



**The Melissa Institute**  
For Violence Prevention and Treatment

**HOW TO MAKE AN AGGRESSIVE AND  
VIOLENT YOUTH: IMPLICATIONS FOR  
PREVENTION AND TREATMENT**

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*For these are all our children, we will all profit by,  
or pay for, whatever they become.  
James Baldwin (as cited by Fox Butterfield, 1995)*

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## **I. GOALS OF THIS PRESENTATION**

Efforts to reduce or prevent violence should:

1. Be Informed by:
  - An understanding of how violent behavior develops;
  - An appreciation of how this developmental pathway differs for boys versus girls;
  - A review of intervention programs that have proven successful and unsuccessful;
  - An appreciation of what lessons have been learned from such interventions; and,
  - A critical analysis of the practical implications for prevention and treatment interventions.
2. Be driven by a mandate for action to use evidence-based intervention programs and a commitment to evaluate such efforts;
3. Include a game-plan on how to anticipate and address the barriers and obstacles that will prevent the implementation of these best practices programs.

## II. THE NATURE OF THE CHALLENGE: ILLUSTRATIVE NATIONAL DATA

Comment [JL1]:

- Five to ten percent (5-10%) of the school-aged population evidence clinically significant aggressive behavior.
- Thirty to fifty percent (30 to 50%) of children referred to out-patient mental health clinics evidence problems with aggression, conduct disorders and antisocial behavior.
- Across the U.S., approximately 4 to 6 million students are at “high risk” for developing aggressive and antisocial behaviors.
- Early forms of aggressive behaviors (early-onset type) are the best predictor of later criminal behavior. Fifty to seventy percent (50 - 70%) of youths arrested in childhood are arrested later as adults. Childhood and adolescent aggression correlate 0.63, indicating that childhood aggression is relatively stable over the course of one’s lifetime.
- “Children who have not learned to achieve their social goals other than through coercive behavior by 8 years of age (end of grade three) will likely continue displaying some degree of antisocial behavior throughout their lives.” (Walker et al., 2004, p. 93)
- Childhood aggression has emerged as a significant risk factor for subsequent delinquency, school failure, substance abuse, later violence in dating and marriage, adult maladjustment and employment difficulties.
- Adolescents exhibit the highest rates of crime and victimization of any group, 65% of all juvenile crime is accounted for by 6% - 8% of that population.
- Forty percent (40%) of high school students report having been involved in a physical fight, 33% have had property stolen or vandalized, 9% carry weapons on school property, 7% have been threatened or injured with a weapon at school, 4% report having stayed home from school for fear of becoming victimized.
- In the U.S., 2.7 million violent crimes are committed at or near schools annually.
- Six to nine percent (6 - 9%) of students account for 50% of school discipline referrals. The number of discipline contacts with the principal during the school year predicts arrest status in 5<sup>th</sup> to 10<sup>th</sup> grades. A student with 10+ disciplinary referrals in a year, is at serious risk of school failure, delinquency, substance abuse, weapon possession and gang membership.
- Eighty percent (80%) of daytime burglaries are committed by out-of-school youth.
- Over half the persons who become involved in serious violent offenses prior to age 27 commit their first violent offense between ages 14 to 17.

- Seventy-five percent (75%) of convicted juvenile offenders are reconvicted between ages 17 to 24.
- Homicide is the leading cause of death among African-American youth, and is the second leading cause of fatalities among all adolescents.
- Among inner-city African-American and Latino youth, more than half have lost relatives or close friends to homicide.

*For references and additional data see websites listed at the end of this handout.*

### III. HOW DOES SUCH AGGRESSIVE, VIOLENT AND ANTISOCIAL BEHAVIOR DEVELOP? MULTIPLE PATHWAYS

There are different answers to this question depending upon whether the pattern of aggressive behavior has an **early-onset** and is a **life-course type** or whether it is of **late-onset** (usually after age 12) and is influenced by affiliation with deviant peers, social disadvantage and family disruption. The latter has a more favorable prognosis of desisting from antisocial behavior in young adulthood than the former. There are also different pathways for boys versus girls, as noted in subsequent sections.

