

Preventing Youth Disruptive or Violent Behavior in Your Community

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Dedicated to the well-being of Children and Families



Preventing Youth Disruptive or Violent Behavior in Your Community

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This booklet is one of a series produced by the Planning Division of the Vermont Agency of Human Services to assist the work of its regional and local partners in achieving positive outcomes for Vermont's citizens. The State Team for Children, Families, and Individuals has identified 9 **outcomes**, or conditions of well-being, that form the basis for these efforts. Those outcomes are listed in the box below.

These outcomes will be achieved only by the collective efforts, formal and informal, of individuals, families, organizations, and institutions; our communities, rather than any single program, "own" the outcomes. However, communities have expressed a need for guidance about which programs and practices are most effective. We need to learn from experience; and we sometimes need to make difficult choices between one strategy and another. Strategies that focus on **preventing** problems before they start, especially in childhood, as opposed to programs that focus on remediation or treatment, hold more potential, over the long term, for achieving these outcomes. In addition, in the long run prevention programs save resources because they stop conditions from growing into larger problems that **cost the community more** in terms of lost human potential. Prevention is not a "stop-gap" strategy, but addresses the **long-term** health and well-being of the community.

9 Outcomes
*Conditions of Well-Being
 for Vermonters*

- Pregnant women and newborns thrive
- Infants and children thrive
- Children are ready for school
- Children succeed in school
- Children live in stable, supported families
- Youth choose healthy behaviors
- Youth successfully transition to adulthood
- Elders and people with disabilities live with dignity and independence in settings they prefer
- Families and individuals live in safe and supportive communities, where they are engaged and contributing members

The *What Works* series offers brief overviews of strategies and programs that research has shown to be effective in achieving the outcomes listed above—by preventing problem conditions and behaviors and promoting positive ones. As a practical matter, most booklets focus on strategies addressing a particular aspect of our success (or failure) in achieving one of the outcomes. For example, preventing child abuse and neglect is an important measure, or indicator, of our progress toward the outcome, "Children Live in Safe and Supported Families." Some strategies and programs have been shown to be effective in impacting multiple indicators, or even multiple outcomes; thus, descriptions of these may appear in more than one of our booklets.

Although the focus here is on specific *programs*, we also know that any program's success—and the success of a community's collective efforts—is dependent on the wider community context. Thus, we identify (on p. 7) some key components of a coordinated community strategy.

Here, we call **Effective Programs** those for which research demonstrating success in changing the targeted behaviors has been published in peer-reviewed journals, or, if not so published, then those evaluated with a control-group and follow-up assessment of results. **Promising Programs** are those that appear to be

Much has been learned in recent years about the strategies and characteristics, the "best practices," that underlie successful prevention programs.

successful in changing the targeted behaviors, but which do not meet the criteria for Effective Programs—that is, they have not appeared in peer-reviewed journals, or do not have a control-group and follow-up in their design. Finally, **Noteworthy Programs** are prevention efforts that have demonstrated success in changing relevant attitudes and knowledge, but not the targeted behaviors themselves.

Many, probably most, prevention programs implemented at the community level have simply never been thoroughly evaluated, and some of these may be effective. However, our aim here is to identify those where we can say with some confidence, "it works." On the one hand, our selection criteria (described above) are rigorous, so we run the risk of overlooking some worthwhile prevention activities. On the other hand, it can be useful to narrow the field to a few exemplary programs. Therefore, these booklets do not contain an exhaustive list of effective and promising programs; rather, they provide a number of illustrative examples.

Much has been learned in recent years about the strategies and characteristics, the "best practices," that underlie successful prevention programs. The best strategies are **intensive**, rather than brief or superficial; **comprehensive**, rather than focusing on a piece of the problem; and **flexible**, rather than assuming the same approach will work for everyone. There is also research that supports the importance of a strengths-based approach which recognizes, nurtures, and builds on the resiliency and strengths present in young people (Werner & Smith, 1992; Benson, 1997). A separate booklet in this series (*What Works: Promoting Resiliency and Youth Asset Development*) describes this approach in detail. Other common characteristics or approaches of successful programs are described in each booklet.

One word of caution: No program, however effective in its original setting, can be transplanted to a new setting without modification, although it is possible that such alteration could weaken its effectiveness. However, any program must be sensitive to the unique attributes and needs of a particular community; there are no "cookie-cutter" programs here. Rather, we hope the information presented in the *What Works* series will provide communities with inspiration for new efforts and validation for those that are ongoing.

Booklets in the *What Works* series will be published periodically as the steady stream of new research informs us. This is what we know today; we will know more tomorrow.

The best strategies are intensive, rather than brief or superficial; comprehensive, rather than focusing on a piece of the problem; and flexible, rather than assuming the same approach will work for everyone.

THE CONTEXT FOR YOUTH DISRUPTIVE OR VIOLENT BEHAVIOR

One of the tasks of nurturing children is to help them learn to make responsible decisions about their own behavior.

All behavior that disrupts relationships, learning, and engagement in other positive activities has a deleterious effect on youth development.

