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Office of Mental Health and Substance Abuse Services

PREVENTING MENTAL DISORDERS IN SCHOOL-AGE CHILDREN

A Review of the Effectiveness of Prevention Programs

by

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Abstract

In 1999, the Prevention Research Center for the Promotion of Human Development at Penn State University was commissioned to write a review paper for the Center for Mental Health Services (Substance Abuse and Mental Health Services Administration) summarizing the current state of preventive interventions with school-age children at-risk for mental disorders. Although there have been recent reviews in positive youth development (Catalano, et al, 1998), violence prevention (Elliot, et al, 1998; Sherman, et al, 1997), and substance abuse (Elias, Gager & Leon, 1997), there are very few reviews of programs that reduce symptoms of behavioral and emotional disorders in early and middle childhood (e.g., Durlak and Wells, 1998).

Programs evaluated in well-conducted research studies (i.e., randomized clinical trials) were critiqued on the extent to which they used a developmental model and incorporated knowledge of the risk and protective

factors linked to psychopathology. In addition, the program content, the fidelity of implementation, and the types of outcomes achieved were considered. Particular attention was given to the clinical significance of the outcomes and whether they were sustained over time. Programs that did not meet the inclusion criteria but showed promise were mentioned, as were effective programs outside the review’s specific scope—psychopathology-related outcomes.

Preventing Mental Disorders in School-Age Children: A Review of the Effectiveness of Prevention Programs

Background

Epidemiological studies and survey research indicate that many children are at-risk for developing mental health disorders. Evaluation research demonstrates the potential impact of preventive interventions for addressing this problem. An extensive review of the literature identified a substantial number of existing programs. Of these, 34 programs met the inclusion criteria for scientific rigor and positive outcomes. Although very few of the evaluations of these programs specifically measure reductions in DSM-IV diagnoses, they all showed a significant level of symptom reduction in externalizing symptomology, related aggression and delinquent behavior, or internalizing symptomology (i.e., anxiety, depression).

The identified programs were classified based on the terminology promoted in the 1994 Institute of Medicine report, "Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research." These classifications are universal, selective, and indicated.** These programs targeted schools, children, parents, and communities. The review suggests a movement in research and practice towards more complex, multi-system (multi-domain) prevention efforts.

The Issue

In the last decade the prevention of mental disorders in children has become a growing priority for federal agencies in regard to policy, practice, and research. This priority is reflected in the recent reports of the Institute of Medicine (IOM, 1994) as well as the National Institute of Mental Health (NIMH, 1993; 1998). Interest in the prevention of mental disorders in children is also reflected in the goals set for our nation's health; an objective of

Healthy People 2000 is to reduce the prevalence of mental health disorders in children and adolescents (DHHS, 1991). This objective shows the nation's growing concern that increasing numbers of children and adolescents are having difficulty managing the challenges of development. It is estimated that between 12 percent and 22 percent of America's youth under age 18 are in need of mental health services (National Advisory Mental Health Council, 1990). In addition to the personal suffering experienced by children with emotional or behavioral problems and their families, it is estimated that the yearly U.S. cost of mental illness is greater than \$80 billion.

Developmental Research as the Bedrock of Prevention Research

Public health models have long based their interventions on reducing risk factors for disease or disorder as well as promoting processes that protect against risk. Successful prevention models for both heart and lung disease have focused on reducing risk factors and increasing protective factors. Likewise, research on developmental processes has focused the field of preventive mental health on understanding how risk and protective factors operate, and can be modified, to alter the incidence and prevalence of mental disorders in childhood.

Research on the development of mental disorders has led to the following conclusions:

1. Development is complex and both disorder and competence are multiply determined: it is unlikely that there is a single cause of, or risk factor for, any disorder (disruptive disorders, depression or other affective disorders).
2. Risk factors include biological, social, and ecological factors in the child, the family, and

other social contexts. Thus, it is doubtful that most childhood behavioral disorders can be eliminated by treating causes that are purported to reside in the child alone.

3. It is apparent that many developmental risk factors are not disorder-specific, but may relate instead to a variety of maladaptive outcomes.
4. A focus on increasing protective factors may lead to both lower incidence of mental disorder as well as improving the overall competence of children.

The understanding of “generic” risk factors related to maladaptive child outcomes has led to a strategy of targeting multiple factors simultaneously in prevention models. As a result, prevention efforts that focus on reducing risk factors and increasing protective factors may have direct effects on diverse outcomes. Such interventions may have the dual goals of reductions in mental disorders and the promotion of healthy developmental outcomes.