#### DEVELOPMENTAL PATHWAYS FOR EARLY-ONSET AGGRESSION

- High-risk genetic vulnerability from parents;
- High-risk intrauterine environment, especially if offspring of teenage mother;
- Child born with a difficult temperament and hard to comfort and socialize which affects bonding, especially if mother is clinically depressed;
- Born into high-risk social environment with poverty, social disadvantage, instability and violence that contributes to poor school readiness skills;
- Intergenerational transmission of cultural norms for the use of violence – Code of Honor, Code of the Streets (*e.g. see Fox Butterfield's story of the Bosket family*);
- Parental rejection, neglect and child victimization (individual, family, neighborhood) can contribute to neurophysiological changes, and to coercive escalating parent-child interactions that can provide the basis for deviancy training;
- Likelihood of aggressive behavior pattern is exacerbated if accompanied by co-morbid ADHD (Hyperactivity) and oppositional behavior. (20%-56% evidence co-occurrence of ADHD and Conduct Disorder; 20% evidence co-occurrence of Conduct Disorder and Psychopathy);

- Pattern of aggressive behavior in school that contributes to peer rejection, poor school connectedness and academic difficulties, especially reading comprehension and math deficiencies;
- Discipline problems (especially bullying behaviors), affiliation with deviant peers, substance abuse, preoccupation with violent media and other risk-taking behaviors;
- Inadequate parenting (especially absence of supervision, low parental involvement in academics), coercive parent-child interactions and parent-adolescent conflict;
- Continued exposure to high-risk family, neighborhood anti-social and violent environments, and the availability of drugs and weapons;
- Involvement with school, mental health and judicial systems and related agencies that inadvertently, unwittingly, and perhaps unknowingly reinforce aggressive, and antisocial behaviors (e.g., grade retentions, out-of-school suspensions, school Zero Tolerance Programs, programs that cluster deviant peers and absence of both prosocial peers and mentors, use of Boot Camps, imprisonment with adults). These programs may be implemented in the absence of evidence-based interventions.

*(There is a danger that some forms of intervention may inadvertently increase the level of violence).*

#### **IV. GENDER DIFFERENCES: IMPLICATIONS FOR PREVENTION AND TREATMENT**

*(For more detailed discussion see Pepler et al. 2006, Putallaz & Bierman, 2006)*

Girls and boys differ in terms of:

- a) Differential incidence of antisocial and aggressive behaviors;
- b) The ways they manifest aggressive behaviors;
- c) The developmental course and consequences;
- d) Risk factors for developing aggressive behaviors;
- e) Implications for assessment, treatment and prevention.

*(For a detailed discussion of these differences see [www.melissainstitute.org](http://www.melissainstitute.org) May, 2006 conference on gender-specific interventions)*

*The present focus will be on **Treatment and Prevention Implications**.*

Girls who have been maltreated (e.g., 1 in 4 violent girls have been sexually abused) are:

- Significantly more prone to develop aggressive behavior;

- More likely to drop out of school and become teenage mothers. For example, in one study, 50% of grade 4 girls who had been identified by peers as being aggressive became pregnant during adolescence compared to 25% of non-aggressive girls; and,
- More likely to expose their fetus to a high-risk environment.

Teen mothers aged 15 or less complete one-and-a half fewer years of schooling than those who have children born in later adolescence. Children of adolescent mothers are at risk for negative outcomes. For example, mothers who gave birth to their first child by age 20 are twice as likely (35% vs. 18%) to have sons with arrest records by age 14; their daughters are 3 times more likely to experience early trauma.

**The likelihood of girls becoming serious violent offenders increases if they have:**

- **been maltreated or victimized,**
- **early onset of puberty**
- **learning problems,**
- **a depressed mood,**
- **substance abuse,**
- **associated with antisocial peers, and**
- **partnered with antisocial males.**

**They are also more likely to engage in a number of risk-taking behaviors including early sexual activity, unprotected sex and becoming teenage mothers for which they are inadequately prepared, demonstrating poor parenting skills.**

**Some Recommendations:**

- Screen early for all children who are at-risk of developing conduct disorders.
- Tailor screening to identify high-risk girls (may look different from boys).
- Identify high-risk girls as they enter puberty and provide preventative interventions.
- Introduce effective and evidence-based programs to reduce teenage pregnancy.
- Provide pregnant teens with comprehensive interventions to improve the intrauterine environment for the fetus, prevent further pregnancies, prevent school drop out and foster employment skills.
- Among incarcerated girls (65% of whom may experience Post Traumatic Stress Disorder, Depression and related disorders), screen and provide gender-sensitive interventions. (*e.g., see Levene, 1997 and <http://www.ocjc.state.or.us/jcp/jcpgenderspecific.htm>*)
- Provide home-care for new mothers (see Olds et al., 1998), including parenting skills training.
- Provide affordable child care and support systems for parents.