One of the tasks of nurturing children is to help them learn to make responsible decisions about their own behavior—for example, by supporting them in school so they can achieve academic success, or helping them find ways to express anger and resolve conflict constructively. To the extent that we provide such guidance, humanely and effectively, children develop self-discipline and the skills to become contributing members of their communities. When we (families and communities) have not provided sufficient support, more-formal interventions may be required. Successful programs that prevent or reduce violent and/or disruptive behavior in children and adolescents are the focus of this book.¹

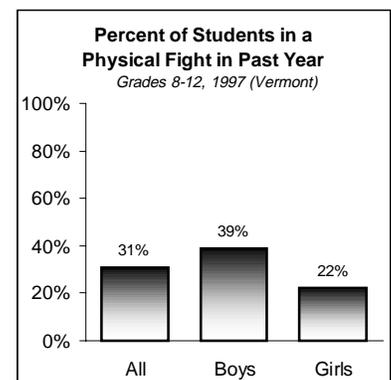
The prevention programs presented here target behaviors such as arguing, physical aggression, and delinquent behaviors or criminal acts (stealing, arson, etc.). Other commonly used terms to describe the behavior of youth targeted by these interventions include: delinquent, unmanageable, antisocial, and conduct disordered (conduct problems).

All behavior that disrupts relationships, learning, and engagement in other positive activities has a deleterious effect on youth development. However, these behaviors lie on a continuum from mild (e.g., disrupting class, talking back, general unmanageability, etc.) to more severe (e.g., physical assault, homicide, violent criminal activity). Most prevention programs have been evaluated only in terms of their impact on the milder forms of disruptive and violent behaviors. This is because, by definition, such programs generally serve whole populations (i.e. all students in a school) or groups presumed to be at-risk, most of whom will never engage in the kinds of severe behavior the programs hope to prevent.

It is generally believed that these milder behaviors can be the precursors to more severe forms of physical violence and criminal activity. However, the motivations of the youth who commit mild acts of violence and/or delinquency may be very different from those who commit more severe crimes. Likewise, the kinds of prevention programs appropriate to the two groups may be different (Murray, Guerra, & Williams, 1997).

Incidence of Youth Violent, Disruptive, or Delinquent Behavior in Vermont:

Nationally, according to the Youth Risk Behavior Survey conducted in 1997, 37 percent of students in grades 9 through 12 reported having been in a physical fight during the past year (Centers for Disease Control and Prevention, 1998). In Vermont in 1995, 37 percent of 8th-through 12th-grade students reported having been in a physical fight during the past 12 months, and in 1997 this declined to 31 percent. Physical fighting on school property is more common among younger students in Vermont,



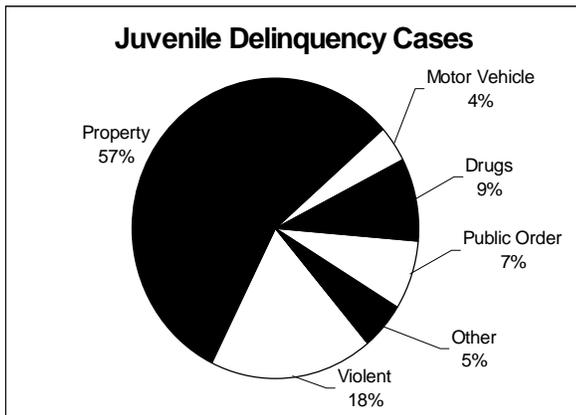
¹ Another helpful resource on this topic is Building a supportive community to promote resiliency and positive social development of youth (Welkowitz & Backus, 1996).

² For a more extensive discussion of conflict-resolution education, see Nash & Rosenberg 1995.

where 42 percent of 8th graders reported having been in a fight, compared with only 20 percent of 12th graders. It appears that physical fighting across all grades has decreased since 1993, when 54 percent of 8th graders and 33 percent of 12th graders reported having been in a fight in the past year. Boys are more likely than girls to report being in a fight (Vermont Office of Alcohol and Drug Abuse Programs, and Vermont Department of Education, 1998).

While violent behavior may be on the decline for junior and senior high school students, delinquent behavior is increasing among all youth in Vermont. The total number of cases filed against juveniles in Family Court (generally where offenses committed by youth younger than 16 are referred) has increased by about 35 percent between 1987 and 1997, going from 1,191 to 1,609.

The majority of delinquency charges (57 percent) are for property offenses. Violent offenses account for 18 percent, and smaller percentages are associated



with drug offenses, disturbances of the "public order," motor vehicle offenses, and others. Boys are about three times as likely as girls to be charged with delinquency; for boys, the largest category of offense was "unlawful mischief"; for girls, it was shoplifting (Vermont Center for Justice Research, 1997).

The Vermont Department of Health, in setting its *Healthy Vermonters 2000* goals, recognized

the importance of prevention in addressing the larger issue of violent and abusive behavior. *Healthy Vermonters 2000* calls for an increase in the number of Vermont schools that teach nonviolent conflict-resolution (Vermont Department of Health, 1993). More recently, the U.S. Department of Education and the Vermont Department of Education has addressed the problems of school disruption and violence, and provided some practical recommendations for school personnel and others who work with young people (Vermont Department of Education, 1998; Dwyer, Osher, and Wagner, 1998).

