of school, classroom, and individual instructional and support systems. Programs grounded in prevention science also have broad usefulness for counselors and other professionals.

WHAT WE KNOW ABOUT PREVENTION PRACTICE

Students who exhibit problem behavior are a growing concern for school and community safety, generating a continuing need for primary-, secondary-, and tertiary-level interventions (Cheney, Flower, & Templeton, 2008; Gresham, MacMillan, & Bocian, 1996; Hage et al., 2007; Kamps, Kravitz, Stolze, & Swaggart, 1999; Nelson, 1996; Romano & Netland, 2008; Rose & Gallup, 2007; Vanderstay, 2006). Challenging behavior also has a profound impact on the lives of the individuals exhibiting it. For example, it has long been known and continually demonstrated that children and young adults with behavior

problems are more likely than their peers to enter special education and/or the juvenile justice system (Kamps & Tankersley, 1996; Kauffman & Landrum, 2009; Nelson, Sprague, Jolivette, Smith, & Tobin, 2009; Vanderstay, 2006; Wehby, Symons, & Hollo, 1997; Ysseldyke, Algozzine, & Thurlow, 2000). In recent years, interest in maintaining discipline and order has become more focused as a result of the concern of some school professionals about the growing numbers of students with behavior problems in general education classrooms and the increasing student diversity common in America's schools (Kauffman & Landrum).

Best practices in prevention are based on the

> scientific assumption that human behavior, while affected by a complex mix of biological, societal, and learning factors, can change as a function of certain actions performed by others in a supportive, caregiving role for people of all cultures, ages, and levels of competence. (Dunlap, Sailor, Horner, & Sugai, 2009, p. 4)

The logic of prevention and its importance for children is straightforward: It is difficult to learn when you are spending more time in discipline-related interactions than in those related to learning academic content (Miles & Stipek, 2006). The significance for teachers is reflected in the belief that "behavior problems may make it difficult for practitioners to provide effective instruction" (Sutherland, Lewis-Palmer, Stichter, & Morgan, 2008, p. 223).

The body of work directly and more distantly related to preventing problem behaviors is large and reflects a variety of perspectives. Contemporary behavior and classroom management interventions represent a broad spectrum of methods, ranging from student-centered approaches to teacher- and community-centered practices (Kauffman & Landrum, 2009). The majority of these programs focus on reducing problem behaviors while improving social-cognitive skills, peer relations, and academic skills of individual students, and many are beginning to focus on proactive, schoolwide implementations (Algozzine & Algozzine, 2009). Though not always in favor (see Cowen, 1997), programs and practices designed to prevent social behavior problems are now widely recognized as essential in improving results for all children (see Dunlap et al., 2009; Durlak, 2003; Durlak & Wells, 1997a, 1997b; Hage et al., 2007; Kamps et al., 1999; Kratochwill, 2007; Resse, 2007; Romano & Netland, 2008; Vera & Reese, 2000).

Unfortunately, many children with behavioral issues are typically identified after their problems have reached serious levels—too late to receive the full benefit of preventive interventions. This is a discouraging situation, since a substantial and compelling body of research focuses on how to assess, identify, and help children at risk for behavioral problems. For instance, research indicates that these children

- can be assessed and identified early with relative ease and accuracy.
- often fall behind because they do not receive appropriate interventions earlier.
- can make tremendous gains when provided with effective services during early childhood.
- may need individually tailored interventions because one approach may not fit all children.
- are at high risk for academic failure, exhibiting more severe discipline problems, and dropping out of school unless effective interventions are implemented.

As school administrators and other professionals face daily challenges in efforts to establish and maintain safe and orderly classroom environments, a well-crafted approach

to prevention improves their efficiency and effectiveness. In this regard, efforts to improve general learning conditions revolve around preventing inappropriate behaviors and teaching more appropriate replacements. For example, Nelson, Crabtree, Marchand-Martella, and Martella (1998) argued that "students will behave according to social norms if [teachers] take the trouble to teach those students those norms and supervise them in a consistent way" (p. 4). They proposed a model that emphasized direct interventions within and across all school settings, ensuring that disruptive behavior did not occur or become entrenched (i.e., *preventative* focus) or was corrected (i.e., *remedial* focus). They argued that different types of students (i.e., typical, at-risk, target) need different types of preventive interventions according to the nature of their problems. In this context, school-wide (Tier I) interventions (e.g., effective teaching, schoolwide discipline) are most appropriate for students who are not at risk for problems. Targeted (Tier II) interventions (e.g., conflict resolution, anger management) are most appropriate for students at risk of developing disruptive behavior problems. Intensive, comprehensive (Tier III) interventions (e.g., community-based service linkages, school and community partnerships) are most appropriate for students exhibiting persistent disruptive behavior patterns.