- Build on girls' existing strengths and nurture their resilience. Use female mentors such as the Big Brothers Big Sisters program, and implement additional programs that support and nurture female values and self-worth. For example, see National Women's History Program [www.nwhp.org](http://www.nwhp.org). Include "rites of passage" activities and programs that engage them in caring relationships – see [Rspatton@Lx.netcom.com](mailto:Rspatton@Lx.netcom.com)

## V. RELATIONSHIP BETWEEN CHILDHOOD VICTIMIZATION AND NEGLECT ON THE DEVELOPMENT OF AGGRESSIVE BEHAVIOR

### Illustrative Findings:

- Early childhood maltreatment increases a child's risk of arrest by 11% during adolescence (from 17% to 28%); abuse and neglect increases the risk of engaging in violent crime by 29% and subsequent arrest as a juvenile by 59%.
- Abused and neglected children begin their criminal activity almost a year earlier, have twice the number of arrests, and are more likely to be repeat violent offenders than non-abused children. Note that the incidence of neglect is more than twice that of physical abuse.
- Among incarcerated juveniles there is a high incidence of victimization. Seventy percent (70%) of girls in the juvenile justice system have histories of physical abuse versus 20% of female adolescents in the general population. Thirty-two percent (32%) of boys in the juvenile justice system have been victimized.
- Incarcerated youth in the juvenile justice system are more likely to have 2 or more psychiatric disorders.

## PSYCHOBIOLOGICAL IMPACT OF TRAUMA

- Exposure to trauma alters brain functioning and may contribute to structural brain changes.
- Neurological impairments due to victimization may include, but are not limited to:
  1. impairment of prefrontal areas,
  2. changes in neurotransmitters and hormonal activity in the brain;
  3. smaller brains and fewer connections between left side and right side of the brain;
  4. an asynchrony between left and right side of the brain; and,
  5. a compromised immune system.



- As a result of such biological changes victimized children are more likely to have lower IQs, delayed language, lower grades, higher physical tension, exaggerated startle responses, hypervigilance and are more likely to dissociate.
- Furthermore, the severity of these changes is correlated with the length of time maltreatment had occurred.

#### **SOME IMPLICATIONS OF VICTIMIZATION EXPERIENCES FOR PREVENTION OF THE DEVELOPMENT OF AGGRESSIVE BEHAVIOR**

- Work to prevent maltreatment in high-risk families.
- When maltreatment occurs, provide evidence-based cognitive-behavioral trauma-focused interventions.  
*(Have personnel attend the Melissa Institute May 4, 2007 conference and have them look up computer course at [www.musc.edu/tfcbt](http://www.musc.edu/tfcbt))*
- Screen high-risk students for the impact of victimization and provide “cognitive prosthetic” supports to compensate for psychobiological deficits. *(See [www.teachsafeschools.org](http://www.teachsafeschools.org), bullying piece on how teachers can provide “Cognitive Prosthetics” to students who evidence such neurological deficits)*
- Provide school-based mental health services for maltreated students.
- Train police and other agency personnel on how to intervene with victimized children and their families. *(e.g., see DVD “Cops, kids and domestic violence” The National Child Traumatic Stress Network [www.nctsn.org](http://www.nctsn.org), Telephone 916-582-1552)*
- Train juvenile justice system staff to screen for multiple psychiatric disorders (e.g., PTSD, depression, ADHD) and provide treatments including medication.
- Provide gender-sensitive treatments for girls and boys who have a history of victimization and antisocial behavior. *(See [www.melissainstitute.org](http://www.melissainstitute.org) May, 2006 conference on gender differences for a description of such programs)*

#### **VI. SCHOOL-RELATED BEHAVIORS AND VIOLENCE: IMPLICATIONS FOR REDUCING VIOLENCE**

*(See [www.teachsafeschools.org](http://www.teachsafeschools.org) for comprehensive discussion)*

A variety of educational indicators highlight the relationship between early-onset aggressive behavior, especially if accompanied by hyperactivity (ADHD), and academic failure.