Contributing Influences and Risk Factors:

Studies of disruptive and violent behavior in youth identify certain life circumstances that are likely to put a child at risk for these behaviors. Generally, these factors include poverty and social disorganization of communities, conflictual relationships with parents, violence in the home, substance abuse, exposure to disruptive peers, and poor school climate and/or failure in school (Corvo, 1997; Earls, 1994; Thornberry, 1994). Many of the most powerful influences operate through role-modeling, as when violent relationships persist across generations, and in the power of the media to encourage physical violence as a method of resolving conflicts. Conversely, studies of resiliency have shown that certain protective factors, such as having a good relationship with at least one adult, can increase even high-risk teens' chances of avoiding disruptive and violent behaviors (Earls, 1994).

Successful Prevention Programs:

The programs described here fall into four categories. Some are *pre-school intervention* models, providing structured activities designed to promote optimal development in early childhood; in some cases, these programs have shown

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positive effects on children's behavior later in life. Other programs provide *skills training* to children and parents, focusing on problem-solving, behavior management, and other social-emotional competencies. A third category is programs that teach children *conflict resolution and mediation* skills.² In some cases, *mentoring* programs also show promise in reducing negative, and promoting positive, behaviors.

You may notice that some popular community programs (e.g., teen centers) are absent from this review. This is due to a lack of research showing that these programs are effective in preventing disruptive and/or violent behavior, although this should not be taken to mean that these are completely ineffective approaches. This review also does not include programs (e.g., multi-systemic therapy or graduated sanctions) that target individual youths who are already under court supervision for committing delinquent acts. Instead, programs shown to be effective in **preventing** or reducing disruptiveness and violence are the focus of this review.

Method of Search for Effective Programs:

In order to identify effective programs, a computer-aided literature search was conducted. The PsycLit electronic database was searched, using the following key words: teen, adolescent, delinquency, antisocial, criminal, violence prevention, and conflict resolution. In addition, the Educational Resources Information Clearinghouse (ERIC) electronic database was searched using the key words: adolescent, delinquency, antisocial, evaluation, violence prevention, and conflict resolution.

Other useful resources may be accessed through the Internet:

U.S. Bureau of Justice Statistics: www.ojp.usdoj.gov/bjs/

Office of Juvenile Justice and Delinquency Prevention, National Center for Justice Research & Statistics: www.ncjrs.org/ojjhome.htm

National Institute of Justice: www.ojp.usdoj.gov/nij

Recent research shows that adolescents who feel emotionally connected with parents and family are less likely to use cigarettes, alcohol, and marijuana .

COMPONENTS OF A COORDINATED COMMUNITY EFFORT: AN OVERVIEW

Successful community strategies are likely to include some or all of the following components:

- ☆ **Greater communication and collaboration between parents and schools**, to identify each child's and family's assets and needs for support, set common expectations for children's and adults' behavior, and define responsibilities for setting and maintaining positive school-community environments and individualized behavior-management plans.
- ☆ **School-based programs** that reflect the research on "what works," and for which teachers and support staff receive specific, ongoing training. In most cases, "pullout" programs are appropriate; in others, classroom support for students and teachers is preferred. Important aspects of the school "climate" include an approach to discipline that emphasizes skill-building over punishment; and a commitment to maintaining positive student behavior as a precondition for learning, reflected in high expectations, clear standards and consequences (positive and negative) for behavior, and a structured learning environment. Specific schoolwide resources should include dedicated, staffed space for students to process behavior (e.g., time-out rooms); well-trained crisis-response teams; and the support of school counselors and behavioral specialists. (see pp. 10, 15, 18, 20)
- ☆ **Strong links between families, schools, and community mental health professionals**. All families need access to a range of mental health services (preventive as well as acute) that are affordable, respectful, and family-centered. Schools also need good working relationships with mental health providers, both for emergencies and on an ongoing basis. (see pp. 10-14)
- ☆ **Community-wide engagement** (including businesses, faith communities, health care providers, and civic organizations) in developing youth assets, providing youth with positive recognition, consistent standards for behavior, and meaningful opportunities to participate in their communities. Preventing these behaviors is a community affair. (see p. 19)

*Activities
consider the
preferences of
the youth and
the youth's
family.*

*Families,
schools, and
communities
need to work
together.*

Pre-School Intervention**The Houston Parent-Child Development Center**

One of the original research studies conducted on parent-child centers, this program recruited approximately 800 families to participate between 1970 and 1977.

Each year, half of the recruited families were enrolled in the program and the other half served as a control group. Eligible families were poor (according to poverty guidelines established for this study), had at least one 1-year-old child, and with mothers who were not employed in ways that would interfere with their participation in this program.

The program included two years of services for participating families. The first year consisted primarily of 25 one-and-a-half-hour home visits with mothers during which in-home educators discussed infant development (including language, cognitive and physical development, as well as general child training and learning principles), with an emphasis on the impact mothers have on their child's development. Several family workshop sessions were also held on weekends in an effort to engage other members of the participating families on topics such as decision-making and family communication.

