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FIRST STEP TO SUCCESS: INTERVENING AT THE POINT OF SCHOOL ENTRY TO PREVENT ANTISOCIAL BEHAVIOR PATTERNS

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This article provides a description of the First Step to Success early intervention program for preventing development of antisocial behavior patterns among young, at-risk children. A brief review of the risk factors and family conditions associated with antisocial behavior patterns is provided as a context and rationale for early intervention approaches designed to divert at-risk children from this path. First Step to Success was developed as a response to the increasing numbers of at-risk children who begin school with the early signs of antisocial behavior due to the risk factors to which they have been exposed. This intervention program is coordinated and delivered by a school professional who can serve teachers and parents in a consultant capacity (e.g., school psychologist, early interventionist, school counselor, behavioral specialist, and so forth). The program has three modular components: proactive, universal screening, school intervention, and parent training. These components are applied in concert with each other to teach the at-risk target child an adaptive pattern of school-related behavior. A description of these components, and guidelines for implementing them, are presented as well. ©1998 John Wiley & Sons, Inc.

Increasing numbers of young children are coming to school unprepared for the demands of schooling and, in many cases, also showing the early signs of developing antisocial behavior patterns (Reid, 1993; Reid & Eddy, in press; Yoshikawa & Knitzer, 1997). The long-term implications of this development for the at-risk child, the process of schooling, and the larger society are unfortunate. This population of students places enormous pressures upon the school's ability to accommodate them in the middle and high school years, and their risk status for delinquency is often well above normal at this stage in their development (Moffitt, 1994). If a sufficiently large number of these students comprise a school's population, their presence may alter its ecology and reduce overall school safety levels (Furlong & Morrison, 1994).

The literature on delinquency and youth violence rests upon a risk factors exposure model for explaining outcomes in these domains (Hawkins, vonCleve, & Catalano, 1991; Lynam, 1996). The longer one is exposed to these risk factors and the more of them there are in a child's life, the more likely it is the child will ultimately encounter a host of negative developmental outcomes (Patterson, Reid, & Dishion, 1992). Risk factors associated with youth who become adolescent offenders are as follows: (a) mother or father ever arrested, (b) child has been a client of child protection, (c) one or more family transitions has occurred (e.g., death, divorce), (d) child has received special education services, and (e) child shows evidence of antisocial behavior early in life (i.e., prior to school entry; S. Carmichael, personal communication, January, 1998). Patterson and his associates have identified a powerful set of family-based risk factors for the development of child antisocial behavior patterns that include harsh and punitive discipline, weak parental monitoring and supervision, lack of parent involvement in the child's daily life, failure to use positive family management techniques, and in-

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The final version of the program was published by Sopris West, Inc. (see Walker, Kavanagh, Stiller, Golly, Severson, & Feil, 1997). Information about the program, and optional implementation training, can be obtained by contacting the publisher at (800) 547-6747.

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adequate problem-solving/crisis-management skills (Patterson et al., 1992). Antisocial behavior is a strong correlate of later adolescent delinquency, school failure, and eventual school dropout and is characterized by high levels of aggression as well as the consistent violation of social norms across a range of settings (Kazdin, 1987).

The *risk factors exposure* model is developmental in nature. Walker and Sprague (1988) argue that this process model operates in the following manner for explaining outcomes: (a) Children and youth are systematically exposed to a host of risk factors during their development (e.g., child neglect/abuse, poverty, family stress and conflict, drug and alcohol involvement, weak parenting practices, and so forth); (b) these risk factors provide a fertile breeding ground for the development of antisocial behavior patterns and the use of coercion in dealing with others—behavioral manifestations of these risk factors include defiance of adults, restlessness and overactivity, aggression, disruptive classroom behavior, lack of self-regulation, and poor school readiness; (c) short-term outcomes resulting from these behavioral manifestations over time can include truancy, teacher rejection, lack of friends and peer rejection, low academic achievement, numerous school discipline contacts, fighting, association with deviant peers, and a larger than normal number of elementary schools attended; and finally (d) these short-term outcomes, in turn, are predictive of very serious, long-term outcomes including school failure and dropout, delinquency, gang membership, adult criminality, drug and alcohol use, incarceration, and, in some cases, violent acts (see Cicchetti & Nurcombe, 1993; Lynam, 1996; Mayer, 1995; Walker, Colvin, & Ramsey, 1995).