Such students have:

- lower class rankings
- lower grade point averages
- greater placement in special education classes
- more grade retentions
- more suspensions and expulsions; and,
- higher drop out rates.

Up to 40% of school suspensions are likely to be repeat offenders. These students also have fewer entrances to college and lower college graduation rates, all of which contribute to employment problems and to lower social class status (i.e., more likely to be unemployed at age 21, enter the workforce at unskilled/semi-skilled levels, more likely to be fired).

Of the many academic deficits, The Melissa Institute has focused on children's **reading performance**. Why reading? Research indicates:

- School performance, more than any other single factor, is a major contributor as to whether a youth becomes involved in drugs and violence.
- Children with low reading achievement in early grades (by grade 3) have a greater likelihood of school retention, drop out, drug abuse, early pregnancy, delinquency and unemployment. Reading comprehension is one of the best predictors of who will finish high school.
- Among youths who get into trouble with the law involving courts, 85% evidence reading difficulties (on average 5 years below their expected grade level).
- Up to 80% of incarcerated youth are functionally illiterate. The more violent the behavior, the lower the reading comprehension level.

Reading is a gateway skill that puts students on a particular developmental trajectory. For instance, high-risk students may enter school with a working vocabulary of 2000 words less than the average students. By the time they enter grade 3 they may be 4000 vocabulary words behind the more advanced students. Without specific interventions to close the vocabulary and comprehension gaps, they are unlikely to ever catch up to their peers. They need functional literacy and they need to develop "islands of competence" that are **valued, prosocial, acknowledged and reinforced**. If not, poor reading performance contributes to behavior problems, peer rejection, further academic failure, placement with similar peers in special classrooms, grade retention, low school connectedness, suspensions, expulsions, drop out from school and high-risk of antisocial aggressive behavior.

See [www.teachsafeschools.org](http://www.teachsafeschools.org), and Meichenbaum and Biemiller, 1998, Nurturing Independent Learners (Brookline Books) on ways to close this academic gap.

In short, if you want to reduce violence, focus on reading early, especially on vocabulary development and comprehension skills.

## VII. ALTERNATIVE INTERVENTION STRATEGIES TO REDUCE VIOLENCE

(See Walker et al., 2004; Weisz et al., 2005)

### UNIVERSAL PREVENTION STRATEGIES

These programs are designed to reduce risk factors and bolster protective factors in the entire population. This is a form of Primary Prevention. Examples of such universal evidence-based programs include:

<u>Program/Description</u>	<u>Selection criteria</u>	<u>Outcomes</u>
<b>Seattle Social Development Program</b> (Lonozak et al. 2002) Teacher training, parenting classes, child social skills training	Students who attend in high-crime area public schools.	11 year follow-up: less sex, pregnancy, delinquency, and higher achievement
<b>Child Development Project</b> (Battistich et al. 1996) Classroom, School-wide, School-home relationship, create a caring community	School children	Reduce drug use and delinquency
<b>Baltimore Prevention Program</b> (Ialongo et al. 2001) Train teachers and children.	First grade students	6 year follow up: better school performance, less conduct disorders
<b>Bullying Prevention Program</b> (Olweus, 1994) Improve supervision and School-wide interventions. (See <a href="http://www.teachsafeschools.org/">www.teachsafeschools.org/</a> for detailed description)	Ages 11 – 14	Reduce bullying, vandalism, fighting
<b>Prevention and Relationship Enhancement Program</b> (Markman <a href="http://www.prepinc.com">www.prepinc.com</a> ) Reduce marital distress and family fragmentation.	Program conducted through community agencies and churches	Better marriages and reduced violence

**SELECTED INTERVENTIONS**

Intervention strategies target groups who have been identified because they share a significant risk factor. These Secondary Prevention strategies are individually tailored and fine-tuned to address the specific needs of the target group. For example, an intervention may target or select (selection criteria) students at risk for problem behaviors. This target group may constitute only 5% - 15% of the school population. Therefore, the strategy/intervention is not universal, but has specific selection criteria.

