Delinquency Prevention and Early Intervention:
An Overview of Effective Programs
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Executive Summary

Debates over crime often draw a false distinction between *prevention* and punishment as opposites on a continuum of soft versus tough responses to crime. Criminology, as a science, does not draw this distinction. Crime prevention is defined as *any policy that causes a lower number of crimes to occur in the future than would have occurred without that policy.*

Prevention programs attempt to reach a specific target population defined by demographic factors and **institutional settings** (e.g. *family, school, peer group, or community*). Prevention programs attempt to decrease risk factors in the aforementioned institutional settings and promote protective factors.

♦ In communities, such measures as decreasing availability of firearms, drugs, and media violence as well as increasing protective factors of neighborhood attachment and employment are seen as healthy.

♦ In families, decreasing risk factors such as family management problems and family conflict as well as enhancing protective factors such family bonding are seen as healthy interventions.

♦ In schools and with peer groups decreasing risk factors associated with early antisocial behavior and academic failure as well as increasing protective factors, such as parental involvement and commitment to school, are seen as healthy prevention efforts.

Often the best way to ensure prevention effectiveness is to intervene as early as possible in the lives of children. Such **early intervention** programs are currently researched and adjusted as their effectiveness dictates. They can be employed in the very early years (prenatal/perinatal to kindergarten) as well as kindergarten through 12th grade. The following is a review of effective crime prevention program content:

♦ For infants: frequent home visits by nurses and other professionals.

♦ For preschoolers: classes with weekly home visits by preschool teachers.

- For schools:

    -building school capacity to initiate and sustain innovation through the use of school
    teams or other organizational development strategies.

    -communication and reinforcement of clear, consistent norms about behavior.

    -teaching of *social competency skills* (Life Skills Training) such as stress
    management, self-control, and emotional intelligence.

    -coaching of high risk youth in "thinking skills."

    -tutoring.

    -community based, after school recreation (Boys and Girls Clubs).

    -community based mentoring (Big Brothers/Big Sisters).

    -improved classroom behavior management.

    -cooperative learning.

- For delinquent and at-risk pre adolescents: parent training and family therapy.

As of July 1, 1998 in order to receive Federal Title IV funding under the *Safe and Drug Free Schools and Communities Act,* schools must demonstrate program effectiveness. Unfortunately programs that focus on fear arousal, moral appeal, information dissemination, and affective education have been found ineffective for reducing substance abuse and much delinquent behavior.

Utah's Prevention Dimensions program currently adjusts their curriculum to employ effective techniques in the school to reduce delinquency and substance abuse. As of 1994, the program has also been attempting to enhance violence prevention. This program is supplemented by other prevention efforts (e.g. Community of Caring, DARE).

Policy makers might best serve the public interest by reviewing the impact of prevention programs, in various settings, on delinquency when establishing policy and budget priorities for criminal justice agencies.

Overview: Definitions and Approaches to Delinquency Prevention

Debates over crime often draw a false distinction between "prevention" and "punishment" as opposites on a continuum of soft versus tough responses to crime. Criminology, as a science, does not draw this distinction. Crime prevention is defined as *any policy that causes a lower number of crimes to occur in the future than would have occurred without that policy*. Conceptualized as such, crime prevention is defined by its consequences, not by its intentions. Certain types of punishment for certain crimes or criminal offenders may be crime-causing, while others may have no effect whatsoever, or may be preventive (Sherman, 1997a). Crime prevention can be conceptualized according to its *outcome*. For example, quantification by the number of criminal events, by the number of criminal offenders, or by the amount of harm prevented have all been used in research to gauge programs targeted as preventive (Reiss and Roth, 1993; Farrell, 1995). Also, more broad definitions have included U.S. Congress and Attorney General reports on effectiveness of "primary" crime prevention as *risk factor* reduction and *protective factor* increases (e.g. completing high school, family bonding) (Sherman, 1998).