Summary of Review Findings**

The review concluded that there is clear evidence that important and meaningful progress has been made in preventive intervention with school-aged children during the last decade. Thirty-four different programs, described below and in Appendix A, were found to reduce psychological symptoms or related behaviors in school-aged children. This good news shows the potential promise of widespread prevention programs to reduce mental disorders in childhood in a manner similar to what our nation has done to reduce heart disease and cancer. Advances in theory, program development, and scientific evaluation have led to important new findings showing the promise of preventive approaches.

Universal Programs

The review found 14 effective universal prevention programs (i.e., programs that were addressed to broad populations of children, families, and schools). These universal programs produced

positive outcomes in either (a) specific symptoms of psychopathology such as aggression, depression or anxiety, or (b) commonly accepted risk factors associated with psychopathology such as impulsiveness, cognitive skill deficiencies or antisocial behavior.

The universal programs identified as effective in this review had a number of important characteristics:

1. They focused on teaching cognitive strategies that improve social and emotional competence.
2. They created changes in the school and/or family ecology that support the use of these new skills.
3. Successful programs had the necessary duration (usually one or more school years) and intensity (regular use) needed to alter attitudes and behavior.

Programs that target children already at risk for conduct disorders

Disorders of conduct are among the most prevalent and stable of child psychiatric disorders. Many of our most costly and damaging societal problems (e.g., delinquency, substance use, and adult mental disorder) have their origins in early conduct problems. Conduct disorder is difficult to remediate because it is often supported in multiple contexts, its risk factors tend to cluster together, and each risk factor tends to set the stage for increased risk in the next phase of development.

The review found 10 programs that have successfully reduced the risk for conduct problems, nearly all of which have reported their findings since 1990. These programs can be classified into those that work with children alone, with parent-child relationships, or in multiple contexts. Although child alone and parenting alone prevention models have shown limited effectiveness, a new generation of multi-component models provides the promise of greater impact. Following from developmental models of risk and

protection, interventions that target multiple environments (child, school, family, neighborhood) and multiple socialization agents (parent, teachers, peers) over extended developmental periods are probably necessary to alter the developmental trajectories of children who live in high-risk environments and are already showing early problem behaviors. In contrast, less intensive, short duration programs that operate in only one environment have shown modest effects that tend to fade over time.

Recently, there has been significant interest in the provision of adult support to youth to build protection against adolescent problem behavior. This has included recreation programs, after-school programs, and mentoring. With the exception of one successful, multi-site study of mentoring, there has been little controlled evaluation research to indicate whether such programs can reduce psychological symptoms or protect children from mental disorders.

Programs that target children already at risk for internalizing disorders

The prevalence of depressive and anxiety disorders ranges between 5-8 percent in U.S. adolescents. Further, there is new evidence of the stability of these early difficulties for adolescent and adult mental disorder. In spite of this knowledge, relatively few prevention trials have targeted children at risk for depression or anxiety.

Our review found 10 programs with demonstrated effects on children already at risk for internalizing problems. They include two programs that have successfully reduced depressive symptoms, one that has reduced symptoms of anxiety, and one that has reduced risk for suicide. These effective programs focused on teaching children and youth how to alter and use more effective cognitive and behavioral coping strategies and to more effectively use the support of others in times of stress. In addition, five programs were identified that successfully impacted children experiencing the childhood stress often related to divorce or bereavement, as well as two programs

which demonstrated secondary effects on internalizing problems.

Best Practices in Prevention Programming

Over time, researchers, practitioners, and policy makers have developed a more realistic perspective on the necessary intensity and comprehensiveness of programming to prevent psychopathology and promote positive development, especially with children and adolescents growing up in high-risk environments (Panel on High-Risk Youth, National Research Council, 1993). The following conclusions can be made regarding validated programs.

- Short-term preventive interventions produce time-limited benefits, at best, with at-risk groups whereas multi-year programs are more likely to foster enduring benefits.
- Preventive interventions may effectively operate throughout childhood when developmentally-appropriate risk and protective factors are targeted. However, given the resistance to treatment of serious conduct problems, ongoing intervention starting in the preschool and early elementary years may be necessary to reduce morbidity.
- Preventive interventions are best directed at risk and protective factors rather than at categorical problem behaviors. With this perspective, it is both feasible and cost-effective to target multiple negative outcomes in the context of a coordinated set of programs.
- Interventions should be aimed at multiple domains, changing institutions and environments as well as individuals.
- Prevention programs that focus independently on the child are not as effective as those that simultaneously “educate” the child and instill positive changes across both the school and home environments. The success of such programs is enhanced by focusing not only on the child’s behavior, but also the teacher’s and

family’s behavior, the relationship between the home and school, and the needs of schools and neighborhoods to support healthy norms and competent behavior.