Preventing and reducing behavior problems is not the responsibility of any one group or individual. Administrators need assistance identifying, implementing, and supporting effective interventions. Teachers need help teaching behavior and academics, and students need to be taught appropriate social, behavioral, and academic norms. Parents need assistance participating as partners in making schools safer and more positive places to send their children. Thus, preventing and reducing behavior problems requires a coordinated plan. Kamps and Tankersley (1996) delimited the following key features about the prevention of behavior problems:

- Prevention means early intervention; the most effective and efficient treatment begins with young children.
- Prevention involves parents as key interventionists; family variables are closely related to progress and problems in development.
- Prevention involves cross-setting, multiple, and proactive interventions; school interventions are critical to overall, effective treatment.
- Prevention involves administrators, teachers, peers, and others; cohesive treatment opportunities for success are maximized when key people are included in treatment.
- Prevention involves self-management; maintenance and generalization are expected within natural environments.
- Prevention involves collaboration among families, schools, and service providers; improving behavior is not the sole responsibility of any one caregiver.

Successful prevention programs are theory driven, socially and culturally relevant, and delivered across multiple contexts (e.g., individual, family, school, community) connected within systems of care. The scientific knowledge base that informs prevention practice has grown in recent years and suggests that best practice involves providing multiple levels of intervention services, including

> primary prevention interventions aimed at promoting protective factors for widespread or universal populations, secondary prevention interventions focused on enhancing protective factors for selected populations that are indicated to be at risk or suffering, and tertiary preventive interventions targeted at limiting dysfunction for populations who have chronic disorders. (Hage et al., 2007, p. 522)

Evidence from outcome evaluations indicates that most "prevention programs . . . significantly reduced problems and significantly increased competencies, and affected functioning in multiple adjustment domains" (Durlak & Wells, 1997a, p. 137).

It is clearly understood that schools need practical, proven methods for improving academic behavior. They also need practical, proven methods for improving social behavior and providing behavior support if children are to achieve adequately in school. Prevention science and practice both indicate that it is difficult for teachers to teach and children to learn when problem behaviors interfere with instruction. This is the logic underlying "response-to-intervention" efforts designed to improve academic outcomes and reduce the numbers of children eligible for and placed in special education programs.

WHAT WE KNOW ABOUT RESPONSE TO INTERVENTION

Response to Intervention (RTI) "integrates high quality teaching and assessment methods in a systematic way so that students who are not successful when presented with one set of instructional methods can be given the chance to succeed with the use of other practices" (Brown-Chidsey & Steege, 2005, p. 3). RTI is based on the critical but simple concept that "quality instruction must be in place for *all* before it can be said that *some* have [special problems]" (Sailor, Doolittle, Bradley, & Danielson, 2009, p. 734). RTI has emerged as the new way to think about both identification and prevention for the "most vulnerable, *academically* [emphasis added] unresponsive children" in schools and school districts (Fuchs & Deshler, 2007, p. 131). According to Bradley, Danielson, and Doolittle (2007), the popularity of RTI is partly grounded in the promise that "teachers no longer would have to wait for students to fail before the students could receive services" (p. 8) and partly in the pledge of change at the first indication of unresponsiveness to classroom implementations of scientifically based interventions. Those who promise potential payoff from RTI see it coming from early identification of and strong preventive intervention for academic problems.

RTI is "a multitier *prevention* [emphasis added] model that has at least three tiers" (Bradley et al., 2007, p. 9). In this context, a "tier" refers to intervention provided in response to increasing needs of students. A three-tier prevention model is aimed at catching students early—*before* they fall significantly behind—and providing the supports they need throughout their early years of schooling (Vaughn, 2003). Regular benchmark assessments and progress monitoring are prominent in RTI and reflect the importance of using screening measures and cut points proactively to identify students experiencing continuing difficulties for different tiers of intervention and support (Bradley et al., 2007; Case, Speece, & Molloy, 2003; Fletcher et al., 2002; Fuchs, 2003; Fuchs & Deshler, 2007; Gresham, 2005; Kamps & Tankersley, 1996; Vaughn).

What Is Tier I Intervention?