<u>Program</u>	<u>Selection Criteria</u>	<u>Outcome</u>
<p><b>Nurse Home Visitation Program</b> (Olds et al. 1998) Multiple visits to promote health behaviors during pregnancy and early years. Teach competent childcare, nurture mother’s development and link to services and social supports.</p>	<p>Pregnant teens &lt; 19 years</p>	<p>15 year follow-up: less drug use, antisocial behavior, maltreatment</p>
<p><b>New Beginnings Program</b> (Wolchik et al. 2002) Improve mother-child relationships and nurture coping skills.</p>	<p>Families with children ages 9-12 with divorced parents</p>	<p>6 year follow-up showed reduced rates of clinical disorders.</p>

**INDICATED PREVENTION**

This intervention strategy, also known as Tertiary Prevention, targets those who have experienced multiple risk factors and who manifest a clinical disorder or marginal functioning. They often require “wrap-around” and multiple agency services.

<p><b>Multisystemic Treatment</b> (Henggeler et al. 1998) Home-visiting based intervention</p>	<p>With diverse populations including first offenders.</p>	<p>Reduction of incarceration and antisocial behavior</p>
<p><b>Coping With Stress</b> (Clarke et al.) group cognitive-behavioral interventions</p>	<p>9<sup>th</sup> - 10<sup>th</sup> grade students that experience depression</p>	<p>Lower rates of affective disorders</p>
<p><b>Montreal Prevention Intervention</b> (Tremblay et al. 1995) Home-based parent training plus school-based skills training for children</p>	<p>Disruptive boys in kindergarten in inner-city neighborhoods</p>	<p>5 year follow-up: less delinquency and better school performance</p>

**School-based mental health programs** are needed to supplement parent, family and community-based interventions. Eighty percent (80%) of youth aged 6 to 17 in need of mental health interventions had not received services within the preceding 12 months. Those who had received services received them primarily in school settings. **Schools are the primary treatment provider for low-income ethnic minority youth.**

**EXAMPLES OF PREVENTATIVE INTERVENTION PROGRAMS THAT HAVE PROVEN UNSUCCESSFUL IN REDUCING VIOLENCE**

(See [www.preventingcrime.org](http://www.preventingcrime.org), <http://oijdp.ncjrs.org>, [www.teachsafeschools.org](http://www.teachsafeschools.org))

The School Resource Center (2001, p.3) observed that:

*“Of 380 youth violence prevention programs reviewed, only 23 (6%) were found to show evidence of program effectiveness.”*

**Unsuccessful programs included:**

- Gun buy-back programs.
- Boot camps that use militaristic basic training formats and do not use follow-up procedures, or build-in transfer or generalization guidelines;
- Short-term interventions that do not include follow-up programs (e.g., Drug Abuse Resistance Education Program - DARE failed to reduce drug abuse);
- Short-term job training programs. More success has been witnessed with long-term Job Corp programs;
- Programs that segregate/separate aggressive or antisocial youth from their counterparts;
- “Shock” or fear-induced intervention programs (e.g., “Scared Straight”);
- Arrests of juveniles for minor offenses that lead to contact with the criminal justice system;
- School policies of:
  1. grade retentions,
  2. out of school suspensions,
  3. expulsions,
  4. Zero Tolerance Programs,
  5. use of corporal punishment and,
  6. schools that put a heavy emphasis on physical and personnel-based interventions (e.g., use of metal detectors, lock downs, locker searches, drug screening, presence of security guards, staff watching by TV cameras).

Each of the above can prove to be counter-productive. In contrast, the promotion of a “positive school environment” results in a reduction of violence.

## **VIII. SOME LESSONS LEARNED FROM PREVENTION AND TREATMENT INTERVENTION PROGRAMS DESIGNED TO REDUCE VIOLENCE**

- Overall corrective interventions are not very effective.
- The earlier the interventions, the more likely they are to be effective.
- There is value in early screening and early comprehensive interventions. In the long run they save money. For example, research indicates that children diagnosed with hyperactivity (ADHD) are more than twice as likely to be arrested as controls (48% vs. 20%). Mean judicial costs have been estimated to be \$8,814 per ADHD person versus \$341 per control. The total criminal costs per hyperactive child with a conduct disorder are \$37,830 (Research cited by Russell Barkley).
- Identifying “high-risk” children based on a single marker or based on one indicator often misidentifies many children and tends to under report females. Any screening program to identify “high-risk” children needs to use a multi-gating approach that employs a variety of resources. Roughly half of children diagnosed with Conduct Disorders will improve over time, no longer showing signs of aggressive or antisocial behavior.
- The factors that place children at high-risk for aggressive and violent behavior are multifaceted and are unlikely to be modified by brief, time-limited interventions. The development of violent behavior is complex and interventions (e.g., Anti-bullying programs) take several years of implementation, application and commitment to prove effective.
- Single factor-focused interventions are not likely to be successful. Interventions need to target multiple risk factors and incorporate multiple protective resources. There are no simple “magic bullet” solutions.
- Interventions that are conducted across multiple settings and systems (school, home, community) are more effective than single setting interventions.
- A child’s peers can be viewed as the “final common pathway” or critical factor in determining the likelihood of youth engaging in aggressive and violent behaviors. Most forms of youth violence occur in groups or with the support of peers. Regardless of the intervention program, if the network of peers does not change, then the likelihood of success is limited. Thus, there is a need to involve prosocial peers as part of the interventions. Interventions that only involve “high-risk”

