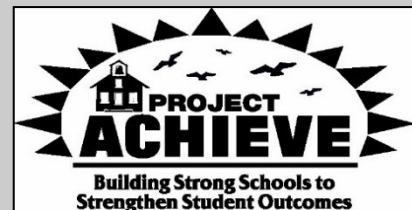
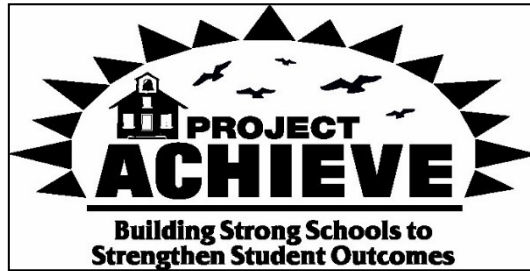


The Behavioral Intervention Readiness Survey

Dr. Howard M. Knoff

Project ACHIEVE Educational Solutions





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The Behavioral Intervention Readiness Survey

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Educational Solutions

Directions: Below is a list, with brief descriptions, of a number of specialized classroom or school behavioral, cognitive-behavioral, or related interventions for students with social, emotional, or behavioral challenges. MTSS Teams need to have mental health consultants or therapists who are able to implement these interventions and guide their implementation or transfer to students' classroom and/or other school settings. Using the scale below, please rate yourself (or the collective capacity of your MTSS Team members) on your ability **to independently implement and consult on** each intervention.

1	2	3	4	5
/	/	/	/	/
Expert in Both Consultation & Implementation	Very Skilled in Both Consultation & Implementation	Skilled Only in Implementation	Questionable Even in Implementation	No Knowledge of Intervention

Rating **Intervention: Predominantly Skill/Instruction-Based Interventions
[High-Hit #1 to #4]**

Individualized or Intensive Social Skills or Socialization Training. Social-Emotional Skills Instruction is an intervention approach in which educators or school mental health staff explicitly teach specific, observable interpersonal and self-management behaviors (e.g., listening, following directions, asking for help, handling teasing, ignoring distractions) rather than broad traits like "respect" or "responsibility." Instruction typically follows a direct-teaching sequence: define the skill and its specific implementation steps, model it, have students rehearse through role-play, and provide coaching and performance feedback, with reinforcement for using the skill appropriately.

More intensive group or individualized instruction focuses on more frequent or intensive training opportunities with more positive practice repetitions of targeted interpersonal, social problem solving, conflict prevention and resolution, and emotional coping cognitions and behaviors. The specialized instruction includes supervising students in role plays that simulate the emotionally-charged situations that are problematic for them, better preparing them to handle a diverse range of real-life social-emotional circumstances. Two key features are (a) teaching students to use taught skill under emotional or high-stress conditions, so they hold up during conflict, frustration, or peer provocation situations; and (b) helping students to generalize their skills so that they can independently use their skills or modify their skills to more novel situations. At the Tier 2 and 3 levels, the same Social Skills program being taught school-wide to all students is still used.

1	2	3	4	5
Expert in Both Consultation & Implementation	Very Skilled in Both Consultation & Implementation	Skilled Only in Implementation	Questionable Even in Implementation	No Knowledge of Intervention

Rating **Intervention: Predominantly Skill/Instruction-Based Interventions**
[High-Hit #1 to #4]

Task Analysis and Backward Chaining: Task analysis is the process of breaking a complex skill or routine (e.g., turning in homework, solving a multi-step math problem, using a coping strategy sequence, completing a vocational task) into a clear list of small, teachable steps. Backward chaining is a teaching method where the adult initially completes most steps for the student, but teaches the student to do the final step(s) first, then gradually teaches earlier steps until the student can do the entire chain independently. This approach is useful because the student reaches the natural “finish” of the activity quickly and contacts reinforcement right away, which can increase motivation and reduce frustration. Instruction typically includes prompts (verbal/visual/gestural or physical), reinforcement for correct completion of the taught step(s), and systematic prompt fading to build independence. Task analysis and backward chaining are effective, practical tools for teaching multi-step skills to children and adolescents, including within classroom routines and school-based therapeutic skill-building.

Behavioral Momentum Intervention (BMI). BMI, also known as the “high-probability request sequence,” is a research-based strategy that increases compliance and task initiation in school students by first presenting two to three easy, high-probability (high-p) requests that a student is likely to complete, followed by a more challenging low-probability (low-p) request. The high-probability (high-p) request sequences leverage behavioral momentum to increase compliance with challenging tasks because students (are able to) complete a series of easy, preferred requests before attempting a difficult or non-preferred task.

Precorrection. Precorrection is a proactive classroom behavior strategy in which adults anticipate times or settings where students are likely to struggle and remind them of expected behaviors right before those moments occur. Instead of waiting to react to misbehavior, teachers and staff explicitly cue appropriate actions and routines in advance to prevent problems and promote success. In PK-12 school settings, Precorrection meets evidence-based criteria (e.g., multiple single-case design studies with positive effects on student behavior) and is effective at increasing appropriate behavior and reducing problem behavior across ages and environments when implemented with fidelity. When teachers are trained to use precorrection plus positive feedback, their use of corrective reprimands decreases while supportive behavior increases.

Redirection, Prompting/Cueing, and Stimulus Control Procedures: Redirection, prompting/cueing, and stimulus control are antecedent-focused strategies that help students display desired behavior by arranging clear cues and supports before problem behavior occurs. Prompting/cueing provides an immediate signal for what to do (e.g., a visual reminder, gesture, brief verbal cue), while redirection quickly guides the student back to the expected behavior when they begin to drift off-task or engage in minor problem behavior. Stimulus control means teaching the student that certain cues or conditions (e.g., a posted routine, a transition signal, the presence of a specific staff

member, a “quiet work” sign) reliably indicate which behavior will be reinforced in that setting. The goal is to increase appropriate behavior with less adult effort over time by pairing cues with reinforcement and then fading prompts so the student responds independently to natural classroom signals. These procedures are effective for improving engagement, compliance, transitions, and skill generalization across school settings, including when coordinated with counseling or social-work supports.

1	2	3	4	5
Expert in Both Consultation & Implementation	Very Skilled in Both Consultation & Implementation	Skilled Only in Implementation	Questionable Even in Implementation	No Knowledge of Intervention

Rating **Intervention: Predominantly Skill/Instruction-Based Interventions**
[High-Hit #1 to #4]

Peer/Adult Mentoring and Mediation. Mentoring in schools pairs a student with a trained adult or peer mentor who builds a supportive relationship and provides consistent check-ins, encouragement, and skill coaching to promote engagement and positive behavior. Unlike general counseling, mentoring is often structured around regular meetings, goal-setting, and guided activities that strengthen school connection, motivation, and follow-through.

Peer or adult mediation is more targeted to interpersonal problems: a trained mediator helps students work through conflict or strong emotions using a structured process that teaches communication, perspective-taking, problem-solving, and conflict resolution. In practice, counselors or social workers often run these programs by training mentors/mediators, matching students, monitoring fidelity, and reinforcing skill use in real school situations. These approaches can improve students’ relationship skills and school connectedness and can reduce some conflict-related behavior problems—especially when the program is well-implemented, sustained over time, and linked to clear behavioral/SEL goals.

