PREVENTING CHRONIC VIOLENCE IN SCHOOLS

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Chronically violent and delinquent adolescents represent one of the most costly and vexing problems in American society today. Economic analyses suggest that each career criminal costs society over 1.3 million dollars, in costs to victims and costs of incarceration and treatment. No government or professional group knows what to do with these youth. Public schools expel them. Juvenile courts incarcerate them. Mental health agencies often put these youth in large groups where they simply learn from each other to become more deviant. Almost all professionals and government agencies have come to the same conclusion about chronically violent adolescents: By the time that they get to us, it seems too late. And, why couldn't someone have intervened earlier?

It should not come as a surprise that we have so few solutions for this problem, given how little our nation has invested in research and development on education and children. In most private industries, companies spend 5 to 10 percent of their resources on research and development. In the pharmaceutical and computer industries, the research and development investment has been up to 20 percent of all dollars, and the return on that investment has been striking. Of all federal expenditures in areas such as health, transportation, and energy, 2 to 3 percent are spent on research and development. However, when it comes to education and children, only .2 percent of all dollars that are allocated are spent on research and development. It is as if when it comes to education and children, we feel that we do not need to develop a science and an evidence base. The methods that are used in education and children's programs today have not changed much in the past 50 years, and the results have been disappointing. Fortunately, what I will report to you today is an exception. It is a program of research that HAS been supported by federal research dollars, and it has led to positive results in preventing chronic violence among our highest risk youth.

The solution has required a different approach toward violent youth than the approaches we have taken in the past. It is an approach that we have borrowed from education and public health. Consider some analogies. About 100 years ago, we had a major problem in this country with illiteracy. When our economy moved away from exclusive reliance on agriculture, too many of our young adults were ill-prepared to contribute to the new economy. As a society, we solved that problem through universal public education. We had a theory about literacy, namely, that one must be taught systematically over a long period of time in order to become fluent at reading. And so we developed a system, called public education, that is charged with delivering those services to every child in America. We do not wait until age 18 to see which children have failed to learn to read and then try to provide remedial help.

Let's try another analogy. About 75 years ago, our society also had a major problem with dental caries and tooth decay. We solved that problem with a public health approach based on scientific theory and research about the cause of this problem. And so we solved that problem by creating a system of putting fluoride in the water and providing access to toothpaste at an affordable price that enables children to prevent tooth decay. We did not decide to wait until children lost teeth and then replaced those teeth. We solved the problem through prevention.

Now let's look at the problem of chronically violent behavior among adolescents. We all agree that this problem should not be tolerated and that action by government must occur to protect others once violence has occurred. But do we have a system to prevent these children from growing up to become chronically violent? There is no fluoride in the water for violence prevention, and there is no 12-year system of training and education to prevent violence. In my few minutes, I will summarize the scientific research that provides the basis for preventive

intervention. Then I will describe a program that my colleagues and I have developed and evaluated, called Fast Track.

The scientific rationale for early prevention comes from longitudinal studies like the Child Development Project. My colleagues and I began studying a community sample of 585 preschool-aged boys and girls back in 1987 through annual interviews, tests, observations, and review of archival records. Those children are now 19 years old. Some of them have graduated from high school, and others are in prison. By following these children across their childhoods, we have learned a great deal about how chronic violence develops.

The first point that we have learned is that we can identify high-risk children by the time they complete kindergarten. Screening of children through teacher and parent reports of who is poor, behaves aggressively at home, and has difficulty getting along with peers at school can identify a group of children who have better than a 50 percent chance of being arrested 12 years later.

Second, we have learned that this early identification is *not* destiny. Chronic violence *develops*, and development depends on life experiences during the school years. The children who become violent in adolescence are those who have received harsh parenting, have been physically maltreated, or have parents who have not been able to supervise them. Next, the children who become violent are those who have had social and academic problems at school. They have been socially rejected by their peers, have failed academically, or are unfortunate enough to go to a school where the classroom environment fails to support nonviolence.