- There is no single program component that can prevent multiple high-risk behaviors. A package of coordinated, collaborative strategies and programs is required in each community. For school-age children, the school ecology should be a central focus of intervention.
- In order to link to other community care systems and create sustainability for prevention, prevention programs will need to be integrated with systems of treatment. In this way, communities can develop common conceptual models, common language, and procedures that maximize the effectiveness of programs at each level of need. Schools, in coordination with community providers, are a potential setting for the creation of such fully-integrated models. It is surprising that few comprehensive interventions have been developed and evaluated that combine school-wide universal prevention together with more targeted prevention and treatment.

Future Directions

The past decade has brought to fruition well-designed studies that demonstrate the potential of preventive intervention in reducing harmful symptoms for children and youth. However, given the need for effective research in this field, there are numerous issues for future research, policy, and practice.

- Few studies meet the criteria for fully-validated program models. Of most concern are the lack of replication of program effects by independent investigators and the absence of long-term follow-up to examine stability of program effects.
- One of the weaknesses in present research efforts is the lack of comprehensive follow-up data to chart the developmental processes of program participants in the years after receiving interventions. As a number of programs show stronger impacts at follow-up, than they did at post-test, it is likely that the effects of prevention programs are underestimated at present; examining distal outcomes is critical.
- There has been greater attention to preventive interventions that have been focused on externalizing disorders. As such, we still know little regarding effective prevention models for internalizing disorders. Further, as many children show risk for, or co-morbidity of internalizing and externalizing problems, intervention projects should examine the differential effects that interventions might have on those that have risk or early symptoms of co-morbidity. Further, outcome measures should include assessment of both externalizing and internalizing symptoms.
- A broader point is that there is significant inter-individual variability in program effects. There has been little focus on what factors in the child (e.g., gender, ethnicity) or environment (e.g., quality of home or school environment) might moderate the impact of intervention. It is necessary to know more regarding for whom specific programs are most likely to be effective.
- With few exceptions, there has been little exploration of how the quality of implementation affects outcomes. There is a need for greater attention to both the measurement of dosage as well as the quality and fidelity of the intervention delivery, especially as empirically-validated prevention programs begin to “go to scale.”
- Due in part to the categorical nature of funding, programs often assess quite narrow outcomes (e.g., only substance abuse, psychological symptoms, positive adaptation). As programs often focus the intervention on modifying common risk factors for multiple problem behaviors as well as promoting competence,

measures of multiple dimensions of outcome are necessary.

Summary

There have been advances in the theory, design, and evaluation of programs, and there are a growing number of programs with documented efficacy of beneficial impact on the reduction on psychiatric symptomology in middle childhood. These research findings are also beginning to influence public policy as federal, state, and local governments are now calling for the use of empirically validated, effective models of intervention for children and families. This review provides details on the types of successful programs and points the way to future directions in research, programming, and policy.

Notes

* This article is based on the report, *“Preventing Mental Disorders in School-Aged Children: A Review of the Effectiveness of Prevention Programs”* by Mark T. Greenberg, Ph.D., Celene Domitrovich, Ph.D., and Brian K. Bumbarger. The full text of the report is available via the internet at <http://www.psu.edu/dept/prevention>.

** The Institute of Medicine's 1994 report introduced the concept of a spectrum from prevention to treatment. Within this spectrum, prevention is divided into universal, selective, and indicated. **Universal** prevention efforts are targeted to all members of a given population regardless of individual level of risk (for example, putting flouride in municipal water systems). **Selective** prevention efforts are targeted to a specific sub-population based on increased risk due to socio-

demographic, biological, or psychological characteristics (for example, premature or low birth-weight babies). **Indicated** prevention efforts are targeted to individuals who have not yet met diagnostic criteria for mental disorders, but who are exhibiting the early symptomology associated with mental health problems.

*** The scope of interest for this review included prevention programs for children ages 5-18 that produce improvements in specific psychological symptoms or in factors directly associated with increased risk for child mental disorders. Programs were excluded if they produced outcomes solely related to substance abuse, sexuality or health promotion or positive youth development. Other recent federal reports review prevention programs that focus on promoting positive youth development and substance abuse prevention (Catalano, Berglund, Ryan, Lonczak, and Hawkins, 1998; Tobler Research Associates, 1998).