A consensus has emerged in the past decade regarding the optimal timing of comprehensive interventions for diverting vulnerable, at-risk children from a developmental path that begins with antisocial behavior patterns and too often ends in school dropout, delinquency, and adult criminality. This consensus strongly suggests that the earlier intervention occurs, the more likely it is that positive outcomes will be achieved in successfully addressing this disorder (see Coie, 1994; Greenwood, 1995; Kazdin, 1987; Patterson et al., 1992; Reid, 1993; Reid & Eddy, in press). Zigler, Taussig, and Black (1992) reviewed evidence relating to the treatment of delinquency in adolescence. They concluded that comprehensive early intervention at the preschool level is the single most effective strategy available for the prevention of later delinquency. The most effective programs in this regard were found to be those that involved parents in the intervention (see also Morrison, Robertson, & Harding, 1998).

The authors believe that a comprehensive intervention, applied at the point of initial school entry (i.e., kindergarten/first grade), and which involves the at-risk target child, teachers, parents, and the child's peers, is one of the most effective methods available for insuring school success and helping to divert at-risk children from an antisocial path. In our view, there are three essential components of early interventions designed to achieve this goal. These are (a) a proactive, universal screening system to detect at-risk children as early as possible who can benefit from intensive school-based intervention, (b) a school intervention that teaches an adaptive pattern of behavior designed to support effective teacher–student and peer–student relationships and that facilitates academic growth and development, and (c) parent training and involvement in the intervention so that parents become partners with school personnel in helping the target child get off to the best possible start in school. The First Step to Success program, which is the focus of this article, incorporates all these elements. The remainder of this article addresses the following topics: key First Step program features and assumptions, overview of the First Step to Success program and implementation guidelines, effectiveness and social validity of the First Step intervention program, and lessons learned about the First Step program and its implementation.

Key First Step Program Features and Assumptions

The First Step to Success program was developed through a four-year, model development grant from the U.S. Office of Special Education Programs to the senior author (Walker, Kavanagh, Stiller, Golly, Severson, & Feil, 1997).