children and youth may do more harm, and inadvertently, increase the rate of violence.

- Troubled youth need a “guardian angel,” a mentor, or a “charismatic adult” who can establish a caring helpful relationship that is maintained over time. As noted in the U.S. Department of Education (1998) report on safe schools:

*“Research shows that a positive relationship with an adult who is available to provide support when needed is one of the most critical factors in preventing student violence. Students often look to adults in the school community for guidance, support and direction. Some children need help in overcoming feelings of isolation and need support in developing connections to others. Effective schools make sure that opportunities exist for adults to spend quality, personal time with children.” (pp. 3-4)*

In order to assess a student’s “school connectedness,” you can ask him/her the following questions:

*“If you were absent from school, who besides your friends, would notice you are missing and would miss you?”*

*“If you had a problem in school (or at home), who would you go to for help and advice, to talk it over with?”*

School connectedness is critical in preventing violent behavior. (See [www.teachsafeschools.org](http://www.teachsafeschools.org) for a discussion on how to establish mentoring programs)

- Interventions need to be sensitive to cultural/racial, gender and developmental differences. It is critical to involve parents and members of the community in the planning and evaluation of preventative and treatment interventions.
- While parent management training is one of the most effective interventions in reducing childhood oppositional and aggressive behaviors, it is often difficult to enlist and maintain parents’ participation. There are currently numerous home-based, community-oriented and out-reach school-based parent involvement programs that have proven successful.
- Interventions should focus on participants’ strengths and nurture resilience. Supportive adults outside of the family have proven to be a major foundation for the development of resilience. When resilient adults were asked what they believed to be was one of the most important factors in their childhood to help them to become resilient, invariably they responded **“An adult who believed in me.”** Children need a person who shows confidence in them and from whom they can gather strength and develop a future orientation. They also need opportunities to develop

areas of competence and accompanying skills. (See [www.teachsafeschools.org](http://www.teachsafeschools.org) and [www.melissainstitute.org](http://www.melissainstitute.org) for discussions on ways to nurture resilience in high-risk children and adolescents)

- Any skills-oriented intervention program should include generalization training guidelines from the onset of implementation and explicitly train for transfer. Do not train and hope for generalization.
- All interventions should include an evaluation component and data-driven decision-making.
- Programs should use best practices and evidence-based interventions.

### **ILLUSTRATIVE INTERVENTION PROGRAMS THAT HAVE PROVEN SUCCESSFUL IN REDUCING VIOLENCE**

- Programs for pregnant teenage mothers;
- Home visiting programs for mothers with newborns, and home-visiting family-based interventions;
- Programs to foster couples' communication skills and reduce marital conflict and separation;
- Preschool programs that are designed to enhance children's cognitive development and nurture parent involvement;
- Parent/caregiver & foster parent training programs;
- School-based mental health programs, and skills training programs;
- School-wide anti-bullying programs, after school programs, and anti-truancy programs;
- Cognitive-behavioral interventions (e.g., trauma-focused and anger-control programs);
- Mentoring programs;
- Media-based interventions in combination with parent skills training;
- Moving families who live in high-risk environments to better communities – housing relocation;
- Gang assessment and intervention programs;



- Intervention programs for targeted populations – substance abusers, depressed youth and children of divorced families.

## **IX. POSSIBLE BARRIERS TO IMPLEMENTING EVIDENCE-BASED INTERVENTIONS DESIGNED TO REDUCE VIOLENCE**

There are several possible barriers that may interfere with efforts to reduce violence, including but not limited to:

- 1) Lack Of Knowledge**
- 2) Attitudinal Factors**
- 3) Political Issues**
- 4) Lack of Resources**
- 5) Alternative Priorities**

Let us consider each potential barrier, and how they can be anticipated and addressed.