To be included as effective programs in this report, evaluations required well-structured study designs, clear specification of participants, a written manual that specified the intervention procedures, and outcome effects on measures related to mental disorder.

Given the quality-assurance inherent in the peer review process, the search primarily focused on refereed professional journals. However, government reports, meta-analyses, reviews, annotated bibliographies, websites, and relevant books were also reviewed. The review led to the identification of over 200 programs. Of those, 34 met the criteria discussed above and thus are included in the report.

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- Tobler Research Associates, LLC. (1998). *School-based drug prevention programs: technical report*. NCAP report.

Appendix A

Program (Level of Intervention)	Reference(s)
Adolescent Transitions Program (Indicated)	<p>Andrews, D.W., Solomon, L.H., & Dishion, T.J., (1995). The Adolescent Transition Program: A school-based program for high-risk teens and their parents. <i>Education & Treatment of Children</i>, 18, 478-498.</p> <p>Dishion, T. J., & Andrews, D. W. (1995). Preventing escalation in problem behaviors with high-risk young adolescents: Immediate and 1-year outcomes. <i>Journal of Consulting and Clinical Psychology</i>, 63, 538-548.</p> <p>Dishion, T. J., & Andrews, D. W., Kavanagh, K., & Soberman, L. H. (1996). Preventive interventions for high-risk youth: The adolescent transitions Program. In R. DeV. Peters & R. J. McMahon (Eds.). <i>Preventing childhood disorders, substance abuse and delinquency</i> (pp. 184-214). Thousand Oaks, CA: Sage.</p> <p>Irvine, A.B., Biglan, A., Smolkowski, K., Metzler, C.W., & Ary, D.V., (in press). The Effectiveness of a Parenting Skills Program for Parents of Middle School Students in Small Communities. <i>Journal of Consulting and Clinical Psychology</i>.</p>
Anger Coping Program (Indicated)	<p>Lochman, J.E. (1985). Effects of different treatment lengths in cognitive-behavioral interventions with aggressive boys. <i>Child Psychiatry and Human Development</i>, 16, 45-56.</p> <p>Lochman, J. E. (1992). Cognitive-behavioral intervention with aggressive boys: Three-year follow-up and preventive efforts. <i>Journal of Consulting and Clinical Psychology</i>, 60, 426-432.</p> <p>Lochman, J.E., Burch, P.R., Curry, J.F. & Lampron, L.B. (1984). Treatment and generalization effects of cognitive-behavioral and goal-setting interventions with aggressive boys. <i>Journal of Consulting and Clinical Psychology</i>, 52, 915-916.</p> <p>Lochman, J.E., & Lampron, L.B. (1988). Cognitive behavioral interventions for aggressive boys: Seven months follow-up effects. <i>Journal of Child and Adolescent Psychotherapy</i>, 5, 15-23.</p> <p>Lochman, J.E., Lampron, L.B., Gemmer, T.C., Harris, S.R., & Wyckoff, G.M. (1989). Teacher consultation and cognitive-behavioral intervention with aggressive boys. <i>Psychology in the Schools</i>, 26, 179-188.</p> <p>Lochman, J. E. & Wells, K. C. (1996). A social-cognitive intervention with aggressive children: Prevention effects and contextual implementation issues. In R. DeV. Peters & R. J. McMahon (Eds.). <i>Preventing childhood disorders, substance abuse and delinquency</i> (pp. 111-143). Thousand Oaks, CA: Sage.</p>