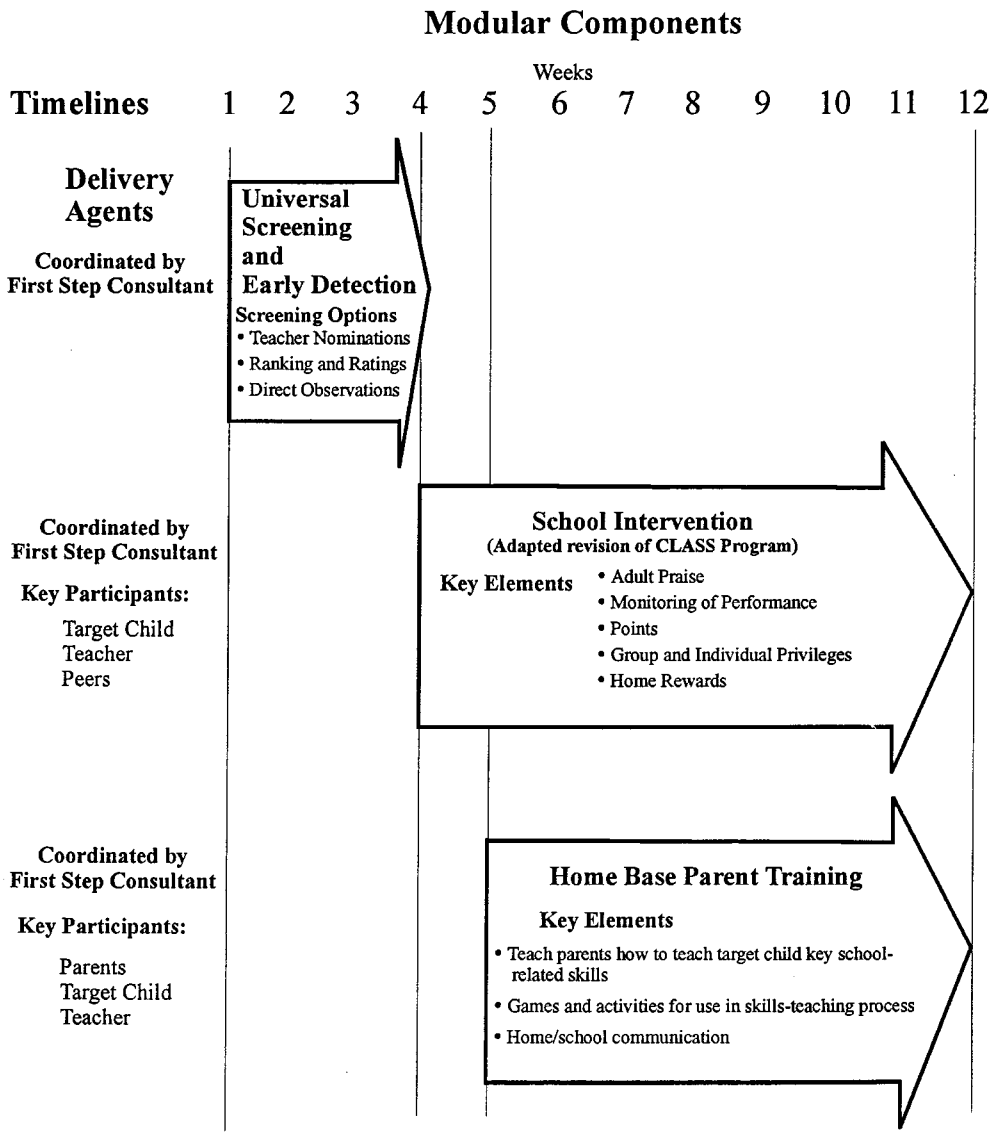

FIGURE 1. First Step modular components, delivery agents, and timelines

Figure 1 provides an overview of the three modules of the First Step program and the key elements comprising each module. The early detection module provides four screening options for use in identifying at-risk students who could benefit from exposure to the program. These options are arrayed from least to most expensive and complex and are described briefly below.

Option one requires the teacher to nominate children in the class whose characteristic behavior patterns correspond most closely to a standard definition of antisocial behavior. Nominated children are rank ordered according to how well or how closely their behavior matches this definition. The highest ranked children are then considered as possible candidates for the First Step intervention. Option two also requires the teacher to nominate and rank order children in relation to a standard definition of antisocial behavior. In addition, the teacher is asked to rate the highest ranked children

on a 9-item Aggressive Behavior Scale which is a component of the Early Screening Project system (see below). A score of 18 or more on this scale defines the child as having relatively extreme risk for developing antisocial behavior patterns. In option three, a brief rating procedure is used to assess all children in the teacher's classroom on a set of behavioral criteria that are strongly associated with, and predictive of, antisocial behavior patterns. The Student Risk Screening Scale (Drummond, 1993) applies a frequency based, teacher rating scale (0 = *never;* 1 = *occasionally;* 2 = *sometimes;* 3 = *frequently*) to the following behavioral items: stealing, lying/cheating/sneaking, behavior problems, peer rejection, low academic achievement, negative attitude, and aggressive behavior. All children in the classroom are rated by the teacher on these seven items and their scores tallied. Rated children who receive a total score of 15 or higher are considered viable candidates for the First Step intervention. The fourth and most involved screening option requires use of the Early Screening Project (ESP), multigating screening procedure of externalizing and internalizing behavioral dimensions (See Walker, Severson, & Feil, 1995). The ESP contains three interrelated screening stages (i.e., teacher nominations and rank ordering, teacher ratings, and direct, behavioral observations conducted in classroom and playground settings). Screened children who exceed cut-off points and criteria for all three screening gates are considered appropriate candidates for the First Step program.

The school intervention component of the First Step program uses a group-dependent contingency procedure in which the target child earns daily and ultimately weekly school privileges for her or himself and classmates. In addition, the target child can also earn a daily individual home reward, based on school performance, that is prearranged with parents. Adult praise, peer support and approval, and careful monitoring and feedback for the child's performance are very important features of the school intervention. Finally, parents are enlisted as partners with the school in reinforcing and supporting the child's school performance and success. The First Step program consultant works closely with the parents in helping them learn how to teach and practice key skills with the child at home that will contribute to successful school performance. Examples of these skills are accepting limits, cooperation, sharing school, problem solving, and so on. The target child's task is to learn, practice, and display the skills; the parents are expected to teach the skills and practice them with the child; and the teacher's role is to support, praise, and recognize the skills when they are displayed by the child and to prompt the skills as appropriate. This cross-setting involvement in the intervention of key social agents in the child's life has a better chance, in our view, of insuring acceptable outcomes than either a school-only or a parent-only intervention.

There are four key features and assumptions underlying the First Step to Success program:

1. First Step is an early intervention program designed to achieve secondary prevention goals. That is, it targets individual children whose behavioral histories and family backgrounds have placed them at-risk for antisocial behavior and potential school failure. These students are already experiencing problems in their behavioral adjustments as they begin schooling and require intensive intervention(s) to offset their exposure to an array of risk factors.
2. The First Step program consultant is the single most important factor in the program's successful application. This person should have a thorough understanding of social-behavioral contingencies, have excellent communication skills, and be comfortable in working collaboratively with parents and teachers.
3. The three modular components of First Step (screening, school intervention, and parent training) are designed to be used in concert with each other. However, they can be applied as stand alone procedures to achieve specific screening or intervention goals. It is likely however, that a stronger intervention effect and better overall outcomes will be achieved if all three components are applied in combination with each other.
4. The First Step program is packaged as a kit that contains sufficient materials for three applications (i.e., a complete application for each of three students). Some of the materials can be used repeatedly (i.e., the consultant manual), whereas others are consumed by each application (parents' manual and help cards). Resupply kits for additional applications can be obtained from the publisher. Each kit also contains a 22-minute videotape that illustrates

the correct application of the First Step intervention components. An optional videotape that provides a 7-minute overview of the *First Step* program is available from the publisher at no charge. Finally, a trainee's guide and resource booklet is available for each person who receives staff development training in the program and its implementation.

