Introduction to the Special Section: Prevention and Remediation of Emotional and Academic Problems in Youth

Armando A. Pina and Nancy Eisenberg

Arizona State University

ABSTRACT—***Accessibility to prevention and remediation programs is critical for today's children who face a broad range of adversities placing them at risk for emotional and academic problems. This introduction briefly summarizes the articles in the special section, which provide an overview of different interventions aimed at preventing or ameliorating various youths' emotional and behavioral problems. The special section concludes with an article and related commentary pertaining to school-related functioning.***

KEYWORDS—*prevention; emotion; children; adolescents; academic*

The first decade of the 21st century is proving to be a challenging one for American children. After an upward trend through the late 1990s, progress in American children's quality of life shifted after the attacks of September 11, 2001, to a period of slow growth, where it has remained (Foundation for Child Development, 2008). Moreover, the current economic crisis (housing, finance, and job losses) has worsened conditions for many families and will probably affect some youths' potential for leading full and productive lives. This is sure to be the case if publicly financed health and education programs become increasingly scarce as a result of budgetary constraints.

Given these factors, access to prevention and remediation programs is critical for today's children who face great adversity that places them at risk for emotional and academic problems. For example, an increasing proportion of youth are exposed to terrorist attacks and catastrophic natural disasters (hurricanes, earthquakes, and tsunamis), which results in posttraumatic stress reactions (National Child Traumatic Stress Network, 2008). In addition, adolescents continue to engage in high-risk sexual behaviors, often resulting in teen pregnancies and sexually transmitted diseases (STD) infections, including HIV (Centers for Disease Control and Prevention, 2007). Also of concern are high school dropout rates, particularly in the United States (Foundation for Child Development, 2008). Simply stated, every 26 seconds, one American high school student drops out, for a total of more than 1.1 million students per year (Editorial Projects in Education Research Center, 2008). Not surprisingly, emotional problems resulting from exposure to adverse circumstances and events also affect youths' academic development. Other factors, too, affect their development, such as growing up in an economically disadvantaged community, receiving inadequate academic instruction, and/or having learning problems (U.S. Department of Education, 2006). Because the adverse conditions noted above are widespread in some sectors of our society, and in some cases appear uncontrollable, data indicating that it is possible to intervene and decrease the incidence of their associated negative outcomes are of public health significance.

This special section of *Child Development Perspectives* focuses on some of the advances in intervention programs designed to change the risk trajectories for children at risk for these negative outcomes. As the articles note, scholars are devising new and better methods for intervening at different points in the developmental course of emotional and academic problems. Some articles in the special section provide an overview of different interventions aimed at preventing or ameliorating various youths' emotional and behavioral problems. Another article and accompanying commentary pertain to

Correspondence concerning this article should be addressed to Armando A. Pina, Department of Psychology, Arizona State University, P.O. Box 871104, Tempe, AZ 85287-1104; e-mail: Armando.pina@asu.edu.

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school-related functioning. In the opening article, La Greca and Silverman provide a summary of programs designed to prevent and treat youths' adverse reactions to acts of terrorism and disasters. Next, Pina, Zerr, Gonzales, and Ortiz provide an overview of programs targeting school refusal behavior in children and adolescents. Kirby and Laris then present findings from a review of curriculum-based sex and STD/HIV education programs for adolescents. The special section concludes with an exchange between Fletcher and Vaughn and several commentators regarding the advantages, challenges, and concerns of school-based service delivery models based on a response to intervention (RTI) framework.

La Greca and Silverman state that there are few evidence-based interventions for youth exposed to terrorism and disasters. Although trauma-focused cognitive behavioral therapy is often used to treat posttraumatic stress disorder and related symptoms, recent data show that youths' reactions to terrorism and disasters often are complex and multifaceted. Children exposed to these events often experience sudden loss and bereavement and as a result exhibit aggressive and withdrawn behaviors and disturbed sleep patterns; the lack of restful sleep interferes with daytime concentration, attention, and school performance (National Child Traumatic Stress Network, 2008). Because of the varied reactions, intervention methods in addition to cognitive behavioral therapies are likely to be critical for promoting resilience as well as recovery for youth survivors. In particular, La Greca and Silverman provide examples of emerging interventions that may be delivered prior to the event (preparedness efforts), as well as at various stages after the event (such as for the time immediately after the event and the short-term recovery). Although many of the interventions that La Greca and Silverman describe clearly require additional empirical support, their review suggests that significant progress is being made.

In the United States, the high school graduation rate is estimated at 69.9%, and in some areas not even one in four students finish high school (e.g., Detroit; Editorial Projects in Education Research Center, 2008). In their study of dropouts, Pina et al. note that youth often exhibit chronic levels of school refusal behavior prior to discontinuing school. The authors state that although early efforts to target school refusal behavior involved hospitalization, recent data from single-case design studies and randomized trials show that refusal behavior may be successfully ameliorated in outpatient and school settings. Because these data are limited to youth who met the criteria for mental health problems, a great deal of research remains to be conducted with nonclinical populations.

According to a report by the Centers for Disease Control and Prevention (2007), 48% of high school youth engage in sexual intercourse, with an alarming 39% engaging in high-risk sexual behaviors. Moreover, sexual activity in adolescence accounts for about half of all new STD cases. Concerns that comprehensive curriculum-based sex and STD/HIV education programs might increase sexual activity in teens prompted the widespread promotion of abstinence-only programs (Haptom, 2008). In their review, Kirby and Laris found that, contrary to what some expected, comprehensive sex and STD/HIV education programs do not increase sexual behavior—in fact, they typically delay sex and increase condom use, whereas programs emphasizing abstinence alone are ineffective. They conclude that comprehensive curricula-based sex and STD/HIV education programs need to be implemented widely and with fidelity.

Schools often implement intervention programs; however, to be sustainable, "school-based" interventions need to fit with the school's mission and strategies for growth and development. This is evidenced in Fletcher and Vaughn's description of a response to intervention (RTI) model of school-based service delivery involving (a) screening youth for academic problems, (b) monitoring identified at-risk youth for difficulties in specific areas, and (c) providing increasingly intensive interventions based on responses to monitoring (Fuchs and Fuchs's commentary in this issue describes a unified version of RTI). Careful reading of Fletcher and Vaughn's article, as well as the commentaries that follow, highlights the fact that increased understanding of RTI models may lead to more effective school-based dissemination of evidence-based programs. Nonetheless, RTI service delivery models also have generated criticism. As evidenced in the Reynolds and Shaywitz commentary, there are concerns among some educators and scientists that RTI models are inadequate for diagnosis or determination of a learning disability. RTI models also require close collaboration among school "caregivers" (general education teachers, special education instructors, school psychologists, and counselors), making schoolwide implementation a daunting task. Finally, RTI models are complicated because of the lack of evidence-based interventions for multitier service models, particularly in terms of core instruction in mathematics. Even so, the exchange in the special section reflects the field's strong commitment to providing a state-of-the-art school-based system of care to target youths' academic difficulties.

The articles in this special section highlight numerous advances in preventive and remediation intervention efforts. The promising findings support the need for further research on the efficacy and effectiveness of existing programs as well as on the development of new ones.

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