CONCLUSIONS

There have been a number of anecdotal studies (c.f. Gruenhagen, 1993; Kortering, Braziel, & Tompkins, 2002; Seidel & Vaughn, 1991) youth with learning disabilities and behavioral disorders who have dropped out of school. These studies all have focused on exploring the perceptions of these students as to why they dropped out and what there might have been put in place in schools to help them resist the temptation to drop out. While many of the factors cited by these students are unalterable, one common theme across these studies is the feelings by these students of social alienation, and an underlying source of some, if not all, of this social alienation is a lack of competence in a broad range of social skills by these students, as well as situational knowledge of how to use the social skills they do have in their repertoire under stressful or challenging social pressures. The curricula most often used in the studies included in this review are social skills curricula. And the instructional techniques and situational contexts in which these curricula are introduced and reinforced in therapeutic and classroom activities are precisely these stressful and challenging scenarios – a strategy for youth called "stress inoculation" coined by Novaco (1978) nearly 30 years ago.

In the July/August (1997) issue of *Teaching Exceptional Children*, Forness, Kavale, Blum, and Lloyd published an article summarizing the results of 18 meta-analyses in special education. Among the interventions they found to be "convincing" (effect sizes larger than .66) were a meta-analysis of mnemonics (a meta-cognitive strategy) (Mastropieri & Scruggs, 1989) and of cognitive-behavior modification (Robinson, Smith, Miller, & Brwonell, 1999). Our results are remarkably similar to those found by Robinson et al, 1999, at least for those studies in our review that used a between groups design.

Hence, our conclusion, based on the studies in this review, is that cognitive-behavioral interventions work well to reduce dropout and physical and verbal aggressive behavior in youth with disabilities. We do not have convincing or adequate evidence within these studies to state with certainty what forms of cognitive interventions work best and in combination with what forms of contingency management strategies. However, given the weight of the prior positive evidence of cognitive strategies utilizing self-management/self control procedures (i.e. Harchick, Sherman, & Sheldon, 1992; Hughes & Agran, 1993; Lancioni & O'Reilly, 2001; Martin & Hrydowy, 1989), and given the consistency of intervention strategies in our group of studies, we are confident in the implications for practice directly below.