Overview of the First Step to Success Program and Implementation Guidelines

Portions of the material in this section are also included in Walker, Kavanagh, Stiller, Golly, Severson, and Feil (in press). First Step to Success is an early intervention program designed for at-risk kindergartners who show clear signs of emerging antisocial behavior patterns (e.g., aggression toward others, oppositional-defiant behavior, tantrumming, rule infractions, escalating confrontations with peers and adults, etc.) at the point of school entry (see Walker, Kavanagh, Stiller, Golly, Severson, & Feil, 1997). The at-risk kindergartner is the primary focus of the First Step intervention; however, teachers, peers, and parents or caregivers participate in the intervention as implementation agents under the direction and supervision of a school consultant who has overall responsibility for coordinating the intervention. The First Step intervention requires 2 to 3 months, from start to finish, per application, and is applied to only one child at a time in a kindergarten classroom.

Reid (1993) has argued persuasively that to successfully divert at-risk children and youth from a path leading to antisocial behavior it is necessary to directly involve the three social agents who have the greatest influence on the developing child's life (i.e., parents, teachers, and peers). The coordinated involvement of primary caregivers, teachers, and peers in the intervention process is a key feature of the First Step program. The intervention species clear roles and duties for each of these social agents during implementation.

As noted previously, First Step consists of three modules designed to be applied in concert with each other. These are the proactive, universal screening of all kindergarten populations (Walker, Severson, & Feil, 1995); consultant-based schools intervention involving the target child, peers, and teachers (Hops & Walker, 1988); and parent training in caregiver skills for supporting and improving the child's school adjustment-performance. The two primary goals of the First Step intervention program are to teach the at-risk child to get along with others (teachers and peers) and to engage assigned schoolwork in an appropriate, successful manner. The intervention is designed to divert at-risk children who are showing clear signs of antisocial behavior from a path leading to a host of destructive outcomes (Larson, 1994; Simeonsson, 1991).

The three modules of First Step are based on extensive research on school and home intervention procedures with aggressive, antisocial youth and over a decade of work related to the universal, proactive early screening of at-risk children to provide early detection (see Hops & Walker, 1988; McCord, 1993; Patterson & Bank, 1989; Patterson et al., 1992; Walker, Severson, Stiller, Williams, Haring, Shinn, & Todis, 1988). Each of these modules is described below.

Screening Module

The screening component of First Step is constructed so as to evaluate each kindergarten child in relation to behavioral indicators of emerging or extant antisocial behavior patterns and identify those who show an elevated risk status and could benefit from exposure to early intervention. Kindergartners so identified are possible candidates for the First Step school and home intervention. As noted above, four options, varying in complexity and required effort, are contained within this component to accomplish these screening-identification tasks.

School Intervention Module (CLASS)

The School Intervention Module of First Step is an adapted, version of the CLASS Program for Acting-Out Child developed by Hops and Walker (1988) for use with conduct disordered students in the primary, elementary grades. CLASS is a consultant-based intervention for remediating the be-

havior problems of disruptive, aggressive children in the primary grades and requires 30 program days for successful completion. Each program day has a built in, performance criterion that has to be met before proceeding to the next day of the intervention program; if the criterion isn't met, the program day is then repeated and/or the student is recycled to an earlier, successfully completed program day before proceeding on. Most students require approximately 2 months, minimum, to complete the CLASS program because of this built-in recycling procedure. It is relatively rare for a target child to progress through the program without having to repeat one or more program days.

CLASS is divided into three successive phases: Consultant, Teacher, and Maintenance. The Consultant Phase (program days 1–5) is the responsibility of an adult, trained as a First Step consultant, who coordinates the implementation process. This role is normally assumed by a school counselor, early interventionist, school psychologist, resource teacher or behavioral specialist, but can be the responsibility of a trained assistant, parent volunteer or graduate student. The role requires someone who can directly implement the program for brief portions of the school day and who can monitor, supervise and support participating teachers as they assume control of the program. The consultant also performs the following key program tasks: (a) explains the CLASS program to the teacher, parents, target child, and peers; (b) secures the cooperation and consent of all parties to participate in the program's implementation; (c) operates the program in the classroom for the first 5 program days during two, 20- to 30-min sessions daily; (d) negotiates earned school and home privileges with the child, teacher, and parents; (e) demonstrates the program's operation and trains the teacher in how to apply it; and (f) turns the program over to the teacher and supervises his or her operation of it during the Teacher Phase of the CLASS program.

