

**Dropout Prevention and Youth with Disabilities:  
What the Research Says Really Works!  
Dr. Brian Cobb, Colorado State University  
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**DR. BRIAN COBB:**

The research base in dropout prevention that meets these minimally acceptable standards for methodological quality is fairly limited. Hang on just a second. I need to go off video. Better? [background conversation]

**MODERATOR:** That's great. Thank you, Brian.

**DR. B. COBB:** Are we still on here?

**MODERATOR:** Yes, you're still on audio. Go ahead.

**DR. B. COBB:** Okay. Part of the problem, I think, is that there are not a lot of studies that actually measure dropouts, and it's pretty hard to actually measure that. And so many of the studies that we included in our work and in our final reviews not only looked at the measurement of dropout, but also looked at correlative dropout. For youth with disabilities, that most often was measured in these studies with violent, physical, and verbal behavior, and the reduction of such. So in many of the studies that we reviewed, that was the outcome measure, not actual measures of dropout. Had we held onto that [inaudible] measure of dropout, we wouldn't have had any studies in our review, and there'd be nothing to report, or largely nothing to report.

There were two reviews that we wrote, one of which was largely the product of studies with high-incidence disabilities, that is to say youth with emotional disturbance and youth with learning disabilities. And the second review was with only a handful of studies for youth with low-incidence disabilities, largely severe, moderate-to-severe mental retardation.

I think most folks are going to be interested with the first of these two reviews, and so I'm going to talk a little bit about that one. That was a review around cognitive behavioral interventions. And if you go to the next slide. Cognitive behavioral interventions are interventions that were implemented in a school context, secondary school context, all of them that combine some level of cognitive or, often called, meta-cognitive interventions with accompanying behavioral processes, as well.

The cognitive side, or the cognitive part of these interventions involves things like problem solving with a five, six, seven-step problem solving approach, where a teacher, or an aide, or someone in the school would actually sit down with groups of individuals who may be dropout-prone, who may have dropped out and be coming back in for reentry, and go through a process of helping them sit through and understand the things that they can do when they get to a point where they are going to get aggressive, either

verbally or physically, and to try to stop that by using this type of meta-cognitive process. And so the cognitive part might be something like self-instruction, waiting for 10 seconds, teaching kids to actually not yell or scream or hit somebody, and simply teaching them to wait 10 seconds. And in that process, you think about what the problem is, what are the different choices that I have, what could I use for different alternatives, what would be the consequences? And, obviously, they can't do this all in 10 seconds, but the part about 10 seconds is to simply act, and then go through kind of a brainstorming process, self-instructed, to try to reduce the frequency and the intensity with which these youth engage in these kinds of behaviors.

There's also a classroom behavioral component to these interventions that is almost always, that we found was always involved. That was where students are taught to, where adults will model that behavior. They will involve behavior rehearsal by students, and they'll even just skip some of the things where they're in a classroom environment where they will goad each other and practice this self-instruction, self-queuing on how not to immediately engage in that kind of verbal or physically violent behavior. They may involve parents practicing that with those children at home, and in some cases, there's actually behavioral contracting with these students where they are monitored and they keep track of their own behavior, and they get contingency awards for reductions in the frequency or intensity of engaging in that kind of behavior. So, you can see that these are largely kids with emotional disturbance, and kids that are really unruly and that are very much at risk of being removed from school, suspended from school, which, frequently is one of the first things that will happen and the last thing that happen for a student who ends up dropping out. Next slide, please.

I wanted to make sure that you knew, from my perspective, and in our work, where the best studies that we could find, the best evidence that we could find of this type of intervention, and it is clearly that Check and Connect intervention that has been researched for almost 10 years now, at the University of Minnesota. Let me describe just a little bit about Check and Connect. It has all of, not only is it well done methodologically, the research that these people have done, in terms of a credible cause and effect connection is extremely well done. They've used excellent technique and randomized assignments and implementation of the intervention, all of those kinds of things that are important. They've done very good work there. But the actual intervention, which is, I think, what most of you are interested in, is also the most comprehensive and well-described.

The Check component of the Check and Connect is a component in the school where there's a continuous assessment of students who are at risk of dropping out to measure their engagement and keep track of them and stay on top of them to keep them from skipping school, unexcused absences, those kinds of things. So somebody is there as what's called a "monitor." Someone is always there, whose job it is to keep track of a set of students and make sure that they are not engaging in things that could ultimately cause them to either be suspended from school or drop out of school just as a by-product of not showing up. So, that Check component is an assessment component of their keeping them in school.

The Connect component has two different types of interventions. One is the problem solving kind of thing that has to do with the cognitive component. And the other is a more intensive intervention that is used that has more of the behavioral stuff where they go into classes, and then practice how to behave, practice how to maintain their cool, so to speak, and keep themselves in a position where they're not going to be suspended or expelled from school, and, hence, increase the chances of dropping out.

You can see at the bottom of the slide the web site where you can find information about Check and Connect. In our assessment of all of the interventions that we found in the 17 studies that ended up in this systematic review, the characteristics that we found in the Check and Connect intervention were very common in the other interventions that were reported in the 17 studies. And some of those characteristics, in addition to the cognitive component *and* the behavioral component, are a level of comprehensiveness, and, unfortunately, but it seems to be true, they're also [inaudible phrase] implement this program for a number of years. It cannot be just implemented in six months or one year, and expect to treat kids automatically. Some kids are going to come out of that okay, and, maybe perhaps not need future intervention. But the assumption is that this Check and Connect intervention has to be there and available for kids, particularly the most difficult kids, all the way through their high school career.

The second intervention area that we found in our review had only seven studies, and it involved students who were very severely and moderately severely retarded, and even profoundly retarded. You can imagine, in the area of student disabilities, there are a number of studies that youth or children or youth with severe and profound and even moderate retardation, you will see a number of studies that are single-subject design, using applied behavior analytic techniques. And so we found a number of those studies that met our methodological criteria, and we, although there weren't many, there were only seven. The reason why there are only seven has to, deals with the outcome. There just are not that many studies that deal with dropout prevention or even the type of verbally and physically aggressive behavior that would directly be expected to lead to dropping out.

**[END OF RECORDING]**