Additionally, prevention is conceptualized according to the *target population* it is attempting to reach. *Universal* programs are targeted toward people regardless of possible differences in risk for delinquency and include such efforts as education and information dissemination (e.g. media campaigns, information lines, brochures). *Selective* programs are targeted to a specific, high-risk population who is already exhibiting maladaptive or unhealthy behaviors such as smoking, propensity toward violence, conduct disorder, or other antisocial behavior. Finally, *early intervention*

programs attempt to target and alleviate risk factors of child populations before they are exacerbated.

A useful analogy is a parallel with disease prevention efforts. Of the top ten causes of death in the United States, several are preventable to some degree with appropriate changes in lifestyle (e.g. diet and exercise) that are within the control of people themselves. It has long been noticed that the cost to society of treating preventable disease far exceeds the cost of educating the public about the consequences of maladaptive lifestyle choices. Recent cost-benefit research on how to best allocate health resources shows many prevention measures to increase health status in a cost-effective manner (Phillips and Hotlgrave, 1997).

More and more emphasis is being placed on rigorous outcome measures in determining the consequences of specific crime prevention programs. The *Safe and Drug-Free Schools and Communities Act* (SDFSCA), recently revised by Congress, requires local school districts as of July 1, 1998, to prove prevention program effectiveness (according to carefully outlined core principles for reducing drug use, violence and disruptive behavior) in order to receive federal Title IV funding. States, school districts, and individual schools are under pressure now to adjust their programs according to local and national research.

To add to this, it is thought that raising questions of cost-effectiveness should help policy-makers focus on empirical consequences of crime prevention programs. It is perhaps not enough to say that a specific program works as compared to a different program without taking such matters into account. Yet, quantifying prevention programs is inherently difficult as it is hard to measure a behavior that does not or will not occur (is

prevented) in the future. Also, it is difficult to tease out the interdependency between policy choices and differing social and economic forces from setting to setting in order to generalize prevention effectiveness. After all, crime prevention does not occur in a vacuum. To date, the best approach has been risk factor based, and dependent on strategies that employ *multiple components* in implementation (Catalano and Hawkins, 1995).

Institutional Settings

According to the "conditional deterrence" theory (Tittle and Logan, 1973), settings reinforce each other as informal social controls. For example, a healthy school must be supported by healthy families, the families need supportive labor markets, labor markets will be unsuccessful without safe and well-policed streets, police need community participation in the labor market in order to be most effective, and so on. This said, legal punishment as a threat can be effective at crime prevention only if reinforced by the support of other institutions. Thus, other institutions should be equipped with prevention strategies. Just as one cannot exercise optimally without proper nutrition, so it is that crime prevention may only be effective with a strong institutional context as prerequisite support (Sherman, 1997a).

Though interrelated, much research on crime prevention is focused into *communities, families, schools, labor markets, places, police agencies,* and *agencies of criminal justice.* Behavior in these settings as an ongoing routine is thought of as "practice" as opposed to "programs" which are created to focus and fill a need, change, restrict or create a practice. New programs are often more closely scrutinized than existing practices. For instance, neighborhood watch programs have been far more

extensively evaluated than how the practice of zoning residential and commercial districts into distinct neighborhoods has contributed to distrust and increased crime among the kind of neighbors who used to have face to face contact at the grocery store (Hope, 1995).

The informal social control of family, friends, school, and work serves a direct preventive function in the lives of all citizens. If these institutions are weakened it may not be proper to ask whether courts and prisons can fill the gaps, but is perhaps more pragmatic to take a look at prevention programs that attempt to provide structural support that mimic the ideal social practice. Before examining specific programs, it is important to scrutinize the model under which many prevention programs target their efforts.

Much research examining risk factors for crime, violence, and substance abuse has helped policy makers strategize concerning their prevention priorities. It is vital to assess which risk factors can and cannot be modified in the community, family, school, and amongst peers. Obviously, the longer a child is exposed to an onslaught of violence, substance abuse, child abuse, and other adverse environmental factors the more difficult and challenging it will be to positively change his or her life course away from crime and delinquency.