The consultant phase is the most critical part of the school intervention program. The CLASS program beings with two 20-min periods daily, usually scheduled during A.M. and P.M. sessions, and is eventually extended to the entire school day. Initially, the consultant, in close proximity to the target child, monitors her or his classroom behavior using a red and green card on which one point is awarded every 30 s. If the child's behavior is appropriate when the point award interval occurs, the point goes on the green side of the card; if not, it goes on the red side. To meet the criterion, 80% or more of the available points during the 20-min period have to be awarded on the green side. A brief, free time activity involving the target child and peers is made available immediately following the 20-min period. If the reward criterion for both A.M. and P.M. sessions is met, the child earns a home privilege as well, which has been prearranged with parents or caregivers.

Over the course of the program, use of the red/green card is faded out completely by program day 15 and the interval in which points and praise can be earned is gradually extended from 30 s to 10 min. In addition, in the later stages of the program, the target student has to work in blocks of multiple days in order to earn a single reward of higher magnitude. Thus, the program becomes more demanding as the student progresses through it and the student must sustain acceptable performance for longer and longer periods of time in order to be successful.

The Teacher Phase (program days 6–20) is operated by the classroom teacher in whose room the CLASS program is initially implemented. The homeroom teacher assumes control of the program's operation on program day six but with close supervision and support provided by the CLASS program consultant. The consultant provides monitoring and technical assistance on an as needed basis for the regular teacher throughout the remainder of the Teacher Phase. Teacher Phase implementation tasks include: (a) operating the program daily, (b) awarding praise and points according to program guidelines and contingent upon child performance, (c) supervising delivery of group activity, school rewards, and (9) communicating with parents on a regular basis regarding the target child's performance. The teacher works closely with the program consultant, child, parents, and peers throughout the total implementation period.

The Maintenance Phase of the CLASS program lasts from program day 21 to 30, after which the school intervention is terminated. In this final program phase, the target child is rewarded pri-

marily with praise and expressions of approval or recognition from the teacher at school and the parents at home. An attempt is made during this phase to reduce the child's dependence upon the program by substituting adult praise for points, reducing the amount of daily feedback given and making occasional rewards available contingent upon exemplary performance. In the majority of cases, target students who successfully complete the Teacher Phase of the program are able to sustain their improved behavior in this phase despite these program changes. However, for those students who cannot, the CLASS program contains suggested strategies for preserving long-term maintenance effects.

The CLASS program was initially developed, tested and validated over a 5-year period and has been extensively researched (see Hops & Walker, 1988; Walker, Hops, & Greenwood, 1984). Another 3 years of research has been invested in the adapted, kindergarten version of the program. CLASS accomplishes powerful behavior change outcomes for acting-out students at the point of school entry (Hops, Walker, Fleischman, Nagoshi, Omura, Skinrud, & Taylor, 1978).

Home Intervention Module (homeBase)

The homeBase component of First Step consists of a series of six lessons designed to enable parents and caregivers to build child competencies and skills in six areas that affect school adjustment and performance. The target skills that parents are asked to teach their children are as follows: Communication and Sharing School, Cooperation, Limits-Setting, Problem-Solving, Friendship-Making, and Developing Confidence. The homeBase program contains lessons, instructional guidelines, and parent–child games and activities for directly teaching these skills. It requires 6 weeks for implementation and begins after the target child has completed program day 10 of the CLASS program.

The First Step program consultant visits the parents' home on a weekly basis and conducts the homeBase lessons in that setting. Following each session, materials are left with the parents that facilitate daily review and practice of each skill with the target child. The homeBase lessons require approximately one hour each. Parents are encouraged to work with their child 10 to 15 minutes daily and to focus on practicing the homeBase skills being taught.

An important, shared goal of First Step and the homeBase component is to build a strong, positive link between home and school. The homeBase program is designed to strengthen parenting skills in developing child competence in key performance areas related to school success. Parents and caregivers are enlisted as partners, with the school, in helping the child get off to the best possible start in his or her school career. Its ultimate goal is to get educators and parents-caregivers on the same side in helping vulnerable children experience early school success. If achieved, this outcome can be a key protective factor in diverting them from an antisocial path in their subsequent school careers.

It is important to note that parents are never blamed for the problems their child may be experiencing in school. Instead, developing a collaborative home and school working relationship whose focus is on joint problem-solving and the development of school success, is emphasized. This skill-building approach is based on the belief that parents are children's best natural resource for achieving school success. Using this approach, the authors have rarely encountered parents who are not interested in participating in and supporting the First Step intervention program.