Activities conducted in the second year of the program took place at the Parent-Child Center, where the 2-year-old children participated in nursery school while their mothers participated in classes covering a variety of topics. Class topics for mothers included "home management" skills such as sewing, home safety, and budgeting, as well as child-directed topics such as dealing with problem behaviors, toy-making, and ways to best teach basic concepts to children. Special-topic evening sessions were also scheduled each month in response to requests from mothers and fathers; some of the topics included driver's education and sex education for mothers, and automobile repair and family planning information for fathers. Throughout the program, transportation was provided. Staff also ensured that families were referred to needed social and medical services and assisted them in making effective use of such services.

The Results

- ✓ When children in the study were four to seven years of age, follow-up data showed that boys who participated in the program were less destructive, less overactive, engaged in less negative attention-seeking, and were more emotionally sensitive than boys in the control group.
- ✓ At the second follow-up, when children were seven to ten years of age, children who participated in the program were reported to be less restless, impulsive, obstinate, disruptive, and hostile than children in the control group. They were also involved in fewer fights, and were rated as more considerate.

For more information

Johnson, D. L. (1988). Primary prevention of behavior problems in young children: The Houston Parent-Child Development Center. In Price, R. H., Cowen, E. L., Lonigan, R. P., & Ramos-McKay, J. (Eds.), *14 Ounces of Prevention: A Casebook for Practitioners*. Washington, DC: American Psychological Association.

Johnson, D. L., & Walker, T. (1987). Primary prevention of behavior problems in Mexican-American children. *American Journal of Community Psychology*, *15*(4), 375-385.

Participating children were less destructive, less disruptive, and less hostile, at time of follow-up.

EFFECTIVE PROGRAMS

Pre-School Intervention

The Perry Preschool Project

This program is designed to help poor, African-American 3- and 4-year-old children acquire the intellectual and social strengths they will need in school, with a focus on learning directly from concrete experiences, and on using language expressively.

Daily two-and-a-half-hour educational programs extend over two years, with a ratio of one adult per every five or six children. The children are encouraged to plan some of their own activities each day while teachers help them think through and talk about their plans. Teachers also make home visits to every mother and child for 1.5 hours each week.

The Results

The effectiveness of the program was assessed using a no-program control group. Follow-up studies when participants were 19 and 27 years of age showed that:

- ✓ Program participants committed fewer delinquent or criminal acts, the acts they committed were less severe, and they were less likely to be chronic offenders than were control group members
- ✓ Program participants committed fewer acts of serious misconduct, and had arrest rates 40 percent lower than controls.

*This intervention has also been successful in a number of other areas. Please see in this series the "What Works" booklets on: substance abuse, teen pregnancy, and school readiness.

For more information

Schweinhart, L. J., Barnes, H. V., & Weikart, D. P., et. al. (1993). *Significant benefits: The High/Scope Perry Preschool Study through age 27*. Ypsilanti, MI: High/Scope Press.

Schweinhart, L. J., & Weikart, D. P. (1980). *Young children grow up: The effects of the Perry Preschool Program on youths through age 15*. Ypsilanti, MI: High/Scope Press.

Schweinhart, L. J., & Weikart, D. P. (1988). *The High/Scope Perry Preschool program*. In R. H. Price, E. L. Cowen, R. P. Lorion, & J. Ramos-McKay (Eds.), *14 ounces of prevention: A casebook for practitioners* (pp. 53-66). Washington: American Psychological Association.

Program participants had arrest rates 40 percent lower than those of non-participants.

Family-Focused Skills-Training**The Adolescent Transitions Program (ATP)**

This program is designed for teens identified as "high-risk." "Risk" is assessed through a telephone screening with parents which addresses 10 dimensions, including quality of family relationships, emotional adjustment, problem behaviors, and academic engagement.

The school-based intervention includes two components, one parent-focused and one teen-focused. The parent-focused curriculum is based on three key family management skills that research has shown are critical for healthy child adjustment: fostering prosocial behavior, limit-setting, and problem-solving. Parent consultants assist group leaders by modeling appropriate parenting skills and supporting parents coping with difficult family circumstances. The teen-focused curriculum is designed to teach problem-solving skills, help adolescents set realistic goals for changes in their behavior, and develop and provide peer support for prosocial, healthy behavior. The teen-focused curriculum uses a peer counselor, ideally a high-school student who has successfully completed the program.

The Results

At two-year follow-up, four groups were compared: (1) a teen-focus group, (2) a parent-focus group, (3) a teen-plus-parent focus group, (4) and a control group who received no intervention.

- ✓ Teenagers whose parents participated in the parent-focus group were rated by their parents as significantly less aggressive than youth in the control group.
- ✓ Youth whose parents were in the parent-focus group had significantly less family conflict than youth in the control group. These families also reported significantly less family conflict than they had before the intervention.
- ✓ Youth in the teen-focus group and youth with parents in the parent-focus group, showed significant reductions in negative interactions with parents, compared with youth in the control group (as measured by videotaped family interactions).

For more information

Andrews, D.W., Sobelman, L. H., & Dishion, T. J. (1995). The Adolescent Transitions Program for high-risk teens and their parents: Toward a school-based intervention. *Education and Treatment of Children, 18*, (4), 478-498.