Check and Connect. Check and Connect is a long-term, mentor-based intervention for students who are disengaging from school (e.g., chronic absences/tardies, behavior referrals, course failures, credit deficits). A trained mentor “checks” by systematically monitoring these early warning indicators on a regular schedule and using the data to identify emerging risk quickly. The mentor then “connects” by building a sustained relationship with the student and family and delivering individualized supports (feedback, problem-solving coaching, goal-setting, and linkage to academic and community resources). The model is typically implemented for two years or more, emphasizing persistence and continuity rather than short-term contact. This intervention particularly helps improve attendance and staying in school, and reductions in truancy and dropout risk.

Check & Connect: Targets school disengagement and dropout risk (attendance, course performance, credits, persistence), with behavior addressed as one of several engagement indicators. CICO: Targets day-to-day problem behavior and classroom functioning (e.g., disruption, noncompliance, off-task behavior), often when behavior is responsive to adult attention and frequent feedback.

1	2	3	4	5
Expert in Both Consultation & Implementation	Very Skilled in Both Consultation & Implementation	Skilled Only in Implementation	Questionable Even in Implementation	No Knowledge of Intervention

Rating **Intervention: Predominantly Skill/Instruction-Based Interventions**
[High-Hit #1 to #4]

Self-Awareness, Self-Instruction, Self-Monitoring, Self-Evaluation, and Self-Reinforcement Approaches: These self-management approaches teach students to notice their own behavior and use simple routines to regulate it—essentially shifting control from adult reminders to the student. With self-awareness and self-instruction, students learn to identify cues (e.g., “I’m getting frustrated”) and use planned self-talk or coping scripts (e.g., “Stop, breathe, ask for help”) to guide their actions. In self-monitoring, students track whether they are meeting a specific goal (like “on-task” or “used respectful words”) at set times using a checklist, timer, or brief rating scale.

In self-evaluation and self-reinforcement, students compare their performance to a goal and then deliver or earn a small, pre-arranged reward (often with adult oversight at first) to strengthen independence. These strategies can reliably improve engagement and reduce problem behavior in classrooms when goals are clear, tools are easy to use, and adults initially coach accuracy and then fade support so students can manage themselves across settings.

Emotional Self-Control and Self-Regulation Approaches: Emotional self-control/self-regulation interventions teach students to notice early signs of emotional escalation (thoughts, body cues like heart rate or muscle tension, and situational triggers) and to use specific strategies to stay within a “manageable zone.” Students learn skills such as labeling emotions, identifying triggers, using breathing/relaxation or grounding, coping self-talk, problem-solving, and help-seeking—then practice them repeatedly in and out of session. Many school implementations are CBT- or SEL-based, sometimes incorporating elements of biofeedback-like awareness, and they work best when paired with in-the-moment coaching and reinforcement from adults. The purpose is not to suppress emotion, but to help students maintain behavioral control and access learning even when upset, frustrated, or anxious. These approaches improve emotion regulation and reduce related behavior problems when instruction is explicit, practice is frequent, and the plan is integrated with classroom routines and family/school collaboration.

Relaxation Training/Therapy. Relaxation training/therapy involves a set of structured techniques that teach students to deliberately lower physical and emotional arousal so they can think more clearly and behave more effectively. In schools it often includes slow breathing, progressive muscle relaxation, and guided imagery, sometimes combined with brief mindfulness or grounding exercises. Students learn to notice early body signs of stress (tight shoulders, rapid breathing, stomachaches), and then use a practiced routine to bring their arousal down before it turns into avoidance, shutdown, or escalation.

Relaxation training is frequently used within CBT-based school counseling for anxiety and stress and can also support anger management and test/performance anxiety when practiced regularly and applied in real situations. It is an effective coping skill—especially when taught explicitly, practiced repeatedly, and integrated with broader emotion

regulation and problem-solving supports—rather than used as a one-time “calm down” prompt.

1	2	3	4	5
/	/	/	/	/
Expert in Both Consultation & Implementation	Very Skilled in Both Consultation & Implementation	Skilled Only in Implementation	Questionable Even in Implementation	No Knowledge of Intervention

Rating **Intervention: Predominantly Skill/Instruction-Based Interventions**
[High-Hit #1 to #4]

Thought Stopping approaches: Thought stopping is a coping strategy where a student learns to recognize a problematic thought pattern (e.g., “I’m going to fail,” angry self-talk, perseveration, off-task daydreaming) and use a cue to interrupt it—such as silently saying “stop,” using a tactile cue (touching a bracelet), or a brief grounding action. The student then immediately shifts to a replacement routine, such as a coping statement (“I can try one step”), a task-focused self-instruction (“Read the question, underline key words”), or a brief relaxation breath. It’s most effective when taught with practice, prompting, and role-play, and when the replacement thought/behavior is explicitly defined rather than simply trying to “not think it.” Thought stopping outcomes are stronger when embedded in Cognitive-Behavioral Therapy packages that integrate attention shifting with cognitive restructuring, problem-solving, and exposure/practice. Because pure thought suppression can sometimes rebound, school teams should frame it as “notice–interrupt–redirect” and track whether it reduces distress/off-task behavior or inadvertently increases preoccupation.

Cognitive-Behavioral Interventions/Behavior Therapy. Cognitive-behavioral interventions (CBT) have one of the strongest evidence bases in child and adolescent mental health and are well-supported in school settings, including delivery by school counselors and social workers through individual and group formats. CBT is a structured, skills-based approach that teaches students how thoughts, feelings, body reactions, and behaviors influence each other, especially during stressful or triggering situations. In school practice, students learn concrete coping tools such as emotion identification, relaxation/breathing, cognitive coping/reframing (“What’s another way to look at this?”), problem-solving, and behavioral strategies like gradual practice/exposure, activity scheduling, and replacement behaviors. The goal is to help students respond more effectively to past or ongoing stressors so they can maintain self-control and access learning, rather than becoming stuck in avoidance, shutdown, or escalation.

CBT is typically delivered in short-term individual or small-group sessions by trained school mental health providers (counselors/social workers/psychologists), with coaching to apply skills in real school situations (tests, peer conflict, transitions). CBT is helpful for common school-relevant concerns (anxiety, depression, trauma stress, anger), particularly when sessions are manualized or well-structured, skills are practiced repeatedly, and progress is monitored with data.

1	2	3	4	5
Expert in Both Consultation & Implementation	Very Skilled in Both Consultation & Implementation	Skilled Only in Implementation	Questionable Even in Implementation	No Knowledge of Intervention

Rating **Intervention: Predominantly Motivation-Based Interventions**
[High-Hit #5]

Check-In/Check-Out (CICO). CICO is a structured, daily behavior support in which a student briefly checks in with a trusted adult in the morning to review three to five behavior goals and receive a Daily Progress Report (DPR), then checks out in the afternoon to review performance and earn reinforcement/recognition. During the day, teachers provide frequent ratings and brief feedback on the DPR at natural times (periods, transitions, recess/lunch), which increases consistency across settings and staff. The intervention is especially well-suited for students whose problem behavior is partly maintained by adult attention and who benefit from predictable structure, positive contact, and rapid feedback loops. CICO helps reduce disruptive behavior and ODRs while improving engagement and prosocial behavior, particularly when implemented consistently and matched to student need.

