

Edition 12 – 3

Winter 2010

# Research Précis

## Best Practices: Safe and Drug-free Schools and Communities

Creating a better tomorrow...

### Title: I Can Problem Solve

#### Overview:

*I Can Problem Solve* (formerly called *Interpersonal Cognitive Problem Solving*) is a school-based intervention designed to help students generate solutions to interpersonal problems, anticipate consequences to actions, and plan steps to achieve goals. Results are preventive and rehabilitative, improving social adjustment and behavior, and decreasing impulsivity and inhibition.

*Target:* Children ages 4-5 who are at-risk for behavioral dysfunctions and interpersonal maladjustment; extends through grades 4-5

*Extent/Duration of Program:* The program consists of three sets of lessons conducted three times per week over a period of four months.

#### Program Costs:

- Materials are available for preschool, kindergarten and primary, and early elementary levels. Details are available from developer.
- Teachers receive training in problem solving communication (called ICPS dialoguing). Details are available from developer.

#### For further information, or to order:

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*Principles/Approaches/Components:* *I Can Problem Solve* is based on the premise that if children can be taught how, not what, to think, and if they can develop prerequisite problem-solving skills, they will be able to determine their own solutions to problems that arise throughout life. The sequenced steps and means-ends thinking needed to plan implementation of those solutions and potential consequences of the solutions are learned. The instructional focus relies on teachers asking children questions rather than telling, suggesting, or even explaining why they should or should not do something. Based on the questions, children are taught to define problems and to consider their own and others' feelings and consequences prior to employing a strategy. During the process, students develop skills that include understanding other perspectives and recognizing the motivations for their behavior, being sensitive to problems and their causes, listening closely, and becoming aware of the true circumstances that influence a problem. The curriculum relies on formal lessons, interaction in the classroom, and integration into the academic curriculum. The intervention begins with 10-12 lessons teaching preschool students basic skills and problem-solving language. The next 20 lessons focus on identifying one's own feelings and becoming sensitive to others' emotions. The last 15 lessons utilize role-playing games and dialogue to promote actual problem-solving skills and anticipation of possible consequences to their decisions.

*Evidence-based Effectiveness:* Evaluative studies of the program's effects have yielded positive results for treatment groups that participated in nursery and kindergarten, kindergarten and first grade, and fifth and sixth grade. Results indicated that nursery and kindergarten students receiving the intervention demonstrated less impulsive and inhibited classroom behavior and better problem-solving skills. The five-year study of low-income urban children trained in kindergarten and first grade indicated that students improved in classroom behavior and problem-solving skills, even 3-4 years after the program. The replication study indicated that fifth and sixth grade students, compared to a control group, demonstrated more positive social behaviors, healthier relationships with peers, and better problem-solving skills.

**Safe and Drug-free Schools and Communities Act (SDFSCA) connections:**

A.ii - Activities that promote a sense of individual responsibility.

A.vi - Activities that engage students in the learning process.

E.xi - Programs that encourage students to seek advice from, and to confide in, a trusted adult regarding concerns about violence and illegal drug use.

**National Standards connections:**

*Kindergarten through Grade 5 (targets children ages 4-5, extending through grades 4-5)*

Health Education Standard 4 – Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Health Education Standard 5 – Students will demonstrate the ability to use decision-making skills to enhance health.

Health Education Standard 6 – Students will demonstrate the ability to use goal-setting skills to enhance health.

Health Education Standard 7 – Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

*National Health Education Standards, Second Edition: Achieving Excellence.* American Cancer Society, 2007.

Counseling: Personal and Social Development Standard A: Students will acquire the knowledge, attitudes and interpersonal skills to help them understand and respect self and others.

Counseling: Personal and Social Development Standard B: Students will make decisions, set goals and take necessary action to achieve goals.

*ASCA National Standards for Students.* American School Counselor Association, 2004.

**Recognition and additional reports:**

The following organizations/institutions have recognized *I Can Problem Solve*. The organizations are in alphabetical order and the recognition status is in parentheses.

Blueprints for Violence Prevention (Promising Program)

Communities That Care—Developmental Research and Programs (Effective Program)

National Registry of Effective Prevention Programs system, 2001 (Legacy Program)

Office of Juvenile Justice and Delinquency Prevention (Effective Program)

SAMHSA (Promising Program)

U.S. Department of Education's expert panel on Safe, Disciplined and Drug-Free Schools (Promising Program)

**GENERAL NOTES:** The intent of the above synthesis and correlations is to assist teachers and school administrators dedicated to using best practices to reduce violence and substance abuse among students. To our knowledge, the information was current upon publication. However, details pertaining to status of program recognition, research and findings, costs, and contact information are subject to change.

Correlations to the Safe and Drug-free Schools and Communities Act (SDFSCA) federally approved activities and to national education standards have been limited in depth (“standard” level only) and breadth (number of standards and subjects) due to the encompassing nature of many programs that typically qualify as model or exemplary. The correlations listed should not be viewed as exhaustive.

Designed Instruction’s effective SDFS program research series was funded by the United States Department of Education. For information on other effective programs for promoting safe and drug-free schools and communities, visit [www.designedinstruction.com/learningleads/effective-sdfs-programs.html](http://www.designedinstruction.com/learningleads/effective-sdfs-programs.html)

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