Attributional Intervention/ Brainpower Program (Indicated)	<p>Hudley, C. & Graham, S. (1993). An attributional intervention to reduce peer-directed aggression among African-American boys. <i>Child Development</i>, 64, 124-138.</p> <p>Hudley, C., & Graham, S. (1995). School-based interventions for aggressive African-American boys. <i>Applied & Preventive Psychology</i>, 4, 185-195.</p>
Big Brothers/Big Sisters Program (Selected)	<p>Tierney, J. P., Grossman, J. B., & Resch, N. L. (1995). <i>Making a difference: An impact study of Big Brothers/Big Sisters</i>. Philadelphia, PA: Public/Private Ventures.</p> <p>Grossman, J.B. & Tierney, J.P. (1998). Does mentoring work? An impact study of the big brothers big sister program. <i>Evaluation Review</i>, 22, 403-426.</p>
Child Development Project (Universal)	<p>Battistich, V., Schaps, E., Watson, M., & Solomon, D. (1996). Prevention effects of the Child Development Project: Early findings from an ongoing multisite demonstration trial. <i>Journal of Adolescent Research</i>, 11, 12-35.</p> <p>Solomon, D., Watson, M., Battistich, V., Schaps, E., & Delucchi, K. (1996). Creating Classrooms That Students Experience as Communities. <i>American Journal of Community Psychology</i>, 24, 719-748.</p> <p>Watson, M., Battistich, V., & Solomon, D. (1997). Enhancing Students' Social and Ethical Development in Schools: An intervention program and its effects. <i>International Journal of Educational Research</i>, 27, 571-586.</p> <p>Solomon, D., Watson, M., Delucchi, K., Schaps, E., & Battistich, V. (1988). Enhancing Children's Prosocial Behavior in the Classroom. <i>American Educational Research Journal</i>, 25, 527-554.</p>
Children of Divorce Intervention Program (Selected)	<p>Alpert-Gillis, L. J., Pedro-Carroll, J., & Cowen, E. L. (1989). The children of divorce intervention program: Development, implementation, and evaluation of a program for young urban children. <i>Journal of Consulting and Clinical Psychology</i>, 57, 583-589.</p> <p>Pedro-Carroll, J. L., Alpert-Gillis, L. J., & Cowen, E. L. (1992). An evaluation of the efficacy of a preventive intervention for 4th-6th grade urban children of divorce. <i>Journal of Primary Prevention</i>, 13, 115-130.</p> <p>Pedro-Carroll & Cowen (1985). The Children of Divorce Intervention Program: An investigation of the efficacy of a school-based prevention program. <i>Journal of Consulting and Clinical Psychology</i>, 53, 603-611.</p>
Children of Divorce Parenting Program (Selected)	<p>Wolchik, S. A., West, S. G., Westover, S., Sandler, I. N., Martin, A., Lustig, J., Tein, J., & Fisher, J. (1993). The children of divorce parenting intervention: Outcome evaluation of an empirically based program. <i>American Journal of Community Psychology</i>, 21, 293-331.</p>
Coping With Stress Course (Selected)	<p>Clarke, G. N., Hawkins, W., Murphy, M., Sheeber, L. B., Lewinsohn, P. M., & Seeley, J. R. (1995). Targeted prevention of unipolar depressive disorder in an at-risk sample of high school adolescents: A randomized trial of a group cognitive intervention. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i>, 34, 312-321.</p>