CICO: Targets day-to-day problem behavior and classroom functioning (e.g., disruption, noncompliance, off-task behavior), often when behavior is responsive to adult attention and frequent feedback. Check & Connect: Targets school disengagement and dropout risk (attendance, course performance, credits, persistence), with behavior addressed as one of several engagement indicators.

Positive Reinforcement and Schedules of Reinforcement: Positive reinforcement is used to provide explicit feedback to students when they are demonstrating specific, desired behaviors—with the goal of increasing the frequency and their independent use of these skills (without prompting or additional reinforcement) over time. Different positive reinforcement schedules are used to meet this goal.

In practice, staff often start with continuous reinforcement (reinforce every occurrence of the target behavior) to build a new skill or jump-start behavior change, gradually shifting to intermittent reinforcement so the behavior persists even when reinforcement is less frequent. Schedules can be arranged by responses (ratio schedules, such as “after every 3 completed problems”) or by time (interval schedules, such as “if on task when the timer goes off”), and they can be fixed (predictable) or variable (less predictable, often producing steadier responding). For school teams, the value is that reinforcement can be systematically thinned—with data guiding the pace—so teachers don’t have to “reward constantly” for behavior to hold.

Noncontingent Reinforcement (NCR). NCR is a function-based strategy where staff provide the reinforcer that typically maintains a student’s problem behavior (e.g., attention, a brief break, access to a preferred item) on a time schedule regardless of behavior, so the student doesn’t need to engage in challenging behavior to get it. Over time, the schedule is usually systematically faded and paired with teaching an appropriate way to request the same outcome (e.g., functional communication).

When used with the Behavioral Momentum Intervention, NCR reduces a student’s motivation to refuse/escalate (because the functional need is being met proactively) while

the BMI's high-probability requests increase the student's behavioral readiness and success rate right before the challenging task. Both strategies help improve compliance and reduce disruptions, especially when they are implemented consistently, and monitored with data to ensure the reinforcement schedule and demands are at the right level.

1	2	3	4	5
Expert in Both Consultation & Implementation	Very Skilled in Both Consultation & Implementation	Skilled Only in Implementation	Questionable Even in Implementation	No Knowledge of Intervention

Rating **Intervention: Predominantly Motivation-Based Interventions**
[High-Hit #5]

Extinction/Planned Ignoring: Extinction is an intervention procedure in which adults intentionally stop providing the specific reinforcement that has been maintaining a student's problem behavior, leading the behavior to decrease over time. In the classroom, the most common form is planned ignoring, used when the behavior is primarily maintained by adult attention (e.g., minor calling out, silly noises), meaning staff withhold attention for the problem behavior while continuing to reinforce appropriate behavior. A critical step is identifying the likely function of the behavior, so the team withholds the right reinforcer (e.g., attention) and does not accidentally reinforce the behavior intermittently. Best practice is to combine extinction with teaching and reinforcing a replacement behavior (e.g., raising a hand, requesting help/break) so the student still has a reliable way to get their needs met.

Behavioral/Contingency Contracting: Behavioral/Contingency Contracting is a structured agreement—usually written—between a student and adults (teacher, and often parent/guardian) that clearly states what behaviors are expected, how they will be measured, and what the student will earn for meeting the goal (and sometimes what happens if the goal is not met). The contract turns vague expectations like “behave” into specific, observable targets such as “begins work within 1 minute,” “keeps hands/feet to self,” or “turns in assignments on time.” It also specifies the reinforcement plan (e.g., points toward privileges, preferred activities, or home rewards) and how often performance will be reviewed (daily check-in, weekly review). In practice, contracts work best when goals are realistic, positively stated, and paired with frequent feedback and a way for the student to track progress. Research supports behavioral contracting as an effective, low-cost school intervention—especially when combined with consistent adult follow-through and supports like self-monitoring or a daily report card.

Strategic Differential Reinforcement Schedules (DRA, DRO, DRI, DRA): Rather than relying on punishment, Differential Reinforcement refers to a set of positive behavior-reduction strategies that decrease inappropriate behavior by reinforcing something other behaviors. In DRA (Differential Reinforcement of Alternative behavior), staff reinforce a specific, appropriate replacement behavior (e.g., raising a hand instead of calling out), while withholding reinforcement for the problem behavior. In DRI (Incompatible), the reinforced behavior cannot occur at the same time as the problem behavior (e.g., “hands in lap” incompatible with hitting), making it especially useful for some safety-related behaviors. In DRO (Other), reinforcement is delivered when the problem behavior does

not occur for a set interval, which can help reduce behavior quickly but works best when paired with teaching what to do instead. In DRL (Low Rates), reinforcement is provided for keeping a behavior below a criterion (useful for behaviors you want to reduce but not eliminate, like calling out or repetitive questions). These methods are effective, school-feasible tools when implemented with clear measurement, good reinforcement, and data-based adjustments.

1	2	3	4	5
Expert in Both Consultation & Implementation	Very Skilled in Both Consultation & Implementation	Skilled Only in Implementation	Questionable Even in Implementation	No Knowledge of Intervention

Rating

Intervention: Predominantly Motivation-Based Interventions **[High-Hit #5]**

The Educative Time-Out Process: The Educative Time-Out Process is a structured form of time-out in which a student who is engaging in significantly disruptive or unsafe behavior is briefly removed from the reinforcing classroom environment (sequentially to a designated chair in the room, then to another classroom, and then—if the student does not conform—to another supervised setting or the school principal). The goal is to reduce problem behavior by removing access to reinforcement (attention, peers, activities) and holding the student accountable for appropriate behavior—while keeping the procedure predictable, brief, and instructionally focused rather than punitive. A key feature is that the student must show calm/appropriate behavior during time-out and then complete a re-entry routine that includes positive practice—rehearsing the exact behavior they should have used (e.g., re-entering quietly, requesting help appropriately, using safe hands). Time-out is effective when it is used consistently, paired with reinforcement for appropriate behavior, and integrated with teaching replacement skills so students learn what to do instead. For school teams, the critical implementation points are matching it to the likely function of behavior, maintaining supervision and safety, using clear time limits and criteria for release, and tracking data to ensure it is helping rather than escalating behavior.

Response Cost/Bonus Response Cost: Response cost is a behavior-reduction strategy where a student loses a valued, previously earned reinforcer (often points or tokens) when they engage in a clearly defined inappropriate behavior. It's usually part of a broader reinforcement system (like a token economy), so the student can still earn points for appropriate behavior, but “pays” points for specific rule violations.

A Bonus Response cost version starts the student with a small “bonus” (or makes a bonus available) that can be kept if expectations are met, which can feel more motivating and helps maintain a more positive tone than constant point loss.

Response Cost is effective in classrooms when it is predictable, immediate, proportionate, and combined with frequent opportunities to earn reinforcement and learn replacement behaviors. Key cautions are to avoid overly large losses, ensure students don't “go bankrupt” early in the day, monitor for emotional escalation or inequitable application, and keep the overall system weighted toward positive reinforcement.

1	2	3	4	5
Expert in Both Consultation & Implementation	Very Skilled in Both Consultation & Implementation	Skilled Only in Implementation	Questionable Even in Implementation	No Knowledge of Intervention

Rating

Intervention: Predominantly Motivation-Based Interventions **[High-Hit #5]**

Overcorrection—Positive Practice and Restitutional: Overcorrection is a behavior-reduction approach where, after a student engages in a problem behavior, the student is required to do a brief, structured “correction” activity that teaches or restores appropriate behavior.