Programs that have shown long-term success have started very early in the life of the youth and have concentrated on *multiple components* to best include all support institutions, promote protective factors, and reduce risk factors. Also, such programs have taken *ethnicity*, *gender*, *socioeconomic status*, and *location (urban, suburban, or rural)* into full consideration. Even the meaning of poverty differs from cultural context

to cultural context and thus one must view prevention efforts through a *culturally relative* lens (Guerra et al., 1995).

Communities

Increased substance abuse is predicted by increased availability to drugs and alcohol in the community and in schools (Gorsuch and Butler, 1976; Gottfredson, 1988). Also, increased delinquency and violent crime, including homicide, is predicted by availability of firearms (Alexander, Massey, Gibbs, and Altekruse, 1985). The type of firearm responsible is mainly the handgun, which is the chief mechanism of violent death in the U.S. (Fingerhut, Kleinman, Godfrey, and Rosenberg, 1991). Arrests rates for juvenile crime rose dramatically from the mid-1980's to the mid-1990's. For instance, from 1987 to 1994 there was a 70 % increase. Murder arrests for juveniles doubled between 1987 and 1993 (Sickmund, Snyder, & Poe-Yamagata, 1997). Also, violent crime victimization increased rapidly among youth in the same time period (Snyder and Sickmund, 1995).

Recently, increased attention has been called to the portrayal of violence in movies, television, video games, and by news media across the nation. Many people are concerned about the attitudes and behavior changes of children who are exposed to such violent media. Unfortunately, several recent studies have demonstrated that violence portrayed in the media can influence community acceptance of aggressive behavior and the use of violence to solve problems (National Research Council, 1993).

It is clear from the research that neighborhoods in which there is little attachment to the community or in which there is community wide disorganization tend to create increased juvenile delinquency, crime, and drug abuse. For instance, if police, social

service workers, teachers, and shop owners live outside the community they are employed in, and unemployment within the community is high, residents tend to feel that their actions to better their lives will not make a difference. Churches, schools, and families are less likely to pass on the needed societal norms when neighborhoods are deteriorated, and so behaviors such as vandalism, teen pregnancy, school dropout, and violence increase (Herting and Guest, 1985; Sampson, 1986). This research supports the "broken windows" theory (Wilson and Kelling, 1982; Kelling and Coles, 1996) of crime prediction, which suggests that the physical appearance of disorder in a neighborhood (e.g. dilapidated buildings, broken streetlights) attract more serious crime.

Family

Origins of adult crime and serious juvenile delinquency can be traced significantly to childhood (Currie, 1985; Sampson and Laub, 1993; Gottfredson and Hirschi, 1990). It is apparent that there is a definite link between early conduct problems (e.g. stealing, lying) and later criminality. Children who are assessed as possessing *multiple risk factors*, and who are entrenched in a family where delinquency is common, are likely to be criminally involved in later life. A recent longitudinal study (Farrington, 1995) of several hundred boys living in the same socially marginal, urban neighborhood showed that 6% of the boys accounted for over half of the criminal convictions. Research previous to this study supports similar conclusions, especially the landmark birth cohort study done by Wolfgang and his colleagues (Wolfgang et al, 1972; Tracy, Wolfgang, and Figlio, 1990) that shows a large percentage of total juvenile crime to be committed by a small percentage of delinquent youth.

To add to the family link, it has also been found that children of teenage mothers are more likely to give birth to future teenage mothers and that school dropouts are more likely to raise children who will also drop out of school (Slavin, 1990b). Also, domestic violence is known to have a propensity to reappear in the next generation of those that observed or were recipients of this behavior (Loeber and Dishion, 1984). Children who are punished harshly, but inconsistently and whose parents do not show clear expectations for proper behavior are prone to delinquency and greater risk for exhibiting violent behavior (Farrington, 1991).