Primary (Tier I) interventions are designed to address the majority of students' instructional needs. Schools using RTI assume that students who are in need of additional support have received high-quality instruction that has been successful with a majority of their peers. To identify and meet the educational needs of students requiring additional

support, therefore, the classroom environment itself must be addressed. As part of any prevention program, school professionals must continually look at classroom-level data to determine the overall health of the instructional setting. Classrooms where the number of students experiencing difficulties is consistently high require analysis and attention. Administrators and support teams are expected to work with those classroom teachers to pinpoint the areas in which they are most in need of professional development. Only after high-quality instruction has been provided at both the schoolwide and classroom levels can school professionals conclude that a student needs additional services.

What Is Tier II Intervention?

Once a student has been identified as needing additional support, RTI directs the use of evidence-based interventions that are easy to administer to small groups of students and require limited time and staff involvement. Secondary (Tier II) intervention is for students for whom Tier I instruction has been insufficient (i.e., students who fall behind on benchmarks skills and require additional intervention to achieve expectations). Thus, Tier II consists of small-group supplemental instruction. Although there are many instructional procedures with promise for Tier II, "widespread uncertainty" exists about what "scientifically validated" instruction means within RTI (Fuchs & Deshler, 2007, p. 131). Therefore, at the district and school levels, professionals are encouraged to monitor closely the implementation and outcomes of Tier II programs, because if implemented poorly, their efforts will not be likely to produce desired impacts. When students fail to profit from high-quality implementation of Tier II interventions, RTI proponents direct that additional support be provided.

What Is Tier III Intervention?

Tertiary (Tier III) intervention is specifically designed and customized instruction that is extended beyond the time allocated for Tier I and II programming. Prior to selecting any intervention tier, a school team should meet to conduct a more in-depth analysis of a student's progress monitoring data, which at this point would include all of the information examined at Tiers I and II, as well as the fidelity of and the student's response to the previous interventions. The classroom teacher(s) should have a significant role at this level of the problem-solving process, as more in-depth information is collected through one-on-one consultation. At Tier III, access to an array of assessment information is essential for effective team decision making. At this tier, more intensive progress-monitoring techniques should be applied.

Building the Plane as We Fly It

The good news is that there are many ways to use RTI to prevent learning and behavior problems. The bad news is that there are many ways to use RTI to prevent behavior and learning problems. The truth is, the manual describing best practices for constructing a RTI system remains unwritten, and precise explanations for when and how students move within and between the tiers are not easy to find in the vast emerging literature on this promising practice.

In the broadest sense, elementary, middle, and high schools implementing RTI use universal screening and benchmark assessments to provide initial information on which

students need additional targeted (Tier II) or intensive (Tier III) support. Professionals in one school may decide that students scoring below the 25th percentile on reading progress-monitoring tests require additional attention to prevent further learning problems, while at another school, the "critical" score for initiating RTI may be higher or lower. Similarly, differentiated instruction and attention may be provided to a student receiving two office discipline referrals (ODRs) in a week in one school, while in another, the criterion may be two ODRs in a month.

For example, at an elementary school in California, grade-level teams meet every two weeks to review student assessment data, design interventions, identify students in need of supplemental support, and place students in appropriate individualized interventions. At the middle school in the same district, the counseling staff works with groups of teachers periodically to review instructional programs and students' responses to them and identify areas of concern in core subject areas. Every three weeks, students with overall grades below 75% are targeted for additional support. Under all these conditions, school professionals monitor the quality of teaching and fidelity of program implementation and provide focused staff development when necessary to maximize instructional time (Buffum, Mattos, & Weber, 2009).

WHAT WE KNOW ABOUT BEHAVIOR AND ACHIEVEMENT

Researchers in psychology, sociology, public health, and education have long posited a connection between academic achievement and social behavior. Interest in this relationship has gained strength with the current focus on prevention, especially for students at risk of experiencing acute and chronic school failure. The large body of work directly and more remotely related to the conjoining of academic performance and other behavior falls into the general categories of illustrative, comparative, and predictive studies. Descriptions of achievement and the behavior characteristics of different groups and summaries of extant literature, usually presented in book chapters, exemplify the *illustrative* body of knowledge. Generally, this work shows that groups experiencing achievement problems also experience behavior problems (achievement and behavior are related). In *comparative* work, researchers describe the behavior and achievement problems for different groups of students. Generally, this work shows that some groups exhibit more behavior problems and lower achievement than other groups do. Finally, *predictive* studies provide descriptions of covariance and functional relationships between academics and behavior. Generally, this work shows that the relationship between behavior and academic competence/proficiency scores is statistically significant, albeit often weak.