In Positive Practice Overcorrection, the student repeatedly practices the appropriate replacement response (often the “opposite” of the problem behavior), such as walking appropriately in the hallway after running, or practicing raising a hand after calling out.

In Restitutional Overcorrection, the student makes amends by restoring the environment or situation to a better-than-before condition (e.g., cleaning up a mess they made, repairing/organizing materials they disrupted).

These procedures can reduce problem behavior, especially when the practice/restitution is immediate, clearly linked to the behavior, and feasible to complete without excessive time or attention. For school use, it’s important to keep the procedure respectful and instruction-focused, avoid power struggles, and combine it with proactive teaching and reinforcement so students learn what to do instead—not just what not to do.

Group Contingency Interventions—Dependent, Independent, Interdependent: Group contingency interventions are classroom behavior systems where students work in teams (or as a whole class) to earn reinforcement based on meeting clearly defined behavior expectations. In an independent group contingency, each student earns rewards based on their own behavior, but the same rules and rewards apply to everyone (efficient and fair, with less peer pressure). In an interdependent group contingency, the group earns a reward only if the team/class meets the goal together (e.g., the Good Behavior Game), which can build cooperation and improve overall classroom behavior. In a dependent group contingency, the whole group’s outcome depends on one student’s (often rotating) performance or on a randomly selected student, which can be motivating but requires careful planning to avoid embarrassment or resentment. Research supports all three formats for improving classroom behavior when expectations are explicitly taught, reinforcement is frequent and meaningful, data are used to adjust goals, and staff monitor for unintended peer conflict.

The Good Behavior Game (GBG). GBG is a classroom-wide, team-based group contingency in which the teacher teaches a small set of clear behavior rules, divides the class into teams, and publicly tracks rule violations during selected instructional periods. Teams that keep violations below a preset limit earn a shared reward, which uses peer support and positive competition to increase rule-following and reduce disruption. GBG is typically introduced in short “game” intervals and then expanded and varied to help appropriate behavior generalize across times and activities. For students with externalizing or attention-driven behavior challenges, GBG reduces the payoff for disruption and increases reinforcement for appropriate participation through the team

structure. Research shows reliable reductions in disruptive and aggressive behavior in the short term, and longitudinal studies indicate that early exposure is associated with lower later behavior problems and related risk outcomes extending into adolescence.

1	2	3	4	5
/	/	/	/	/
Expert in Both Consultation & Implementation	Very Skilled in Both Consultation & Implementation	Skilled Only in Implementation	Questionable Even in Implementation	No Knowledge of Intervention

Rating **Intervention: Predominantly Motivation-Based Interventions**
[High-Hit #5]

Token Economy. Token economies are one of the most researched behavioral interventions in education and applied behavior analysis, with a large body of evidence showing they can increase on-task behavior, work completion, appropriate classroom behavior, and social skills, and decrease disruptions for children and adolescents.

A token economy is a reinforcement system where students earn tokens (points, tickets, stickers, digital points) immediately after showing specific target behaviors, and later exchange those tokens for meaningful rewards (privileges, activities, small items, or access to preferred options). The key is that tokens become “conditioned reinforcers,” so teachers can reinforce behavior quickly and frequently without stopping instruction. Token economies can be class-wide (everyone earns points for meeting expectations) or individualized for a student who needs more intensive support, and they are often paired with clear teaching of expectations and frequent feedback.

Effective token systems specify a small number of observable behaviors, use consistent earning rules, and include a “menu” of rewards that students actually value, with the earning rate adjusted so students contact success early. Token economies are practical, evidence-based ways to improve classroom behavior and engagement, especially when staff monitor data, prevent “response cost” from becoming overly punitive, and gradually fade tokens as students build more natural motivation and skills.

Rating **Intervention: Predominantly Special Situation (Mental Health)**
Interventions [High-Hit #7]

Dialectical Behavior Therapy (DBT). DBT is a structured, skills-based cognitive-behavioral treatment for individuals with chronic suicidality and severe emotion dysregulation. For adolescents, DBT-A has solid randomized controlled trial evidence showing reductions in suicide attempts, non-suicidal self-injury, and suicidal ideation, with small-to-moderate effect sizes. The model combines individual therapy, group skills training (mindfulness, distress tolerance, emotion regulation, interpersonal effectiveness), coaching, and typically parent involvement when used with teens. Evidence for broader outcomes such as depression, anxiety, or externalizing behavior is promising but less robust, and research with children under age 12 is limited. DBT is best viewed as a well-supported intervention for high-risk adolescents with significant emotion regulation and self-harm concerns.

1	2	3	4	5
Expert in Both Consultation & Implementation	Very Skilled in Both Consultation & Implementation	Skilled Only in Implementation	Questionable Even in Implementation	No Knowledge of Intervention

Rating **Intervention: Predominantly Special Situation (Mental Health)**
Interventions [High-Hit #7]

Eye Movement Desensitization and Reprocessing (EMDR). EMDR is a structured, trauma-focused psychotherapy that involves recalling distressing memories while engaging in bilateral stimulation (such as guided eye movements or tapping). The theory is that this process helps the brain reprocess traumatic memories, so they become less emotionally overwhelming and less physiologically reactive. In children and adolescents, research supports EMDR as an effective treatment for posttraumatic stress disorder (PTSD), with outcomes comparable to other evidence-based trauma therapies. Outside of trauma-related conditions, however, the research base in youth is limited, and it should not be viewed as a general-purpose school mental health intervention.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a short-term, evidence-based individual treatment designed for children and adolescents ages 4 to 18 who are experiencing significant behavioral or emotional problems related to traumatic life events, even if they do not meet the full diagnostic criteria for PTSD. The primary goal of TF-CBT is to reduce symptoms such as depression, aggression, inappropriate sexual behaviors, and unhelpful thought patterns—including cognitive distortions, guilt, and shame—using cognitive-behavioral principles. Originally developed to address child sexual abuse, TF-CBT has since been applied to a wide range of traumatic experiences, including domestic violence, community violence, natural disasters, war, and traumatic loss.

Cognitive-Behavioral Intervention for Trauma in Schools (CBITS). CBITS is a school-based, group and individual intervention designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills. It has been used with 5th through 12th grade students who have witnessed or experienced traumatic life events such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters. CBITS uses cognitive-behavioral techniques (e.g., psychoeducation, relaxation, social problem solving, cognitive restructuring, and exposure) in ten group sessions and one to three individual sessions. It also includes a parent and teacher psychoeducation component.

Structured Psychotherapy for Adolescents Responding to Chronic Stress. SPARCS is a strengths-based group model for adolescents between the ages of 12 and 21 who have been exposed to chronic trauma and/or stress (from, for example, ongoing physical abuse, community violence, sexual assault). The intervention is appropriate for traumatized adolescents with or without current/lifetime PTSD. SPARCS is organized in 16 one-hour sessions focus on helping participants to regulate their emotions, behaviors, and impulses; manage the physical complaints and other symptoms of chronic trauma and stress; pay attention and process information effectively; and maintain healthy relationships. The SPARCS manual has been specifically developed for use with adolescents and includes experiential activities that emphasize adolescents' increased

capacity for abstract thought, as well as areas of development that are particularly relevant for teenagers (e.g. issues related to autonomy and identity).