Schools/Peer Group

Studies of kindergarten to third grade boys who exhibit low impulse control, low harm avoidance, and aggressive tendencies are at a higher risk for later violent behavior and delinquency (American Psychological Association, 1993). Also, it has been demonstrated that it is the *experience* of academic failure, rather than a lack of ability that increases problem behaviors. Thus, preventing academic failure through early intervention at elementary school ages will increase commitment to school in junior high and high school ages. Children that do not see their role as a student as important are more likely to be at risk for problem behaviors (Johnston, 1991). Furthermore, the earlier young people begin problem behaviors (academic failure, substance abuse, crime) the greater the chance that the behaviors will be chronic in later years (Elliot et al., 1986). Not surprisingly, school transitions also contribute to likelihood of problem behavior (Gottfredson, 1988).

As students get older a very important factor in their development is *peer influence*. Even if young people have stable families and have no apparent risk factors,

the influence of friends who engage in delinquency, substance abuse, violent activity, or sexual activity will increase greatly the likelihood of developing similar problems (Farrington, 1991; O'Donnell, Hawkins, and Abbot, 1995).

Early Intervention

Given this information, prevention programs that intervene early in the lives of high-risk families and children can potentially stop the development of adult and juvenile crime. They are the most logical first step in a long term, intensive, multifaceted approach to delinquency prevention. It has been found that the earlier the signs of antisocial behavior appear, the more serious the antisocial behavior or delinquency will be in later years (Tolan and Thomas, 1995). Guerra and her colleagues (Guerra et al., 1995) have put forth that children living in economically deprived, urban neighborhoods are more apt to begin antisocial behaviors at an earlier age, regardless of gender. Combined with this, evidence that early antisocial behaviors appear to "crystallize" at the first and second grade levels (Eron, Huesmann, and Zelli, 1991) suggest pre-school and earlier interventions are apt to be the most important prevention efforts.

Given that there is an interrelation between juvenile misconduct and other social problems, it is plausible that intervening in the very early years will prevent a cascade of social problems in later life. Farrington (1994) notes the connection:

> Any measure that succeeds in reducing crime will also probably reduce alcohol abuse, drunk driving, drug abuse, sexual promiscuity, family violence, truancy, school failure, unemployment, marital disharmony and divorce. It is clear that problem children tend to grow up into problem adults and that problem adults tend to produce more problem children. Major efforts to tackle the roots of crime are urgently needed, especially those focusing on early development. (p. 221)

Evidence suggests that early interventions to redirect children with multiple risk factors in a pro-social direction can be effective (Hawkins, Catalano, and Brewer, 1995; Greenwood, Model, Rydall, and Chiesa, 1996; Institute of Medicine, 1994) though not without exception in the long history of prevention trial and error (Zigler, Taussig and Black, 1992).

What's more, a recent study adds to previous data that suggests early intervention can be cost-effective (Lipsey, 1984; Greenwood et al., 1996). California's "three strikes and you're out" law which mandates life imprisonment for offenders convicted of three felonies, was pitted financially against early intervention. The author's estimate that early intervention programs used in combination will cause a 20 percent reduction in crime rates (as much as purported to be prevented by the three strikes law) for one fifth the cost of the three strikes law.

To add to this, a survey (1997) of households in Tennessee, a state that is moderate to conservative politically as evidenced by a Republican Governor and two Republican Senators, shows the public to support early intervention programs strongly and prefer prevention as a strategy over incarceration to reduce offending (Cullen, Wright, Brown, Moon, Blankenship, and Applegate, 1998).

In response to an increased public concern, guidelines for delinquency and violence prevention through the adolescent years have been recommended based on a research review by the Office of Juvenile Justice and Delinquency Prevention (Howell, 1998) and the aforementioned Hawkins/Catalano Model (1995). Furthermore, an in-depth report was prepared by the National Institute of Justice and released in 1997 for Congress as to the efficacy and inefficacy of crime prevention throughout the nation in various

settings (Sherman et al.,1997;1998). The following is a summary of pertinent programs

for policy consideration.