With regard to the link between academic achievement and social behavior, Gerald Patterson, as early as 1976, suggested that some students are both a "victim and architect" (p. 268) in a system that works in one of at least three ways:

1. The child's response may serve as a stimulus, which sets the occasion for an immediate repetition of the same response.

2. Famil member may provide specific consequences that serve to maintain a coercive response once it has been initiated.

3. In extended interactions, the behavior of the child and the family member may create *mutual,* or bilateral, effects, both of which maintain ongoing coercive behaviors. (p. 272)

Patterson's (1976) perspective speaks for the importance of focusing on prevention when addressing problems of children. Problem behavior reduces academic engagement, and reduced academic engagement leads to reduced academic achievement. Children who engage in problem behavior maintained by peer or adult attention appear to benefit most from interventions that focus primarily on social variables. Children who engage in problem behavior maintained by escape from curricular demands appear to benefit best when the intervention includes curricular revision (changes in the content or delivering of instruction).

Despite knowledge that systematic academic instruction and support improves achievement, some children fail to profit from the educational menu of experiences provided in America's schools. It has also been demonstrated that systematic *behavior* instruction and support improves behavior and that establishing reading and behavior skills *early* (in elementary school) is predictive of later success in school. The trick at the school level is determining whether systematic instruction is happening in all areas of academic achievement and social behavior and, if not, ensuring that it does. The trick at the individual level, for a child who is failing to benefit from intensive attention to improve achievement in academics and behavior, is identifying the antecedents and consequences of failure and manipulating changes that will enable the child to benefit from the high-quality instruction. Empirical evidence indicates that doing less leads to academic failure. The strategy, therefore, is comprehensive:

- Provide high-quality academic and behavior instruction for all children and regularly verify that both are happening with intensity and treatment fidelity. The best medicine in the world will not be effective unless a patient takes it according to directions. There is evidence that universal, schoolwide academic and behavior support systems reduce academic and behavioral challenges, but more research is needed to convince educators to invest in evidence-based prevention.
- Provide focused and direct instruction in natural classrooms and groups, verify fidelity of implementation, and continuously monitor progress when frequent and direct measurements suggest that academic and social problems exist. The promise of Response to Intervention as salvation for the rising numbers of children requiring special education and the failure of prior practices to solve the problem is grounded in the belief that change can and will happen and make a difference, but research is needed to convince educators that the promise can be a reality.
- Continuously monitor progress and make appropriate adaptations as needed. Effective teaching is iterative and recurring, with every behavior of a learner serving as a basis for supportive or corrective action designed to continue the learning cycle.

In the end, what is known about the relationship between achievement and behavior is prescriptive: the education community needs to examine the effects of implementing high-quality instruction on achievement *and* behavior, and ignoring either outcome will be counterproductive.

An Illustration From Practice

The mission of Mortimer Elementary School is to achieve academic excellence in positive, nurturing, culturally rich learning environments for 725 students in kindergarten through fifth grade. The children at the school come from diverse backgrounds, including 59 percent African-American, 2 percent Asian, 21 percent Hispanic, 2 percent multiracial, 1 percent Native American, and 15 percent White families. Seventy-seven percent of the students are on free or reduced lunch. With support from the local university, administrators, teachers, and other professionals adopted a three-tiered model of reading and behavior instruction to help meet the needs of the students at their school.

To enhance the strong primary level of reading instruction provided by implementing an evidence-based core-reading program, literacy facilitators provided kindergarten and first-grade teachers with mini-lessons and additional practice activities (see Algozzine, Marr, McClanahan, & Barnes, 2008) for use with students needing additional instruction during daily 30-minute independent work times included in the district-mandated literacy block. Additionally, a peer-coaching fluency-building program (see Marr & Dugan, 2007) was implemented to support oral reading in second-grade classrooms.

Administrators, teachers, and other professionals at Mortimer also taught behavior relentlessly by promoting similar attitudes toward instruction of academics and behavior, reinforcing school and class rules and expectations with high levels of praise and prompting, using a consistent correction procedure unified across personnel to address inappropriate behavior, and adopting mutually supportive roles (see White, Algozzine, Audette, Marr, & Ellis, 2001). Within the schoolwide behavior model, threats to safety were addressed with a correction procedure that resulted in an immediate office referral, but minor disruptions were handled with classroom-based practices. Strategic (or secondary) and intensive (or tertiary) support was provided using evidence-based small-group social skills interventions and functional behavior assessments so that students who were not successful when provided with schoolwide instructional methods were given a chance to succeed with the use of other practices (see Algozzine, Cooke, et al., 2008).

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