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Program (Level of Intervention)	Reference(s)
Counselors CARE and Coping and Support Training (Indicated)	Randell, B.P., Eggert, L.L., & Pike, K.C. (in press) Immediate post-intervention effects of two brief youth suicide prevention interventions. <i>Suicide and Life-Threatening Behavior</i> .
Earlscourt Social Skills Group Training (Indicated)	Pepler, D.J., King, G., Craig, W., Byrd, B., & Bream, L. (1995). The development and evaluation of a multisystem social skills group training programs for aggressive children. <i>Child & Youth Care Forum</i> , 24, 297-313.
Family Bereavement Program (Selected)	Sandler, I. N., West, S. G., Baca, L., Pillow, D. R., Gersten, J. C., Rogosch, F., Virdin, L., Beals, J., Reynolds, K. D., Kallgren, C., Tein, J., Kriege, G., Cole, E., & Ramirez, R. (1992). Linking empirically based theory and evaluation: The family bereavement program. <i>American Journal of Community Psychology</i> , 20, 491-521.
FAST Track (Universal, Selected & Indicated components)	Conduct Problems Prevention Research Group. (1992). A developmental and clinical model for the prevention of conduct disorders: The FAST Track Program. <i>Development and Psychopathology</i> , 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. <i>Journal of Consulting and Clinical Psychology</i> . Conduct Problems Prevention Research Group. (1999b). Initial impact of the Fast Track Prevention trail for conduct problems: II. Classroom effect. <i>Journal of Consulting and Clinical Psychology</i> . Conduct Problems Prevention Research Group (1998, August). Results of the Fast Track Prevention Project: Grade 3 Outcomes. Paper presented at the American Psychological Association, San Francisco.
First Steps to Success (Selected)	Walker, H. Kavanagh, Stiller, Golly, Severson, & Feil (1998). First step to success: An early intervention approach for preventing school antisocial behavior. <i>Journal of Emotional and Behavioral Disorders</i> , 6, 66-80. Walker, H., Stiller, B., Severson, H. H., Feil, E. G., & Golly, A. (1998). First step to success: Intervening at the point of school entry to prevent antisocial behavior patterns. <i>Psychology in the Schools</i> , 35, 259-269.
Good Behavior Game (Universal)	Dolan, L.J., Kellam, S.G., Brown, Ch.H., Werthamer-Larson, L., Rebok, G.W., Mayer, L.S., Laudoff, J., Turkkan, J., Ford, C., & Wheeler, L. (1993). The short-term impact of two classroom-based preventive interventions on aggressive and shy behaviors and poor achievement. <i>Journal of Applied Developmental Psychology</i> , 14, 317-345. Kellam, S.G., & Rebok, G.W. (1992). Building developmental and etiological theory through epidemiologically based preventive intervention trials. In J. McCord & R.E. Tremblay (Eds.), <i>Preventing antisocial behavior: Interventions from birth through adolescence</i> (pp. 162-194). New York, NY: Guilford Press. Kellam, S. G., Rebok, G. W., Ialongo, N., & Mayer, L. S (1994). The course and malleability of aggressive behavior from early first grade into middle school: Results of a developmental epidemiologically-based preventive trial. <i>Journal of Child Psychology and Psychiatry</i> , 35, 259-281. Kellam, S.G., Ling, X., Merisca, R., Brown, C.H., & Ialongo, N. (1998). The Effect of the Level of Aggression in the First Grade Classroom on the Course and Malleability of Aggressive Behavior into Middle School. <i>Development & Psychopathology</i> , 10, 165-185.
Improving Social Awareness - Social Problem Solving (Universal)	Elias, M.J., Gara, M.A., Ubricco, M., Rothbaum, P., Clabby, J., & Schuyler, T. (1986). Impact of a Preventive Social Problem Solving Intervention on Children's Coping With Middle School Stressors. <i>American Journal of Community Psychology</i> , 14, 259-275. Elias, M. J, Gara, M. A, Schuyler, T. F, Branden-Muller, L. R., & Sayette, M. A. (1991). The promotion of social competence: Longitudinal study of a preventive school-based program. <i>American Journal of Orthopsychiatry</i> , 61, 409-417. Bruene-Butler, L., Hampson, J., Elias, M., Clabby, J., & Schuyler, T. (1997). The Improving Social Awareness-Social Problem Solving Project. In G.W. Albee & T.P. Gullotta (Eds.) <i>Primary Prevention Works</i> . Thousand Oaks, CA: Sage.
Interpersonal Cognitive Problem - Solving (Universal)	Shure, M.B., & Spivack, G. (1982). Interpersonal Problem Solving in Young Children: A cognitive approach to prevention. <i>American Journal of Community Psychology</i> , 10, 341-356. Shure, M.B., & Spivack, G. (1988). Interpersonal cognitive problem solving. In R. H. Price, E. L. Cowen, R. P. Lorion, & J. Ramos-McKay (Eds.), <i>Fourteen ounces of prevention: A casebook for practitioners</i> (pp. 69-82). Washington, DC: American Psychological Association. Shure, M.B. (1979). Training Children to Solve Interpersonal Problems: A preventive mental health program. In R.F. Munoz, L.R. Snowden, and J.G. Kelly (Eds.), <i>Social and psychological research in community centers</i> (pp.30-68). San Francisco, CA: Josey-Bass. Shure, M.B. (1988). How To Think, Not What To Think: A cognitive approach to prevention. In L.A. Bond and B.M. Wagner (Eds.) <i>Families in Transition: Primary prevention programs that work</i> (pp.170-199). Newbury Park, CA: Sage. Shure, M.B. (1997). Interpersonal Cognitive Problem Solving: Primary prevention of early high-risk behaviors in the preschool and primary years. In G.W. Albee and T.P. Gullotta (Eds.) <i>Primary Prevention Works</i> (pp.167-188). Thousand Oaks, CA: Sage.
Intervention Campaign Against Bully-Victim Problems (Universal)	Olweus, D. (1991). Bully/victim Problems Among School Children: Basic facts and effects of an intervention program. In D. J. Pepler & K.H. Rubin (Eds.), <i>The development and treatment of childhood aggression</i> (pp. 411-448). Olweus, D. (1993). <i>Bullying at School: What we know and what we can do</i> . Oxford: Blackwell. Olweus, D. (1994). Annotation: Bullying at school: Basic facts and effects of a school based intervention program. <i>Journal of Child Psychology and Psychiatry</i> , 35, 1171-1190.

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