Specific Early Intervention Programs

Prenatal/Perinatal to Kindergarten

Substantial research suggests that nurses making home visits on a frequent basis

to infants (under age two) at risk for child abuse and other injury can help prevent these

behaviors. (Olds, Henderson, Tatelbaum, and Chamberlain, 1986; Olds and Kitzman,

1993). An example of a promising statewide-policy driven program is Hawaii's Healthy

Start program. This risk focused program targets families directly through screening in

the hospital at childbirth. Of those indicated as high risk, 95% accept the state service

(Hawaii State Department of Health, 1992). By utilizing frequent home visits, family

counseling, parent training, child-development activities, and access to a so-called

"medical home" emphasizing preventive medicine, the immediate postpartum

environment to five years old is vitally used to enhance protective factors (Breakey and

Pratt, 1991).

The Yale Child Welfare Research Program attempted a similar effort in the

1980's. Mothers and their firstborns were provided 30 months of social, pediatric,

psychological and child care services (Mulvey, Arthur, and Rapucci, 1993). The

coordinated team interacted with the family to reduce the negative impact of risk factors

thought to be common to economically disadvantaged mothers (Seitz, Rosenbaum, and

Apfel, 1985). A 10-year follow-up of boys showed better school attendance and less

predelinquent behaviors than a control group. Though criticized for a small sample size

and a rigorous prescreening of mothers, which limits the generalizability of the cohort studied, this program served as a promising precedence for later program efforts.

Educare

Lower rates of violence and crime are predicted for children meeting the criteria for multiple risk factors who participate in structured pre-school and educational daycare programs (educare) that emphasize student social development in various modes (Hawkins and Catalano, 1992). Such educare programs have been shown to be effective especially if coupled with home visitation by teachers. For example, the Family Development Research Project evaluated the use of educare with children aged under five coupled with home visits, parent training and other child cognitive developmental activities by following up participants to age 15. The percentage of kids with juvenile records who participated in the program was significantly less than a comparison control group. Also, crimes committed by program participants were less serious and fewer than the control group juveniles (Lally, Mangione, and Honig, 1988).

The High/Scope Educational Research Foundation (1996) made a long-term evaluation of the effects of the Perry Preschool Project, a pre-cursor of the Head Start program begun in 1962, that used many of the aforementioned risk focused techniques (directed social and intellectual development of children) to provide a performance motivating experience that would carry through the ensuing years. The program participants graduated from high school at significantly higher rates, had average higher incomes, fewer lifetime arrests, and greater commitment to family than the non-participant control group (Berrueta-Clement et. al, 1984; Wortman, 1995). A cost-benefit

analysis was done estimating that $7.16 was returned to the public for each dollar spent on the Perry Preschool Project (Weikart, 1996).

Project Head Start

A federally funded program since the mid-1960's, Project Head Start has changed consistently to accommodate new research over the years and is currently implementing an effectiveness monitoring module to respond to nationwide evaluations. Generally speaking, low-income pre-school aged (predominantly 3 and 4 year-old) children and their families are provided with education (social, emotional, and intellectual based on culturally consistent assumptions), health (including immunizations, medical, dental, and nutritional services), and social services (emergency assistance, needs assessment, and community outreach). Parental involvement is a cornerstone of the program. Parents are expected to participate in classes on child development and participate with staff home visits. Often parents have an active roll in the program as administrators, council members, or committee members. By fostering community participation and parental support, Head-Start has had a positive impact on child health status in the United States to such an extent that an Early Head Start program was initiated in 1995.   This new program extension responds to prevention research that recommends intervening in the age cohort from birth to the third year of life.