Youth participating in the teen-or parent-focus groups showed reduced negative interactions with parents.

EFFECTIVE PROGRAMS:

Family-Focused Skills-Training

Kazdin, Seigel, & Bass, 1992. (no title)

The idea behind this approach is that children's behavior is related fundamentally to parent and family characteristics, so interventions should focus on correcting parenting problems and family adversity.

The program has been used to serve children referred for treatment for aggressive and antisocial behavior.

Children receiving the problem-solving skills training attend 25 individually administered sessions lasting approximately 50 minutes. The training uses modeling, role-playing, corrective feedback, practice, and social and token rewards to teach children ways to manage difficult interpersonal situations in everyday life (e.g., with parents, teachers, siblings, and peers; at home, at school, and in the community). Emphasis is on teaching children how to generate many solutions to a problem, think through the consequences, choose a course of action, and evaluate the outcome. Parents are actively involved in their child's treatment; they observe training sessions, assist the therapist, and learn how to foster use of the problem-solving steps at home.

Parents receiving the parent management training attend 16 sessions spread over six to eight months, each session lasting one-and-a-half to two hours. The content includes instruction on how to encourage good behavior through positive reinforcement, how to use effective discipline techniques, and how to negotiate successful behavior plans.

The Results

Three training methods were compared: 1) a child-focused problem-solving skills training; 2) a parent management training; and 3) a combined problem-solving and parent management training.

Immediately following the intervention:

- ✓ Children who received the *problem-solving skills training* reported fewer aggressive and delinquent behaviors than children who were in the parent management training-only group.
- ✓ Children from the *combined group* showed significantly fewer antisocial and other problem behaviors than children in the other two groups.
- ✓ Children from the *combined group* also had significantly lower rates of depression and overall symptoms of psychopathology, and their families reported less parental stress and other problems than children in the other groups.

At one-year follow-up:

- ✓ Children who received the *problem-solving skills training* showed significant improvements across several measures, including aggressive, antisocial, and delinquent youth behavior. The *parent management training-only group* showed fewer changes on these measures.

Emphasis is on teaching children how to generate many solutions to a problem, think through the consequences, choose a course of action, and evaluate the outcome.

- ✓ Follow-up results suggest that the combined problem-solving skills and parent management training group showed the greatest overall improvements.

For more information

Kazdin, Al E., Siegel, T. C., & Bass, D. (1992). Cognitive problem-solving skills training and parent management training in the treatment of antisocial behavior in children. *Journal of Consulting and Clinical Psychology*, 60, (5), 733-747.

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EFFECTIVE PROGRAMS:

Family-Focused Skills-Training

The Safe Haven Program

The Safe Haven Program is a family skills training program that has been shown to reduce risk factors for substance abuse and actual substance use in children of substance users. However, the most striking results of this program have been improvements in child behavior.

The program is composed of 12 weekly structured sessions designed to increase parenting efficacy, improve parent-child communication and bonding, increase and strengthen children's positive behaviors, improve children's level of investment in school and school performance, and improve children's associations with peers who model positive behaviors.

The Safe Haven Program is composed of three self-contained courses conducted simultaneously: 1) parent training; 2) children's prosocial skills training, and; 3) family skills training. The parent training program teaches effective methods of coping with children's problem behaviors and ways to increase the number of positive interactions between parents and children. The children's skills training teaches a variety of prosocial skills such as controlling anger, recognizing feelings, coping with loneliness, making choices, and dealing with peer pressure. The family skills training involves parents and children together and teaches parents how to set appropriate limits and reward desired behaviors.

The results

The Safe Haven Program was evaluated by comparing low- and high-risk families before, and 16 months after, the intervention.

- ✓ Children's aggressive behavior was significantly reduced in program participants.
- ✓ Children's conduct problems (delinquent behavior) showed marginally significant improvement.
- ✓ Children in families at highest risk showed the greatest positive change, although the program had significant positive effects on all parents, children, and whole families who participated.

* Also see "What Works: Preventing Youth Substance Abuse" in this series for the effects of this program on substance abuse.

For more information

Aktan, G. B., Kumphner, K. L., & Turner, C. W. (1996). Effectiveness of family skills training program for substance use prevention with inner city African-American families. *Substance Use & Misuse*, 31, (2), 157-175.

The program had significant positive effects on all parents, children, and whole families who participated.

Family-Focused Skills-Training**Webster-Stratton, Hollingsworth, & Kalpacoff, 1989. (no title)**

This program focuses on modeling effective behavior-management strategies. In the evaluation study, 114 families with children with conduct problems (ages 3-8) participated in one of four groups:

1) a group of parents who viewed a videotape of more than 200 vignettes in which actors modeled effective behavior-management techniques; 2) a group who viewed the video and then participated in a discussion led by a therapist; 3) a group participating in discussions led by a therapist, but where the video was not seen; and 4) a control group receiving no intervention. The control families were placed on waiting lists for four months and then were randomly assigned to one of three intervention groups. Each of the groups, consisting of 10 to 15 parents, met weekly for 10 to 12 two-hour sessions.