### **1) Lack of Knowledge**

Those choosing interventions have not familiarized themselves with possible evidence-based interventions, or built in evaluative procedures for existing programs. In selecting an intervention there is a need to consider the following questions:

- a) How was this intervention chosen?
- b) What Needs Assessment was conducted to indicate that this intervention program is warranted?
- c) What evidence-based intervention may already exist that can be applied or altered to meet current goals?
- d) What efforts have been made to create a collaborative effort among all interested parties?
- e) What quality-control checks will be followed to ensure the fidelity of the evidence-based programs?
- f) What training guidelines will be followed to increase the likelihood of generalization and maintenance of the intervention efforts?
- g) How will the effects of the intervention be assessed both immediately and over time? For example, how will the intervention alter the participants' peer-contacts and nurture resilience?

### **2) Attitudinal Factors**

Attitudes such as hopelessness, helplessness, nihilism – “This is the way it is,” racism, and homophobia may undermine efforts to undertake interventions. An antidote to such a worldview is to remember that a considerable percentage of youth growing up in such difficult and challenging situations evidence “resilience” and do not become aggressive or delinquent. One-half of aggressive children will discontinue such behavior over time.

Another antidote that should inspire “hope” is that there are programs that have proven effective. **“Hope” has been equated with goal-directed thinking.**

### 3) Political Issues

The absence of political will and commitment can undermine implementation of such programs. The political “payoff” of various early age interventions may not show up until future administrations are in place.

- Imagine the Governor asking all school superintendents to report on violence prevention programs and their effectiveness in their school districts. Then imagine school superintendents asking this of their principals. (See [www.teachsafeschools.org](http://www.teachsafeschools.org) for a Principal's Report Card that can be employed with the 114,000 principals in the U.S.)
- Imagine the media covering the reduction of violence with the same level of interest that they currently cover FCAT academic scores. Media should be encouraged to profile successful programs.
- Imagine ongoing educational programs for legislators and their aides on evidence-based interventions and the need for ongoing evaluation and accountability of such programs.
- Imagine judges holding school personnel accountable for providing safe environments for all students. (See list of possible legal questions on [www.teachsafeschools.org](http://www.teachsafeschools.org))

### 4) Lack of Resources

The funding and personnel needed to implement such programs are in short supply. But adequate funding alone is insufficient to reduce violence. There is a need to carefully consider which level of intervention (primary, secondary, tertiary or universal, selected, indicated) will yield the largest “bang for the buck.”

- a) Where do you concentrate or allocate resources?
- b) How do you prevent the investment of funds in programs of dubious value?
- c) How do you ensure that the programs that are supported meet the highest standards?
- d) How do you find “champions of nonviolence” in schools, social organizations, communities and among legislators who demonstrate “informed” leadership and confront vested interest groups?

### 5) Alternative Priorities

There is a need to recognize that providing a safe school and community environment and meeting the needs of high-risk children, youth and their families are intimately tied to improved academic performance. It is not a matter of alternative priorities, but rather how to provide the conditions under which learning can occur most effectively. High stakes test scores (e.g., FCAT) are inversely related to the general level of school disorder

and violence: As one goes up, the other goes down. It is essential to recognize this relationship and create school improvement plans that focus on academic and social – emotional skills equally. The goal of improved reading comprehension for all children in high-risk circumstances can be reached only in a learning environment of integrated, evidence-supported efforts to reduce violence. The priorities should be to improve overall school performance, the level of school connectedness, and reduce the school drop-out rates for all students.

## **X. SUMMING UP - SOME WAYS TO “SILENCE THE VIOLENCE”: A MANDATE FOR ACTION**

1. Establish a high-profile lecture series sponsored by the Mayor’s office with a public presentation in the evening and a professional workshop the second day on ways to reduce violence.
2. Foster ongoing professional development on evidence-based interventions, and educate legislators and the public about such evidence-based programs.
3. Conduct a coordinated and collaborative needs assessment to determine the nature, level and effectiveness of already existing preventative and treatment programs designed to reduce violence. Create a website and other forms of information dissemination that summarize these local programs and ways to access them.
4. The Superintendent of schools can collect data from principals on what is being done at each of their schools to reduce violence. Generally, the principal is the ‘key person’ at each school responsible for demonstrating leadership in implementing such programs. Create a principals’ internet chat-line on specific ways they have intervened. The Superintendent should offer an annual “State of the Art” presentation. (See [www.teachsafeschools.org](http://www.teachsafeschools.org) section on bullying for examples of such data collection). The media should prominently cover the Superintendent’s Annual Report.