1	2	3	4	5
/	/	/	/	/
Expert in Both Consultation & Implementation	Very Skilled in Both Consultation & Implementation	Skilled Only in Implementation	Questionable Even in Implementation	No Knowledge of Intervention

Rating

Intervention: Predominantly Special Situation (Mental Health) Interventions [High-Hit #7]

Trauma Systems Therapy (TST) is both a clinical and organizational model of care designed for traumatized children and adolescents ages 6 to 19 who have experienced complex, chronic traumatic events in settings such as foster care, inpatient units, and residential treatment centers. TST has been successfully adapted for diverse populations, including refugee and immigrant groups, substance-abusing adolescents, those experiencing medical trauma, and students in foster care, residential settings, and school-based programs. TST is implemented within an organization as a coordinating framework for a multi-disciplinary team of providers and consists of three treatment phases: Safety Focused Treatment, Regulation Focused Treatment, and Beyond Trauma Treatment. While typical treatment length ranges from 7 to 9 months, the duration varies based on each student's clinical starting point and individual needs.

The Behavioral Intervention Survey

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Educational Solutions

Directions: Below is a list, with brief descriptions, of thirty (30) specialized classroom or school social, emotional, or behavioral interventions. In preparation for an upcoming in-service, we would like you to rank order—from 1 (Most important) to 15 (Least important)—the interventions that you would like to learn more about. While we may not get to all of the interventions during the in-service, this rank-ordering at least will help us to prioritize and organize our time together.

Date:

School:

Grade Level Reporting:

Rank Order: Intervention

Individualized or Intensive Social Skills or Socialization Training

Task Analysis and Backward Chaining

Behavioral Momentum Intervention (BMI)

Precorrection

Redirection, Prompting/Cueing, and Stimulus Control Procedures

Peer/Adult Mentoring and Mediation

Check and Connect

Self-Awareness, Self-Instruction, Self-Monitoring, Self-Evaluation, and Self-Reinforcement Approaches

Emotional Self-Control and Self-Regulation Approaches

Relaxation Training/Therapy

Thought Stopping approaches

Cognitive-Behavioral Interventions/Behavior Therapy

Check-In/Check-Out (CICO)

Positive Reinforcement and Schedules of Reinforcement

Noncontingent Reinforcement (NCR)

Extinction/Planned Ignoring

Behavioral/Contingency Contracting

Strategic Differential Reinforcement Schedules (DRA, DRO, DRI, DRA)

The Educative Time-Out Process

Response Cost/Bonus Response Cost

Overcorrection—Positive Practice and Restitutional

Group Contingency Interventions—Dependent, Independent, Interdependent

The Good Behavior Game (GBG)

Token Economy

Dialectical Behavior Therapy (DBT)

Eye Movement Desensitization and Reprocessing (EMDR)

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

Trauma Systems Therapy (TST)

Other interventions you are interested in (please specify):

References

Below is a beginning reference resource with three important research or research-related studies completed largely in schools (or with children or adolescents) for each of the interventions on the Behavioral Survey:

1. Individualized or Intensive Social Skills or Socialization Training

Bellini, S., Peters, J. K., Benner, L., & Hopf, A. (2007). A meta-analysis of school-based social skills interventions for children with autism spectrum disorders. *Remedial and Special Education*, 28(3), 153–162.
<https://doi.org/10.1177/07419325070280030401>

Cook, C. R., Gresham, F. M., Kern, L., Barreras, R. B., Thornton, S., & Crews, S. D. (2008). Social skills training for secondary students with emotional and/or behavioral disorders: A review and analysis of the meta-analytic literature. *Journal of Emotional and Behavioral Disorders*, 16(3), 131–144.
<https://doi.org/10.1177/1063426608314541>

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405–432. <https://doi.org/10.1111/j.1467-8624.2010.01564.x>

2. Task Analysis and Backward Chaining

Cooper, J. O., Heron, T. E., & Heward, W. L. (2020). *Applied behavior analysis* (3rd ed.). Pearson.

Libby, M. E., Weiss, J. S., Bancroft, S., & Ahearn, W. H. (2008). A comparison of most-to-least and least-to-most prompting on the acquisition of solitary play skills. *Behavior Analysis in Practice*, 1(1), 37–43.
<https://doi.org/10.1007/BF03391719>

Slocum, T. A., & Tiger, J. H. (2011). An assessment of the relative efficiency of chaining methods. *Journal of Applied Behavior Analysis*, 44(2), 185–200. <https://doi.org/10.1901/jaba.2011.44-185>

3. Behavioral Momentum Intervention (BMI)

Mace, F. C., Hock, M. L., Lalli, J. S., West, B. J., Belfiore, P., Pinter, E., & Brown, D. K. (1988). Behavioral momentum in the treatment of noncompliance. *Journal of Applied Behavior Analysis*, 21(2), 123–141.
<https://doi.org/10.1901/jaba.1988.21-123>

Romaniuk, C., Miltenberger, R. G., Conyers, C., Jenner, N., Jurgens, M., & Ringenberg, C. (2002). The influence of high-probability request sequences on problem behavior and compliance. *Journal of Applied Behavior Analysis*, 35(3), 247–260. <https://doi.org/10.1901/jaba.2002.35-247>

Vannest, K. J., Davis, J. L., Davis, C. R., Mason, B. A., & Burke, M. D. (2010). Effective intervention for difficult-to-treat behavior: A meta-analysis of single-case research. *Psychology in the Schools*, 47(1), 49–66.
<https://doi.org/10.1002/pits.20452>

4. Precorrection

Colvin, G., Sugai, G., & Patching, B. (1993). Precorrection: An instructional approach for managing predictable behavior problems. *Intervention in School and Clinic*, 28(3), 143–150.
<https://doi.org/10.1177/105345129302800302>

De Pry, R. L., & Sugai, G. (2002). The effect of active supervision and precorrection on minor behavioral incidents in a sixth grade general education classroom. *Journal of Behavioral Education*, 11(4), 255–264.
<https://doi.org/10.1023/A:1021162906622>

Ennis, R. P., Jolivette, K., & Boden, L. J. (2018). Precorrection as a classroom-based intervention for students with and at risk for EBD: A systematic review of the literature. *Behavioral Disorders*, 43(3), 350–363.
<https://doi.org/10.1177/0198742917711488>

5. Redirection, Prompting/Cueing, and Stimulus Control Procedures

Carr, E. G., & Durand, V. M. (1985). Reducing behavior problems through functional communication training. *Journal of Applied Behavior Analysis*, 18(2), 111–126. <https://doi.org/10.1901/jaba.1985.18-111>

MacDuff, G. S., Krantz, P. J., & McClannahan, L. E. (2001). Prompts and prompt-fading strategies for people with autism. In C. Maurice, G. Green, & S. C. Luce (Eds.), *Behavioral intervention for young children with autism: A manual for parents and professionals* (pp. 37–50). Pro-Ed.

Neitzel, J., & Wolery, M. (2009). Steps for implementation: Time delay. The National Professional Development Center on Autism Spectrum Disorders, Frank Porter Graham Child Development Institute, The University of North Carolina.