Though the Head Start curriculum caters to local needs and is implemented by mostly non-profit organizations that are either home-based or center-based, research in various settings has shown that the program generally meets its goals (Devaney, Ellwood, Love, 1997). That is, the program assumes that children are at risk for lower academic achievement and that this and other risk factors can lead to persistent poverty. Thus,

targeting family strength and education, the program produces gains in intellectual performance and socioeconomic status.

How long gains last is the subject of considerable debate and may depend on variations in program implementation from location to location (Mulvey, Arthur, and Repucci, 1993). Federal funding for the program in 1997 ($3,876,680,000) reached 793,809 children including migrant and Native American populations. It is estimated that the average cost per child per year of the program in 1997 was $4,882. Compare this to the average cost of incarceration of a juvenile for one year based on pre-1996 numbers: no lower than $34,000 and as high as $65,000 (Coordinating Council, 1996).

Early Intervention/Long-term Evaluation

Barnett (1995) addressed the extent to which early intervention (e.g. child-care, Head Start, and educational programs) had long-term effects by reviewing 36 prevention studies. He estimated that early intervention helped increase intelligence measures in the short-term and grade retention, school achievement, and social adjustment in the long-term. These results, along with a study by Gomby (1995) and his colleagues, that show students who participate in early childhood programs to be less likely to be referred to special education classes and more likely to graduate from high school, lend credence to the growing body of evidence that early intervention has healthy effects on society (Gomby et al., 1995).

Kindergarten to 12th

PATHS

As children near kindergarten age there is evidence that impulsiveness and early antisocial behavior can be reduced with social competence training that concentrates on

increasing problem solving and interpersonal skills (Hawkins, Catalano, Morrison, O'Donnell, Abbott, and Day, 1992). For example, the PATHS (Providing Alternative Thinking Strategies) program has had success at promoting positive self concept, helping children develop a vocabulary in which to talk about their feelings and learning how to calm down in frustrating situations. Problem solving ability is enhanced through role-play, dialogue, and modeling, among other techniques (Greenberg and Kusche, 1993; Greenberg, Kusche, Cook, and Quamma, 1995).

Parent Training

Often parents relinquish their kids to schools and expect teachers to deter child delinquency as they see fit. However, evidence suggests that educators should seek out increased parental involvement. It has been shown that reducing hyperactivity and aggressive behavior in the early years, as well as other risk factors for delinquency, can be accomplished through *parent training* and family therapeutic interventions (Tremblay and Craig, 1995).

Parent training has been utilized in the childhood and adolescent years. Parents are typically involved in learning to define behavior in observable terms, observing and noting antisocial versus prosocial behaviors, and using punishment and positive reinforcement appropriately. The risk factors of family conflict and family management problems are identified to parents in hopes that they will recognize their maladaptive consequences, and begin replacing them with protective factors. Such protective factors include active family involvement, recognizing positive behavior, goal-setting skills, bonding to family, as well as setting clear and healthy standards of behavior. Parent training is most effective when combined with other capable approaches (e.g. child

training in social skills) for preventing delinquent and violent behavior (Kazdin, Siegel, and Bass, 1992).

FAST

The Families and Schools Together (FAST) program is another example of successful early intervention prevention focused in the elementary school years. This school centered, collaborative approach emphasizes the cooperation of multiple families experiencing similar problems. Used in over half of U.S. States and in Canada, the program accentuates clinical and play techniques in conjunction with community organizing principles. Outcome studies show children to exhibit statistically significant improvement in conduct disorder and attention span and a two year follow-up demonstrated that gains are maintained. Also, a benefit of the program is that parents become more involved at school, are involved with the community more, incur social benefits from interacting with parents with similar problems, and are more likely to begin employment after previously being on welfare (McDonald, Billingham, Conrad, Morgan, Nancy, and Payton, 1997).