*“A warning sign of a troubled school district is the absence of systematic data collection. Effective schools systematically analyze data to assess programs in achieving major goals.”*

*“The success of a bullying prevention program and other violence prevention programs depends on the commitment, understanding and actions of the principal. The principal sets the school’s tone and ultimately provides the time, resources and opportunities for the implementation and evaluation of the intervention.” (Canadian Initiative To Prevent Bullying Website <http://www.cipb.ca>)*

Moreover, the judicial system is now holding schools legally accountable for providing a safe environment for all students. (See [www.teachsafeschools.org](http://www.teachsafeschools.org) for a discussion of the types of questions lawyers of aggrieved parents will require superintendents and principals to answer)

5. Identify high-risk populations early (screen), and use evidence-based interventions of successful programs. Evaluate existing programs and use data-driven decision-making. Encourage collaboration between community based organizations, program directors and university researchers to systematically evaluate various programs (e.g., Boot Camps, Juvenile Assessment Programs, School suspensions, etc.).
6. Actively try to reduce teenage pregnancy, and when it occurs provide early intervention and follow-up in the form of home-visiting programs. Be particularly sensitive to the level of depression in the mother, if any, and the impact on parenting behaviors.
7. Provide preschool wrap-around services designed to meet multiple family needs and bolster school-readiness skills.
8. Provide family supports. Implement programs to help couples improve communication skills and reduce marital conflict (PREP program). These can be conducted through churches and other community based agencies. Engage local community and church leaders to partner and tailor such programs to their communities.
9. Provide immediate interventions for victimized children. Schools should screen for high-risk victimized children and provide follow up mental health services. Train teachers and professionals on how to intervene with children who have been exposed to or who have been victims of violence or who may be at high-risk (e.g., children of divorce).
10. Use housing relocation, whenever possible, to improve families' "ecological niche," as a way to reduce violent behavior.
11. Focus on altering peer contacts and introduce mentoring programs for high-risk students.
12. Provide parent training in multiple settings across the entire life-span. Schools should be pro-active in nurturing parent involvement. (See [www.teachsafeschools.org](http://www.teachsafeschools.org))
13. Conduct gang assessment and gang intervention programs.
14. Screen and treat incarcerated youth for multiple disorders in a gender-sensitive and appropriate manner. Provide re-entry supports and programs.

15. When violence occurs, the media should profile school and community intervention programs and critically report on their efforts. The media should not only profile victims and perpetrators. (See [www.teachsafeschools.org](http://www.teachsafeschools.org) (bullying) *on possible guidelines on how the media can cover stories of violence*)

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## WEBSITES

**Center for the Study and Prevention of Violence: Blueprint for Violence Prevention**

[www.colorado.edu/cspv/blueprints/](http://www.colorado.edu/cspv/blueprints/)

**Crime Prevention**

<http://www.preventingcrime.org>

<http://www.bsos.umd.edu/ccjs/corrections>

**Evidence-based Practices and Programs**

<http://www.nasmhpd.org/>

**Hamilton Fish Institute**

[www.hamfish.org](http://www.hamfish.org)

**National Association of State Mental Health Directors**

[www.nasmhpd.org](http://www.nasmhpd.org)

**National Registry of Effective Programs and Practices**

[www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)

[www.effectivechildtherapy.com](http://www.effectivechildtherapy.com)

**National School Safety center**

<http://www.nsscl.org/>

**Society for Prevention research**

[www.oslc.org/spr/apa/summaries.html](http://www.oslc.org/spr/apa/summaries.html)

[http://preventionpathways.samhsa.gov/nrepp/adv\\_search.cfm](http://preventionpathways.samhsa.gov/nrepp/adv_search.cfm)

**U.S. Office of Juvenile Justice and Delinquency Prevention**

<http://www.ncjrs.org/pdffiles/fs9878.pdf>

See [www.teachsafeschools.org](http://www.teachsafeschools.org) for additional Links

## **BIOGRAPHICAL SKETCH**

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