6. Peer/Adult Mentoring and Mediation

DuBois, D. L., Portillo, N., Rhodes, J. E., Silverthorn, N., & Valentine, J. C. (2011). How effective are mentoring programs for youth? A systematic assessment of the evidence. *Psychological Science in the Public Interest*, 12(2), 57–91. <https://doi.org/10.1177/1529100611414806>

Garringer, M., Kupersmidt, J., Rhodes, J., Stelter, R., & Tai, T. (2022). Elements of effective practice for mentoring (5th ed.). MENTOR: The National Mentoring Partnership.

Tolan, P. H., Henry, D. B., Schoeny, M. E., Lovegrove, P., & Nichols, E. (2014). Mentoring programs to affect delinquency and associated outcomes of youth at risk: A comprehensive meta-analytic review. *Journal of Experimental Criminology*, 10(2), 179–206. <https://doi.org/10.1007/s11292-013-9181-4>

7. Check and Connect

Anderson, A. R., Christenson, S. L., Sinclair, M. F., & Lehr, C. A. (2004). Check & Connect: The importance of relationships for promoting engagement with school. *Journal of School Psychology*, 42(2), 95–113.
<https://doi.org/10.1016/j.jsp.2004.01.002>

Lehr, C. A., Hansen, A., Sinclair, M. F., & Christenson, S. L. (2003). Moving beyond dropout towards school completion: An integrative review of data-based interventions. *School Psychology Review*, 32(3), 342–364.

Sinclair, M. F., Christenson, S. L., Evelo, D. L., & Hurley, C. M. (1998). Dropout prevention for youth with disabilities: Efficacy of a sustained school engagement procedure. *Exceptional Children*, 65(1), 7–21.
<https://doi.org/10.1177/001440299806500101>

8. Self-Awareness, Self-Instruction, Self-Monitoring, Self-Evaluation, and Self-Reinforcement Approaches

Briesch, A. M., & Chafouleas, S. M. (2009). Review and analysis of literature on self-management interventions to promote appropriate classroom behaviors (1988–2008). *School Psychology Quarterly*, 24(2), 106–118.
<https://doi.org/10.1037/a0016159>

Bruhn, A. L., McDaniel, S. C., & Kreigh, C. A. (2015). Self-monitoring interventions for students with behavior problems: A systematic review of current research. *Behavioral Disorders*, 40(2), 102–121. <https://doi.org/10.17988/0198-7429-40.2.102>

Maggin, D. M., Johnson, A. H., Chafouleas, S. M., Ruberto, L. M., & Berggren, M. (2012). A systematic evidence review of self-monitoring interventions for students with behavior problems. *Journal of School Psychology*, 50(5), 611–633. <https://doi.org/10.1016/j.jsp.2012.05.002>

9. Emotional Self-Control and Self-Regulation Approaches

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405–432. <https://doi.org/10.1111/j.1467-8624.2010.01564.x>

Grossman, D. C., Neckerman, H. J., Koepsell, T. D., Liu, P.-Y., Asher, K. N., Beland, K., Frey, K., & Rivara, F. P. (1997). Effectiveness of a violence prevention curriculum among children in elementary school: A randomized controlled trial. *JAMA*, 277(20), 1605–1611. <https://doi.org/10.1001/jama.1997.03540440037030>

Taylor, R. D., Oberle, E., Durlak, J. A., & Weissberg, R. P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development*, 88(4), 1156–1171. <https://doi.org/10.1111/cdev.12864>

10. Relaxation Training/Therapy

Manzoni, G. M., Pagnini, F., Castelnuovo, G., & Molinari, E. (2008). Relaxation training for anxiety: A ten-years systematic review with meta-analysis. *BMC Psychiatry*, 8, Article 41. <https://doi.org/10.1186/1471-244X-8-41>

Reynolds, S., Wilson, C., Austin, J., & Hooper, L. (2012). Effects of psychotherapy for anxiety in children and adolescents: A meta-analytic review. *Clinical Psychology Review*, 32(4), 251–262. <https://doi.org/10.1016/j.cpr.2012.01.005>

Varvogli, L., & Darviri, C. (2011). Stress management techniques: Evidence-based procedures that reduce stress and promote health. *Health Science Journal*, 5(2), 74–89.

11. Thought Stopping approaches

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and Commitment Therapy: The process and practice of mindful change* (2nd ed.). Guilford Press.

Neacsiu, A. D., & Rachman, S. (2010). Is thought stopping an effective treatment for obsessions? A critical review. *Journal of Behavior Therapy and Experimental Psychiatry*, 41(2), 87–93. <https://doi.org/10.1016/j.jbtep.2009.11.001>

Wenzlaff, R. M., & Wegner, D. M. (2000). Thought suppression. *Annual Review of Psychology*, 51, 59–91. <https://doi.org/10.1146/annurev.psych.51.1.59>

12. Cognitive-Behavioral Interventions/Behavior Therapy

Mychailyszyn, M. P., Brodman, D. M., Read, K. L., & Kendall, P. C. (2012). Cognitive-behavioral school-based interventions for anxious and depressed youth: A meta-analysis of outcomes. *Clinical Psychology: Science and Practice*, 19(2), 129–153. <https://doi.org/10.1111/j.1468-2850.2012.01279.x>

Stallard, P., Skryabina, E., Taylor, G., Phillips, R., Daniels, H., Anderson, R., & Simpson, N. (2014). Classroom-based cognitive behavioural therapy (FRIENDS): A cluster randomised controlled trial to prevent anxiety in children through education in schools. *The Lancet Psychiatry*, 1(3), 185–192. [https://doi.org/10.1016/S2215-0366\(14\)70244-5](https://doi.org/10.1016/S2215-0366(14)70244-5)

Weisz, J. R., Kuppens, S., Ng, M. Y., Eckshtain, D., Ugueto, A. M., Vaughn-Coaxum, R., Jensen-Doss, A., Hawley, K. M., & Fordwood, S. R. (2017). What five decades of research tells us about the effects of youth psychological therapy: A multilevel meta-analysis and implications for science and practice. *American Psychologist*, 72(2), 79–117. <https://doi.org/10.1037/a0040360>

13. Check-In/Check-Out (CICO)

Campbell, A., & Anderson, C. M. (2008). Enhancing effects of check-in/check-out with function-based support. *Behavioral Disorders*, 33(4), 233–245. <https://doi.org/10.1177/019874290803300403>

Hawken, L. S., MacLeod, K. S., & Rawlings, L. (2007). Effects of the behavior education program (BEP) on office discipline referrals of elementary school students. *Journal of Positive Behavior Interventions*, 9(2), 94–101. <https://doi.org/10.1177/10983007070090020401>

Maggin, D. M., Zurheide, J. A., Pickett, K. M., & Baillie, S. E. (2015). A systematic evidence review of the check-in/check-out intervention for students with challenging behaviors. *Journal of Positive Behavior Interventions*, 17(4), 197–208. <https://doi.org/10.1177/1098300714553129>

14. Positive Reinforcement and Schedules of Reinforcement

Cooper, J. O., Heron, T. E., & Heward, W. L. (2020). *Applied behavior analysis* (3rd ed.). Pearson.

Ferster, C. B., & Skinner, B. F. (1957). *Schedules of reinforcement*. Appleton-Century-Crofts.