The Results

Results were reported comparing child and parent behaviors before the intervention with data from a one-year follow-up. Comparisons between treatment groups and families in the control group were not given, and thus are not presented here

- ✓ Children in all three treatment groups had significantly fewer noncompliant and other problem behaviors.
- ✓ Mothers and fathers in all three treatment groups gave more praise and showed more positive feelings toward their children.
- ✓ Approximately two-thirds of mothers and three-quarters of fathers in all three intervention groups reported that their children had no serious problem behaviors one year after receiving the training.

Note: Characteristics of families that did not respond to this treatment were not investigated in this study.

For more information

Webster-Stratton, C., Hollingsworth, T., & Kalpacoff, M. (1989). The long-term effectiveness and clinical significance of three cost-effective training programs for families with conduct-problem children. *Journal of Consulting and Clinical Psychology, 57*, (4), 550-553.

The majority of children in the intervention groups had no serious behavior problems one year after training.

Conflict Resolution**Sarason, I. G., & Sarason, B. R. (1981)**

This program is designed to teach high school students specific skills in generating alternative responses to everyday problems (such as peer pressure, frustration on the job, and asking for help at school and at work), thinking through the consequences of each action, understanding another person's point of view, and communicating with others (particularly authority figures).

At the beginning of each session, student actors, many of whom may be students recruited through the school drama class, enact maladaptive and then adaptive responses to specific problem situations. The actors emphasize the importance of thinking through the possible consequences of one's options by portraying the thought processes of their characters. The enactments are followed by a brief discussion of the specific prosocial principles exhibited in the role-play. Students then participate in replications of similar situations using those prosocial principles. Short homework assignments expand on the application of the principles presented in class to hypothetical situations. The program is administered to students in health classes over 13 sessions.

RESULTS: Two intervention groups—classes with live actors, and classes who viewed videotaped actors, both followed by the same discussion and student participation in role-plays—were compared with a control group of classes who received the regularly scheduled health curriculum.

- ✓ Students receiving the intervention had significantly fewer referrals for negative behaviors than did students in the control condition during the school year following the intervention.
- ✓ Immediately after conclusion of the intervention, students who participated in the intervention were able to generate more and better alternatives to hypothetical problem-situations than students who did not participate.
- ✓ In a previous study of this approach with institutionalized boys who had committed serious offenses, boys who participated in the intervention showed a 50-percent reduction in recidivism five years after conclusion of the program, as compared with a control group.

For more information

Sarason, I. G., & Sarason, B. R. (1981). Teaching cognitive and social skills to high school students. *Journal of Consulting and Clinical Psychology, 49* (6), 908-918.

Sarason, I. G. (1978). A cognitive social learning approach to juvenile delinquency. In R. Hare and D. Schalling (Eds.) *Psychopathic behavior: Approaches to research*. London: Wiley.

Students in the program had fewer referrals for negative behaviors.

Conflict Resolution

Second Step

This curriculum is designed for implementation with children in grades 1-3 and grades 4-5, and contains three units covering empathy training, impulse control, and anger-management skills.

The curriculum uses a variety of instructional techniques, including: 1) prepared stories describing conflict scenarios and possible solutions, followed by class discussion; 2) adult/teacher role-modeling of conflict-resolution skills; 3) student role-plays of conflict situations; 4) positive reinforcement from the teacher and other adults for prosocial behavior; and 5) discussion of situations where prosocial skills can be used at school and at home. The curriculum includes detailed instruction and materials for training teachers to deliver each lesson. The lessons can be flexibly integrated into regular classroom periods and offered over the course of three-to-six months.

The Results

- ✓ The number of student conflicts observed by teachers decreased by one-third from November to May for students who participated in the Second Step curriculum in two separate schools (Bergsgaard, 1997).
- ✓ Students in schools where the curriculum was implemented showed significant increases in prosocial behaviors (such as following rules, getting along, and showing self-restraint), as well as decreases in antisocial behaviors (such as getting into fights, refusing to share, and physical aggression), compared with students at comparison schools (Taub, 1998; Grossman, et al., 1997).

For more information

Bergsgaard, M. (1997). Gender issues in the implementation and evaluation of a violence-prevention curriculum. *Canadian Journal of Education*, 22(1), 33-45.

Taub, J. (1998). Evaluation of a violence prevention program in a rural elementary school. Paper presented at Program Evaluation and Family Violence Research: An International Conference, July 26-29. Sponsored by the Family Research Laboratory, University of New Hampshire, Durham, NH.

Grossman, D. C., Neckeman, H. J., Koepsell, T. D., Liu, P-Y, Asher, K. N., Beland, K., Frey, K., and Rivara, F.P. (1997). Effectiveness of a violence prevention curriculum among children in an elementary school. *Journal of the American Medical Association*, 277, 1605-1611.

Students receiving the curriculum showed more prosocial, and fewer antisocial, behaviors.

Conflict Resolution

Teaching Students to Be Peacemakers

In this program, all students in a class or in a school are trained in conflict resolution. This training generally takes 10-20 hours over several weeks.

The curriculum includes the following four stages: 1) introduction, including an examination of what conflicts are, how often they occur, and the importance of learning how to resolve conflicts constructively; 2) training in specific steps of negotiation, including stating how you feel and what you want, giving reasons, taking the other person's perspective, suggesting multiple possible solutions, and making an agreement; 3) teaching conflict-mediation procedures; and 4) refresher lessons on negotiation and mediation skills.