The homeBase program content is based on over 25 years of research at the Oregon Social Learning Center (OSLC) involving hundreds of families who have contributed to our current knowledge of the family-based factors related to children's competent social adjustment (see Patterson, 1982; Patterson, Reid, & Dishion, 1992). The approach used in teaching patients how to improve their child's school success in homeBase reflects numerous OSLC clinical trials and research efforts to study the processes inherent in family-based, behavior change processes (Dishion, Patterson, & Kavanagh, 1992; Patterson, 1982; Patterson & Bank, 1989). It also stresses the importance of de-

veloping a collaborative relationship with parents and "tailor-making," the delivery and implementation of the target skills to meet the family's existing skill level(s) in applying them. Attempting to buffer family stress levels and providing supports to improve coping skills are two strategies used by OSLC investigators to improve the family's ability to respond to parenting training. The OSLC knowledge base on parent training and intervention is derived from families of diverse socioeconomic conditions and social and emotional resources.

The authors of the First Step to Success program attempted to incorporate these values, experiences, and generic strategies into the homeBase program component. It should be noted, however, that the specific effects of homeBase have not, as yet, been tested separately from the CLASS program in accounting for First Step program outcomes.

Effectiveness and Social Validity of the First Step to Success Intervention Program

The First Step to Success program has been evaluated using pre/post and waitlist/control group designs. In addition, efforts have been implemented to assess the social validity and consumer satisfaction levels of those who have used the program. A total of 66 target students, their parents, and cooperating kindergarten teachers participated in these efforts.

The initial evaluation of the program's effects was accomplished using an experimental-waitlist/control group design. A total of 46 kindergartners was identified and randomly assigned to either an experimental or waitlist group. The experimental subjects ($n = 24$) were exposed to the First Step intervention over a 3-month implementation period; the waitlist control subjects ($n = 22$) received no formal intervention during this period. After completion of the First Step intervention for the experimental subjects, the waitlist control subjects were exposed to the intervention in an identical fashion to the experimental subjects. Cohort 1 subjects ($n = 24$) were followed up into grades one and two; Cohort 2 subjects ($n = 22$) were followed up into grade one. Dependent measures consisted of four teacher rating measures, including the Child Behavior Checklist (Achenbach & Edelbrock, 1983) Aggression subscale, and an observational measure of academic engaged time. This study is described in Walker, Kavanagh, Stiller, Golly, Severson, and Feil (in press).

The initial treatment effect, as measured from pre to posttime points and registered across five dependent measures, was quite robust when the gain scores of experimental and waitlist control subjects were compared. Across the five dependent measures, the average effect size was .86 and ranged from .26 to 1.17. When the waitlist controls were exposed to the First Step intervention, their pre- to post-change scores were nearly identical to those for the experimental children. Follow-up assessments into grade one indicated that approximately 80% of the initial pre to post gains were preserved during first grade when the children had different teachers and peers. This held true for both cohorts 1 and 2. Cohort 1 children were also followed into grade two using the same assessments as in kindergarten and grade one. The behavioral levels for the 18 children (of 24) that were assessed in grade two indicated nearly identical levels to their grade one levels. The authors did not provide boosters or other strategies to sustain the initial gains during the follow-up periods.

A subsequent study was conducted of the First Step program that had two major goals: to provide an intersubject replication of the program and its effects and to assess social validation levels of the program as contributed by school professionals expose to it. This study is described in Golly, Stiller, and Walker (1998). The replication sample consisted of 20 at-risk kindergartners. Pre to post changes in behavioral levels were very similar to those for Cohort 1 and 2 children groups following exposure to the First Step intervention procedures. Social validation results, as indicated by participant evaluations, indicated very high satisfaction levels with the workshop training received and with the program in general. In addition, a follow-up survey of workshop participants indicated that approximately half were able to implement the program within the same academic year in which they received implementation training.

Results of studies conducted to date on the First Step to Success program indicate that it produces robust treatment effects for the majority of at-risk children to whom it is applied and participants generally report high levels of satisfaction with the program. Additional research is planned to analyze the relative effectiveness of different variations of the program (i.e., school only; school plus home; and school, home, and follow-up booster shots). Research is also planned to obtain accurate estimates of the actual per student cost of the program's implementation. Results of these studies will be reported as they are completed.

To date, we have no information that allows us to say with certainty that successfully intervening with antisocial children early in their school careers will allow them to conclude their schooling successfully or to achieve a better long term adjustment to the demands of schooling. However, it seems likely that these outcomes are possible with successful early interventions. In addition, it may be that effective early intervention with this segment of the school population may also contribute to a more positive school climate, greater school safety, and a lower likelihood of conflict and potential violence.