Simonsen, B., Fairbanks, S., Briesch, A., Myers, D., & Sugai, G. (2008). Evidence-based practices in classroom management: Considerations for research to practice. *Education and Treatment of Children*, 31(3), 351–380.

15. Noncontingent Reinforcement (NCR)

Carr, J. E., Severtson, J. M., & Lepper, T. L. (2009). Noncontingent reinforcement is an empirically supported treatment for problem behavior exhibited by individuals with developmental disabilities. *Research in Developmental Disabilities*, 30(1), 44–57. <https://doi.org/10.1016/j.ridd.2008.04.007>

Vollmer, T. R., Iwata, B. A., Zarcone, J. R., Smith, R. G., & Mazaleski, J. L. (1993). The role of noncontingent reinforcement in the treatment of self-injurious behavior maintained by social reinforcement. *Journal of Applied Behavior Analysis*, 26(1), 9–21. <https://doi.org/10.1901/jaba.1993.26-9>

Watkins, N., & Rapp, J. T. (2013). The effects of noncontingent reinforcement on problem behavior: A review of the literature. *Journal of Applied Behavior Analysis*, 46(2), 417–426. <https://doi.org/10.1002/jaba.52>

16. Extinction/Planned Ignoring

Iwata, B. A., Pace, G. M., Cowdery, G. E., & Miltenberger, R. G. (1994). What makes extinction work: An analysis of procedural form and function. *Journal of Applied Behavior Analysis*, 27(1), 131–144. <https://doi.org/10.1901/jaba.1994.27-131>

Lerman, D. C., & Iwata, B. A. (1996). Developing a technology for the use of operant extinction in clinical settings: An examination of basic and applied research. *Journal of Applied Behavior Analysis*, 29(3), 345–382. <https://doi.org/10.1901/jaba.1996.29-345>

Mace, F. C., & Lalli, J. S. (1991). Linking descriptive and experimental analyses in the treatment of bizarre speech. *Journal of Applied Behavior Analysis*, 24(3), 553–562. <https://doi.org/10.1901/jaba.1991.24-553>

17. Behavioral/Contingency Contracting

Bowman-Perrott, L., Burke, M. D., Zhang, N., & Zaini, S. (2016). Direct and collateral effects of behavioral contracts: A meta-analysis of single-case research. *Behavior Modification*, 40(6), 814–845. <https://doi.org/10.1177/0145445516644223>

Kelley, M. L., & Stokes, T. F. (1982). Contingency contracting with children: A review. *Journal of Applied Behavior Analysis*, 15(3), 449–464. <https://doi.org/10.1901/jaba.1982.15-449>

Riley-Tillman, T. C., & Chafouleas, S. M. (2003). Using behavioral contracts to increase the school performance of students. *Intervention in School and Clinic*, 38(3), 135–141. <https://doi.org/10.1177/10534512030380030101>

18. Strategic Differential Reinforcement Schedules (DRA, DRO, DRI, DRL)

Hagopian, L. P., Fisher, W. W., Sullivan, M. T., Acquisto, J., & LeBlanc, L. A. (1998). Effectiveness of functional communication training with and without extinction and punishment: A summary of 21 inpatient cases. *Journal of Applied Behavior Analysis*, 31(2), 211–235. <https://doi.org/10.1901/jaba.1998.31-211>

Petscher, Y., Rey, C., & Bailey, J. S. (2009). A meta-analysis of DRO interventions for reducing problem behavior. *Journal of Applied Behavior Analysis*, 42(3), 563–572. <https://doi.org/10.1901/jaba.2009.42-563>

Vollmer, T. R., & Iwata, B. A. (1992). Differential reinforcement as treatment for behavior disorders: Procedural and functional variations. *Research in Developmental Disabilities*, 13(4), 393–417. [https://doi.org/10.1016/0891-4222\(92\)90013-N](https://doi.org/10.1016/0891-4222(92)90013-N)

19. The Educative Time-Out Process

Brantner, J. P., & Doherty, M. A. (1983). A review of time-out research with children: A conceptual and methodological analysis. *Exceptional Children*, 50(1), 5–14. <https://doi.org/10.1177/001440298305000102>

Epstein, M., Atkins, M., Cullinan, D., Kutash, K., & Weaver, R. (2008). Reducing behavior problems in the elementary school classroom: A practice guide (NCEE 2008-012). National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences, U.S. Department of Education.

Fabiano, G. A., Pelham, W. E., Jr., Gnagy, E. M., & Manos, M. J. (2004). An evaluation of three time-out procedures for children with attention-deficit/hyperactivity disorder. *Behavior Therapy*, 35(2), 449–469. [https://doi.org/10.1016/S0005-7894\(04\)80028-7](https://doi.org/10.1016/S0005-7894(04)80028-7)

20. Response Cost/Bonus Response Cost

Maggin, D. M., Chafouleas, S. M., Goddard, K. M., & Johnson, A. H. (2011). A systematic evaluation of token economies as a classroom management tool for students with challenging behavior. *Journal of School Psychology*, 49(5), 529–554. <https://doi.org/10.1016/j.jsp.2011.05.001>

Pazulinec, R., Meyerrose, M., & Sajwaj, T. (1983). Punishment via response cost. In S. Axelrod & J. Apsche (Eds.), *The effects of punishment on human behavior* (pp. 77–98). Academic Press.

Vannest, K. J., Davis, J. L., Davis, C. R., Mason, B. A., & Burke, M. D. (2010). Effective intervention for difficult-to-treat behavior: A meta-analysis of single-case research. *Psychology in the Schools*, 47(1), 49–66. <https://doi.org/10.1002/pits.20452>

21. Overcorrection—Positive Practice and Restitutional

Foxx, R. M., & Azrin, N. H. (1973). The elimination of autistic self-stimulatory behavior by overcorrection. *Journal of Applied Behavior Analysis*, 6(1), 1–14. <https://doi.org/10.1901/jaba.1973.6-1>

Matson, J. L., & DiLorenzo, T. M. (1984). Punishment and its alternatives: A review of overcorrection. *Behavior Modification*, 8(2), 143–166. <https://doi.org/10.1177/01454455840082001>

Sulzer-Azaroff, B., & Mayer, G. R. (1991). *Behavior analysis for lasting change*. Holt, Rinehart & Winston.

22. Group Contingency Interventions—Dependent, Independent, Interdependent

Bowman-Perrott, L., Burke, M. D., Zaini, S., Zhang, N., & Vannest, K. (2016). A meta-analysis of group contingency interventions: Effects on academic and behavioral outcomes. *Journal of Behavioral Education*, 25(3), 349–376. <https://doi.org/10.1007/s10864-016-9247-3>

Gresham, F. M., & Gresham, G. N. (1982). Interdependent group contingencies: A review and analysis. *School Psychology Review*, 11(1), 37–49.