Once students have been trained, they can serve as peer mediators. In the study for which results are reported here, two students were chosen each day to be the class mediators, lasting from the end of April through the end of the school year. The mediators wore special T-shirts, patrolled the playground and lunch-room, and were generally available to mediate any conflicts that occurred.

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The Results

In the study reported on here, three classes within the same school were trained in conflict-resolution strategies (a total of 83 students).

- ✓ After the conflict-resolution training, conflicts referred to the teacher were reduced by 80 percent, and conflicts referred to the principal were reduced to zero. (Unfortunately, exact numbers of referrals before and after the training were not published.)
- ✓ Teachers reported that after the training, conflicts among students were less severe and less destructive than before the training.
- ✓ Five months after the intervention, students who were trained in conflict-resolution used more negotiation strategies and constructive conflict-resolution strategies than a group of randomly selected students from the same school who did not receive the training.

For more information

Johnson, D. W., Johnson, R. T., & Dudley, B. (1992). Effects of peer mediation training on elementary school students. *Mediation Quarterly*, 10(1), 89-99.

Conflict Resolution**Violence Prevention Curriculum for Adolescents**

Presented over the course of 10 sessions, this curriculum uses didactic presentation, role-playing, brainstorming techniques, and homework assignments to address the following goals:

- 1) provide statistical information about adolescent violence and homicide;
- 2) present anger as a normal, potentially constructive emotion;
- 3) highlight alternatives to fighting, by discussing the potential gains and losses from fighting;
- 4) have students analyze the precursors to a fight, and practice avoiding fights using role-play and videotaped presentations; and
- 5) create a non-violent classroom climate that values violence-prevention behavior.

Students using this curriculum had fewer fights and suspensions than control-group students.

The Results

- ✓ Students who received this curriculum reported significantly fewer fights in the past 30 days than students in the control group (DeJong et al., 1988; DuRant et al., 1996).
- ✓ Students who received this curriculum in their sophomore year showed a 71 percent reduction in suspension rates by their junior year, while students in the control group showed no reduction in suspensions (Hausman, Pierce, & Briggs, 1996).

For more information

DeJong, W., Spiro, A., Wilson-Brewer, R., Vince-Whitman, C., & Prothrow-Stith, D. (1988). Evaluation summary: Violence prevention curriculum for adolescents. Newton, MA: Education Development Center.

DuRant, R. H., Treiber, F., Gitts, A., McCloud, K., Linder, C. W., & Woods, E. R. (1996). Comparison of two violence prevention curricula for middle school adolescents. *Journal of Adolescent Health, 19(2)*, 111-117.

Hausman, A., Pierce, G., & Briggs, L. (1996). Evaluation of comprehensive violence prevention education: Effects on student behavior. *Journal of Adolescent Health, 19(2)*, 104-110.

Mentoring

Big Brothers/Big Sisters (BB/BS) of America

Although there is no one model for the BB/BS program, this mentoring program has been implemented and adapted in many communities.

The general program components from BB/BS programs that have been shown to reduce disruptive behavior are: 1) a high level of contact between child and mentor (typically three times per month for four hours each meeting); 2) a relationship based on an approach that defines the mentor as a friend, not as a teacher or authority; 3) activities that take into account the preferences of the youth and the youth's family. In addition, thorough volunteer screening and mentor training that includes communication and limit-setting skills have been identified as important factors in the program's success.

The Results:

Self-reported data gathered before and 18 months after implementation, showed that, in comparison with a control group:

- ✓ Mentored youth were almost one-third less likely to hit someone
- ✓ Mentored youth (especially boys) had improved relationships with their peers
- ✓ The quality of relationship with parents was better for mentored youth than for controls at the end of the study period. This was due primarily to increased trust between parent and child.

Also, for effects of this program on prevention of youth substance abuse, see "What Works: Preventing Youth Substance Abuse," in this series.

For More Information:

Tierney, J.P., & Grossman, J. (1995). *Making a difference: An impact study*. Philadelphia, PA: Public/Private Ventures.

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Conflict Resolution**Resolving Conflict Creatively Program (RCCP)**

RCCP is a K-12 school-based program that focuses on creating school-wide change. It includes curricula for elementary, secondary, and special education students; a student-led mediation program; a parents' program; and an administrators' component. RCCP focuses on *all* students, not just those thought to be at high risk. The program serves 150,000 children in 325 schools nationwide.

RCCP's conflict-resolution curriculum teaches several key skills: active listening, assertiveness, expressing feelings, perspective-taking, cooperation, negotiation, and how to interrupt expressions of bias. The teacher-training component consists of 20 hours of initial training, followed by ongoing follow-up support from RCCP staff developers. The student mediation component is initiated only after schools have participated in RCCP for a year or more, and when they have at least a small group of teachers using the curriculum. Student mediators receive extensive training and supervision in defusing fights and other conflicts, using techniques of active listening, reflecting feelings, and interest-based negotiation.

Student mediators receive extensive training and supervision.