Lessons Learned About the First Step Program and Its Implementation

Collectively, the authors now have 4.5 years of experience in implementing the First Step program and evaluating responses to it by children, teachers, peers, parents, and program consultants. The following observations result from that experience and are presented for the reader's information. We cannot, at present, say that these observations are documentable empirically using traditional assessment measures.

1. The most frequently heard complaint by implementers is that parental inconsistency and lack of follow through form a program barrier that limits the program's effectiveness.
2. School-based program consumers (consultants, teachers) report that the target child's level of severity is an important consideration in deciding whether to implement the program. That is, potential implementers often believe the severity of the child's behavior problems should justify the time, effort, and expense involved in the program's implementation.
3. The First Step program does not seem to work well with the following types of students: students with autism, students with severe language problems, and students who come from homes that are in chaos and require massive supports and intervention just to function at a basic survival level.
4. The program was designed for use with students in the average range of intelligence having moderate to severe behavior problems of an antisocial nature. If used with students of less than average intelligence, pictorial aids should be used in explaining the program and consideration given to using consumsable rewards instead of privileges.
5. It is recommended that program consultants receive approximately a day and a half of staff development training in the First Step program and its implementation. Participating teachers, if possible, should be exposed to 1 day of such training.
6. The school intervention portion of the program can be used effectively without adaptation in the K through grade three range; the parent training procedures can be used with students up through grade one, and sometimes through grade two, without adaptation.
7. Our experience indicates that approximately two students per classroom in the K–2 or 3 grade level range would qualify, on average, for the First Step program and justify the time and effort involved in its implementation. In high impact schools, it is likely that this number would approximate three or four students per classroom and perhaps even higher in chaotic school environments.
8. We have found that forming a team of First Step program consultants at a county level, assigned to an educational service center, who coordinate interventions across school districts has worked quite well as a delivery option. These program experts use a trainer of trainers model to create the skills base needed at a district level to provide for consistent availability of the First Step program and to insure that it gets implemented with reasonable fidelity.

9. These observations and informal guidelines reflect our implementation experiences so far. We will continue to add to and update them as we gain greater experience with the program and consumer reactions to it.

Conclusion

The demand for early intervention programs such as First Step to Success continues to escalate as greater and greater numbers of children who come from chaotic home environments that do not prepare them for the demands of schooling enter the schoolhouse. Unfortunately, many of these home environs model hostile, coercive styles of relating to others and subject vulnerable children to neglect, abuse, and other risk factors that imperil their schooling and future development. Most of these students require interventions at the point of school entry that address secondary prevention goals. Many will require tertiary level interventions before their school careers are over.

The case for prevention is a difficult sell with most school systems but is not impossible in terms of task difficulty and success of outcome. It is essential that we interrupt the trajectory that these at-risk children predictably follow as early as possible in its sequence of development. Just one child diverted from this path makes the investment worth it.

References

Achenbach, T. M., & Edelbrock, C. S. (1983). *Manual for the child behavior checklist and revised child behavior profile*. Burlington, VT: University Associates in Psychiatry.

Cicchetti, D., & Nurcombe, B. (Eds.). (1993). *Toward a developmental perspective on conduct disorder,* [Special issue] *Development and psychopathology, 5,* 1–344. London: Cambridge University Press.

Coie, J. (1994, July 21). *Antisocial behavior among children and youth*. Keynote address presented at the OSEP National Research Director's Conference. Washington, DC: U.S. Office of Special Education Programs.

Dishion, T., Patterson, G., & Kavanagh, K. (1992). An experimental test of the coercion model: Linking measurement, theory and intervention. In J. McCord & R. Tremblay (Eds.), *The interaction of theory and practice: Experimental studies of intervention* (pp. 253–282). New York: Guilford.

Drummond, T. (1993). *The Student Risk Screening Scale* (*SRSS*). Grants Pass, OR: Josephine County Mental Health Program.

Furlong, M. J., & Morrison, G. M. (Eds.). (1994). School violence and safety in perspective (9-article miniseries). *School Psychology Review, 23*(2), 139–261.

Golly, A., Stiller, B., & Walker, H. M. (1998). First Step to Success: Replication and social validation of an early intervention program for achieving secondary prevention goals. *Journal of Emotional and Behavioral Disorders*.

Greenwood, P. W. (1995). *The cost-effectiveness of early intervention as a strategy for reducing violent crime*. Paper prepared for the University of California Policy Seminar Crime Project, Santa Monica, CA: RAND.

Hawkins, J. D., von Cleve, E., & Catalano, R. F. (1991). Reducing early childhood aggression: Results of a primary prevention program. *Journal of the American Academy of Child and Adolescent Psychiatry, 30,* 208–217.