Furthermore, we have learned how these life experiences lead to violence. We have learned that harsh and rejecting environments lead children to develop deviant ways of processing social information, which, in turn, leads them to react violently when they are

provoked. For example, children who have been maltreated become hypervigilant about other people and tend to attribute hostile intentions to others even when others have not acted in a hostile manner. This hostile attributional bias, in turn, leads a child to react aggressively when he or she is provoked. In contrast, children from warm and nurturing home and school environments tend to learn social-cognitive skills such as how to read others' intention accurately and how to solve problems nonviolently.

Third, we have learned that it is possible to change those harsh life experiences, so that even high-risk children need not grow up to become violent. It is this premise that guided the creation of the Fast Track Prevention Program, which began in 1990 through the support of the National Institute of Mental Health, National Institute on Drug Abuse, and the Department of Education, and which continues today.

Colleagues at four sites across the country began Fast Track by screening 10,000 kindergarten boys and girls back in 1991. We identified 891 children who were at high risk for adolescent violence. These children tended to come from mostly poor, single-parent-headed families with multiple problems. We randomly assigned them to receive the Fast Track intervention or not. Those children who were assigned to the control group were allowed to receive whatever intervention might be offered to them by the community, but we did not supplement those efforts.

The Fast Track Prevention Program lasts 10 years and costs about $40,000 per child. We provide group training in behavior management for their parents and supplement that training with biweekly home visits to help with family management and with family-school relationships. We provide training to the children in social-cognitive skills such as understanding emotions and intentions and in solving social problems. We provide phonics-based tutoring in reading skills.

We support the development of positive peer relationships through coaching. Finally, we train the teachers to deliver a classroom curriculum in social and emotional development.

Delivering the Fast Track Program has required a committed team of education and family specialists, community volunteer tutors and mentors, and school teachers. It also requires hard work from the parents. One of the lessons that we learned is that no matter how difficult are the circumstances of the families of these children, the parents genuinely want their young children to grow up to graduate from high school, get a satisfying job, and stay out of jail and off drugs. We relied on those dreams to get parents to let us in the door. With effort, we were able to get 99 percent of the 445 families to agree to participate, and then, over 75 percent of the parents and 88 percent of the children attended more than half of the sessions that we offered.

We have tested the efficacy of the Fast Track Program by comparing the 445 children who had been assigned to receive intervention, even if they rarely attended, to the 446 children in the control group. Our findings are modest but statistically robust and very striking.

First, we were successful in improving the competencies of our targeted children and their parents. The parents in the intervention group reduced their use of harsh discipline, and their children improved their social-cognitive and academic skills, relative to the control group.

In turn, these improvements led to improvements in aggressive behavior in the elementary school years. Compared with children in the control group, children in the intervention group displayed less aggressive behavior at home as reported by parents, less aggressive behavior in the classroom as reported by teachers and peers, and less aggressive behavior on the playground as directly observed by our observers who did not know which children had received intervention.

By the end of third grade, 27 percent of the control group had become free of conduct problems, in contrast with 37 percent of the intervention group. By fourth grade, 48 percent of the control group had been placed in costly special education classrooms, in contrast with 36 percent of the intervention group.

In middle school, the group differences continued. By eighth grade, 42 percent of the control group had been arrested, in contrast with 38 percent of the intervention group. Finally, psychiatric interviews in ninth grade revealed that the Fast Track Program has reduced serious Conduct Disorder by over one third, from 27 percent to 17 percent.

Although these effects may seem modest in magnitude, our initial economic analysis suggests that the differences will prove to be cost-beneficial. For example, if each career criminal costs society 1.3 million dollars, and if the Fast Track Program costs $40,000 per child, the program will prove to be a wise economic investment if just 3 percent of the children are saved from careers of violent crime.

We have begun to disseminate the Fast Track Program in several school systems across the country through the Safe Schools/Healthy Students Program of the Department of Education, and it is being implemented in several schools in Great Britain, Australia, and Canada. It is by no means the only way to prevent chronic violence, but it has been one of the most rigorously evaluated programs ever. We appreciate the financial support of research funds from the federal government that enabled this program to get developed, implemented, and evaluated.

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