The Results:

A contracted evaluation of RCCP found that:

- ✓ Teachers using the program reported decreases in name-calling and physical violence among their students.
- ✓ Students in RCCP also reported fewer fights and less-frequent name-calling, in comparison with a matched control group.
- ✓ Teachers in RCCP reported improvement in their own abilities to understand children's needs and to let children take responsibility for solving their own conflicts.
- ✓ Student mediators reported that their participation in RCCP improved their understanding of people holding disparate views.

Several independent evaluations of RCCP are currently underway.

For More Information:

DeJong, W. (1994). *Building the peace: The Resolving Conflict Creatively Program (RCCP)*. National Institute of Justice, *Program Focus* (NCJ 149549). Washington, DC: U.S. Department of Justice.

COMMON CHARACTERISTICS OF SUCCESSFUL PROGRAMS

To Prevent Youth Violent or Disruptive Behavior

Most descriptions of risky behavior focus on a specific domain (e.g., substance abuse, teen-pregnancy, delinquency, etc.). However, adolescents who engage in one of these acts are likely to engage in others (Dryfoos, 1991, 1993). Below is a description of the common characteristics that appear to be important for programs aimed at preventing disruptive and/or violent behavior in youth (Dryfoos, 1991, 1993; Lipsey, 1992).

☆ Intervention early in life

One of the most important lessons learned from research on the prevention of youth violence is that different populations of youth respond differently to the same interventions. For example, most violence-prevention curricula programs have shown reductions in physical aggression among children and youth who are not seriously violence-prone, but they have not demonstrated successful results with seriously and persistently aggressive youth (American Psychological Association, undated).

This point underscores the need for prevention efforts targeting young children and their parents. The earlier in life we focus our efforts to foster healthy behaviors, the more likely they are to be successful. Preschool programs like the Perry Preschool Project and the Houston Parent-Child Center (both described in this booklet) can have both short-term and long-term effects, not only on school achievement but also on lowering of rates of delinquency and aggression.

☆ Strengthening Families

Efforts aimed at strengthening families and improving family functioning are critical to preventing or reducing delinquent and anti-social behavior. Programs targeting high-risk children have been most successful when they have worked to improve family relationships through interventions such as parent training. Techniques such as parent training, family counseling, and family skills training have been successful in reducing aggression as well as disruptive and delinquent behaviors. In particular, parents who exercise close supervision (knowing where their children are, what they are doing, and with whom) can help prevent much antisocial behavior.

☆ Social skills training

Prevention programs that teach pro-social, problem-solving, and conflict-resolution skills have proven to be effective in increasing pro-social behaviors and reducing violent and aggressive behaviors. Children often need help developing the social competence necessary for dealing with peers, family, teachers, and the expectations of the community. And improved social skills, including decision-making and assertiveness skills, clearly lead to healthier behaviors. Interactive techniques such as role-play, modeling, coaching, and practice in real settings are the best methods for building these skills, particularly conflict resolution.

☆ Focus on schools

Schools are natural sites for prevention programs targeting youth. A number of violence-prevention curricula and conflict-resolution programs that have been instituted in schools have been effective in reducing physical fights, disci-

plinary referrals, and general disruptive behavior. In general, school-based programs with specific curricula (like conflict resolution) are most effective when they are integrated into the overall school culture and regular classroom curriculum. For example, one writer urges that conflict resolution "is best taught in the context of a caring community characterized by cooperation, effective communication, emotional strength, appreciation of differences, recognition of common purposes, and shared decision making" (Dejong, 1994). Classroom approaches, including cooperative learning and team-teaching, also show promise for reducing disruptive behavior.

☆ **Intensive individual attention**

Youth need a number of caring adults—not just parents—in order to thrive. Sometimes someone from outside the family can help improve family functioning and be an advocate in dealing with community institutions, particularly schools. Children whose families are unable to provide adequate supervision are more likely to engage in antisocial behaviors. These youth can benefit from having other adults available for help with school work, friendship, and counseling. Programs may use mentors, counselors, teachers, social workers, case managers, psychologists, older peers and/or community aides. Both the intensity and the duration of this attention are important.

☆ **Provisions for training**

Successful prevention programs provide staff, professional and nonprofessional, with specific training to implement the program. Without adequate provision for training, and follow-up support, many replications of successful programs fail.

Components that Don't Work:

A number of elements have also been identified that do not work to prevent youth violence, and by extension, disruptive and violent behavior (Dusenbury et al., 1997):

- Using scare tactics that show pictures or videos of violent scenes, since research has shown that people who witness violence in the media are more likely to engage in violent behavior themselves
- Adding a violence-prevention program to a school system that is already overwhelmed by heavy workloads, high stress, and/or school-wide disorganization.
- Segregating aggressive or anti-social students into a separate group for any purpose, since this establishes a negative peer group that may actually encourage antisocial behavior.
- Using instructional programs that are too brief and not supported by a positive school climate.
- Using programs that focus exclusively on self-esteem enhancement, since the research on such programs has shown them to be ineffective in reducing violence and other disruptive behavior.
- Using programs that provide information only; research indicates that these do not give students the skills needed to constructively resolve conflict.

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