Hops, H., & Walker, H. M. (1988). *CLASS: Contingencies for Learning Academic and Social Skills*. Seattle, WA: Educational Achievement Systems.

Hops, H., Walker, H. M., Fleischman, D., Nagoshi, J., Omura, R., Skinrud, K., & Taylor, J. (1978). CLASS (Contingencies for Learning Academic and Social Skills): A standardized in-class program for acting-out children (Part II): Field test evaluations. *Journal of Educational Psychology, 70*(4), 636–644.

Kazdin, A. (1987). Treatment of antisocial behavior in children: Current status and future directions. *Psychological Bulletin, 102,* 187–203.

Larson, J. (1994). Violence prevention in the schools: A review of selected programs and procedures. *School Psychology Review, 23*(2), 151–164.

Lynam, D. (1996). Early identification of chronic offenders: Who is the fledgling psychopath? *Psychological Bulletin, 120,* 209–234.

Mayer, G. (1995). Preventing antisocial behavior in the schools. *Journal of Applied Behavioral Analysis, 28*(4), 467–478.

McCord, J. (1993). Conduct disorder and antisocial behavior: Some thoughts about processes. *Development and Psychopathology, 5*(1/2), 321–330.

Moffitt, T. (1994). Adolescence-limited and life-course-persistent antisocial behavior: A developmental taxonomy. *Psychological Review, 100*(4), 674–701.

Morrison, G. W., Robertson, L., & Harding, M. (1998). Resilience factors that support the classroom functioning of acting out and aggressive students. *Psychology in the Schools, 35*(3), 217–227.

PATTERSON, G. R. (1982). *Coercive family process: Vol. 3. A social learning approach*. Eugene, OR: Castalia.

PATTERSON, G. R., & BANK, L. (1989). Some amplifying mechanisms for pathologic processes in families. In M. R. Gunnar & E. Thelen (Eds.), *The Minnesota Symposia on Child Psychology:* Vol. 22. *Systems and development*. (pp. 167–209). Hillsdale, NJ: Erlbaum.

PATTERSON, G. R., REID, J. B., & DISHION, T. J. (1992). *Antisocial boys*. Eugene, OR: Castalia Press.

REID, J. (1993). Prevention of conduct disorder before and after school entry: Relating interventions to developmental findings. *Development and Psychopathology, 5*(1/2), 243–262.

REID, J. B., & EDDY, J. M. (in press). The prevention of antisocial behavior: Some considerations in the search for effective interventions. In D. M. Stoff, J. Breiling, & J. D. Maser (Eds.), *The handbook of antisocial behavior.* New York: Wiley.

SIMEONSSON, R. (1991). Primary, secondary and tertiary prevention in early intervention. *Journal of Early Intervention, 15,* 124–134.

WALKER, H. M., COLVIN, G., & RAMSEY, E. (1995). *Antisocial behavior in schools: Strategies and best practices*. Pacific Grove, CA: Brooks/Cole.

WALKER, H. M., HOPS, H., & GREENWOOD, C. R. (1984). The CORBEH research and development model: Programmatic issues and strategies. In S. Paine, G. T. Bellamy, & B. Wilcox (Eds.), *Human services that work* (pp. 57–78). Baltimore: Paul H. Brookes.

WALKER, H. M., KAVANAGH, K., STILLER, B., GOLLY, A., SEVERSON, H. H., & FEIL, E. (1997). *First Step to Success*. Longmont, CO: Sopris West.

WALKER, H. M., KAVANAGH, K., STILLER, B., GOLLY, A., SEVERSON, H. H., & FEIL, E. G. (in press). First Step to Success: An early intervention approach for preventing school antisocial behavior. *Journal of Emotional and Behavioral Disorders*.

WALKER, H. M., SEVERSON, H. H., & FEIL, E. G. (1995). *The Early Screening Project: A proven child-find process*. Longmont, CO: Sopris West.

WALKER, H. M., SEVERSON, H., STILLER, B., WILLIAMS, G., HARING, N., SHINN, M., & TODIS, B. (1988). Systematic screening of pupils in the elementary age range at risk for behavior disorders: Development and trial testing of a multiple gating model. *Remedial and Special Education, 9*(3), 8–14.

WALKER, H. M., & SPRAGUE, J. R. (in press). *Longitudinal research and functional behavioral assessment issues*. Manuscript submitted for publication.

YOSHIKAWA, H., & KNITZER, J. (1997). *Lessons from the field: Head Start mental health strategies to meet changing needs*. New York: National Center for Children in Poverty.

ZIGLER, E., TAUSSIG, C., & BLACK, Y. (1992). Early childhood intervention: A promising preventative for juvenile delinquency. *American Psychologist, 47(8), 997–1006*.