Theodore, L. A., Bray, M. A., Kehle, T. J., & Jenson, W. R. (2001). Randomization, treatment integrity, and the Good Behavior Game: A review. *School Psychology Quarterly*, 16(2), 154–170. <https://doi.org/10.1521/scpq.16.2.154.18702>

23. The Good Behavior Game (GBG)

Embry, D. D. (2002). The Good Behavior Game: A best practice candidate as a universal behavioral vaccine. *Clinical Child and Family Psychology Review*, 5(4), 273–297. <https://doi.org/10.1023/A:1020977107086>

Kellam, S. G., Reid, J., & Balster, R. L. (2008). Effects of a universal classroom behavior management program in first and second grades on young adult behavioral, psychiatric, and social outcomes. *Drug and Alcohol Dependence*, 95(Suppl. 1), S5–S28. <https://doi.org/10.1016/j.drugalcdep.2008.01.004>

Smith, B. H., Schneider, B. H., Smith, S. W., & Ananiadou, K. (2004). The effectiveness of whole-class interventions for children with attention problems and disruptive behavior: A meta-analysis. *Journal of Emotional and Behavioral Disorders*, 12(2), 93–102. <https://doi.org/10.1177/10634266040120020301>

24. Token Economy

Kazdin, A. E. (1977). *The token economy: A review and evaluation*. Plenum Press.

Maggin, D. M., Chafouleas, S. M., Goddard, K. M., & Johnson, A. H. (2011). A systematic evaluation of token economies as a classroom management tool for students with challenging behavior. *Journal of School Psychology*, 49(5), 529–554. <https://doi.org/10.1016/j.jsp.2011.05.001>

Tarbox, J., Ghezzi, P. M., & Wilson, G. (2006). The effects of token reinforcement on the behavior of children with autism. *Behavior Modification*, 30(4), 405–423. <https://doi.org/10.1177/0145445503261164>

25. Dialectical Behavior Therapy (DBT)

Kothgassner, O. D., Robinson, K., Goreis, A., Ougrin, D., & Plener, P. L. (2021). Does dialectical behavior therapy reduce nonsuicidal self-injury and suicidal behavior in adolescents? A systematic review and meta-analysis. *Psychological Medicine*, 51(7), 1057–1067. <https://doi.org/10.1017/S0033291720000830>

McCauley, E., Berk, M. S., Asarnow, J. R., Adrian, M., Cohen, J., Korslund, K., Avina, C., Hughes, J., Harned, M., Gallop, R., & Linehan, M. M. (2018). Efficacy of dialectical behavior therapy for adolescents at high risk for suicide: A randomized clinical trial. *JAMA Psychiatry*, 75(8), 777–785. <https://doi.org/10.1001/jamapsychiatry.2018.1109>

Mehlum, L., Tørmøen, A. J., Ramberg, M., Haga, E., Diep, L. M., Laberg, S., Larsson, B., Stanley, B. H., Miller, A. L., Sund, A. M., & Grøholt, B. (2014). Dialectical behavior therapy for adolescents with repeated suicidal and self-harming behavior: A randomized trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(10), 1082–1091. <https://doi.org/10.1016/j.jaac.2014.07.003>

26. Eye Movement Desensitization and Reprocessing (EMDR)

Moreno-Alcázar, A., Treen, D., Valiente-Gómez, A., Sio-Eroles, A., Pérez, V., Amann, B. L., & Radua, J. (2017). Efficacy of eye movement desensitization and reprocessing in children and adolescent with post-traumatic stress disorder: A meta-analysis of randomized controlled trials. *Frontiers in Psychology*, 8, Article 1750. <https://doi.org/10.3389/fpsyg.2017.01750>

Rodenburg, R., Benjamin, A., de Roos, C., Meijer, A. M., & Stams, G.-J. (2009). Efficacy of EMDR in children: A meta-analysis. *Clinical Psychology Review*, 29(7), 599–606. <https://doi.org/10.1016/j.cpr.2009.06.008>

Wilson, G., Becker, L. A., & Tinker, R. H. (1995). Eye movement desensitization and reprocessing (EMDR) treatment for psychologically traumatized individuals. *Journal of Consulting and Clinical Psychology*, 63(6), 928–937. <https://doi.org/10.1037/0022-006X.63.6.928>

27. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Cary, C. E., & McMillen, J. C. (2012). The data behind the dissemination: A systematic review of trauma-focused cognitive behavioral therapy for use with children and youth. *Children and Youth Services Review*, 34(4), 748–757. <https://doi.org/10.1016/j.chidyouth.2012.01.003>

Deblinger, E., Mannarino, A. P., Cohen, J. A., Runyon, M. K., & Steer, R. A. (2011). Trauma-focused cognitive behavioral therapy for children: Impact of the trauma narrative and treatment length. *Depression and Anxiety*, 28(1), 67–75. <https://doi.org/10.1002/da.20744>

Silverman, W. K., Ortiz, C. D., Viswesvaran, C., Burns, B. J., Kolko, D. J., Putnam, F. W., & Amaya-Jackson, L. (2008). Evidence-based psychosocial treatments for children and adolescents exposed to traumatic events. *Journal of Clinical Child & Adolescent Psychology*, 37(1), 156–183. <https://doi.org/10.1080/15374410701818293>

28. Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)

Jaycox, L. H., Kataoka, S. H., Stein, B. D., Langley, A. K., & Wong, M. (2002). Cognitive behavioral intervention for trauma in schools. *Journal of Applied School Psychology*, 18(1), 1–21. https://doi.org/10.1300/J008v18n01_01

Kataoka, S. H., Stein, B. D., Jaycox, L. H., Wong, M., Escudero, P., Tu, W., Zaragoza, C., & Fink, A. (2003). A school-based mental health program for traumatized Latino immigrant children. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(3), 311–318. <https://doi.org/10.1097/00004583-200303000-00011>

Stein, B. D., Jaycox, L. H., Kataoka, S. H., Wong, M., Tu, W., Elliott, M. N., & Fink, A. (2003). A mental health intervention for schoolchildren exposed to violence: A randomized controlled trial. *JAMA*, 290(5), 603–611. <https://doi.org/10.1001/jama.290.5.603>

29. Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

DeRosa, R. R., Habib, M., Pelcovitz, D., Rathus, J., Sonnenklar, J., & Ford, J. D. (2006). Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS): A pilot study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 45(7), 798–805. <https://doi.org/10.1097/01.chi.0000215155.74317.06>

Habib, M., Labruna, V., & Newman, J. (2013). Complex histories and complex presentations: Implementation of a manually-guided group treatment for traumatized adolescents. *Journal of Family Violence*, 28(7), 717–728. <https://doi.org/10.1007/s10896-013-9532-6>

Weiner, D. A., Schneider, A., & Lyons, J. S. (2009). Evidence-based treatments for trauma among culturally diverse foster care youth: Treatment retention and outcomes. *Children and Youth Services Review*, 31(11), 1199–1205. <https://doi.org/10.1016/j.chilyouth.2009.08.009>

30. Trauma Systems Therapy (TST)

Brown, A. D., McCauley, K., Navalta, C. P., & Saxe, G. N. (2013). Trauma Systems Therapy in residential settings: Improving emotion regulation and the social environment of traumatized children and youth in congregate care. *Journal of Family Violence*, 28(7), 693–703. <https://doi.org/10.1007/s10896-013-9531-7>

Saxe, G. N., Ellis, B. H., Fogler, J., Hansen, S., & Sorkin, B. (2005). Comprehensive care for traumatized children: Trauma Systems Therapy. *Psychiatric Annals*, 35(5), 443–448. <https://doi.org/10.3928/00485713-20050501-07>

Saxe, G. N., Ellis, B. H., & Kaplow, J. B. (Eds.). (2017). Collaborative treatment of traumatized children and teens: The Trauma Systems Therapy approach. Guilford Press.