School Organization/Classroom Management

Several other initiatives have been enacted by schools to maximize learning and minimize delinquency. It has been determined that peer counseling efforts in elementary and secondary schools have no, or even negative, effects on delinquency (Gottfredson, 1987). On the other hand, school organizational innovations that are systems oriented and comprehensive in their approach, have shown positive effects and may show promise for the future (Kenney and Watson, 1996). Olweus (1991) evaluated an antibullying program that utilized family involvement, videotaped episodes of bullying behavior, and

student questionnaires that communicated norms to teachers and project staff. Classes that implemented multiple program components showed significant reductions in violence and delinquent behavior.

Research reviews by Slavin (1990a) on classroom management, size, and organization have demonstrated various positive and negative effects. Substantial class size reductions in the very early years (kindergarten and first grade) have shown an educational benefit to children, whereas size reductions in second and higher grades do not. However, the Student Training Through Urban Strategies (STATUS) program has utilized a so-called "schools within schools" approach that applies instructional flexibility and supportive interaction to smaller groups within the classroom. The STATUS program has shown promise in reducing delinquency and drug abuse (Gottfredson, 1990).

Grouping by ability did not have a positive effect on children evaluated in more than one meta-analytic study (Slavin 1987; Slavin 1990b) In fact, grouping by academic ability may have a negative effect by attaching a stigma to lower ability students (Guiterrez and Slavin, 1992). Non-promotion of students in junior high and elementary school has negative consequences on students beyond their already assumed intelligence and attention difficulties (Holmes and Matthews, 1984).

Behavior Management

Instructional strategies for high risk children in elementary school employing *cooperative learning* and continuous progress programs have been shown to be effective in measures of academic achievement, attitudes toward school, ethnic relations, as well as acceptance of special education students mainstreamed into regular classes (Slavin and Madden, 1989; Slavin 1983, 1990c). Programs using a combination of proactive

classroom management, interactive teaching, and cooperative learning have been shown to reduce delinquency and other problem behaviors (Hawkins and Lam, 1987).

School-based behavior management has been tried in various modes and with variable efficacy. Activities on the playground in elementary school that are structured and monitored to a high degree have demonstrated reductions in aggression and antisocial behavior (Murphy, Hutchison, and Bailey, 1983). Off-task, disruptive behavior and vandalism were reduced in elementary and secondary schools that participated with behavior consultation team efforts to communicate and reinforce consistent norms about proper behavior (Mayer and Butterworth, 1979; Mayer, Butterworth, Nafpaktitis, and Sulzer-Azaroff, 1983; Bry, 1982). Substance abuse was also reduced via similar school-wide initiatives (Institute of Medicine, 1994).

Violence Prevention

Conflict resolution and violence prevention curriculums in schools have shown mixed results (Gainer, Webster, Champion, 1993). In light of the fact that juvenile violent behavior is much more prevalent now than it was in the mid-1980's (Sickmund et. al, 1997), many programs have been implemented in schools to address conflict resolution. Though varied in approach (Bretherton et al, 1993; Hammond and Yung, 1993; Marvel et al., 1993) curriculums aimed at curbing violence have shown promise in improving students' use of verbal (social) skills to alleviate conflict. Curriculum readjustments have been suggested based on the trial and error of specific programs. It is thought that perhaps programs emphasizing positive nonviolent beliefs/attitudes may show more success in the future relative to those that emphasize the negativity of violence (Brewer et al., 1995).

A promising violence prevention program was started in 1993 in Virginia Beach, Virginia in response to increased incidence of gun and knife possession in schools. The Virginia Youth Violence Project was collaborated by schools, parents, school officials, human-service workers, business leaders, and law enforcement representatives as a result of a community wide effort at a planned prevention strategy (Sheras, Cornell, and Bostain, 1996).

The focus of the program has been a risk factor based approach that emphasizes teaching the etiology of violence to over 1,000 participants. The goal of the program has been to provide "an overview of the nature and scope of youth violence, a conceptual basis for understanding aggression and analyzing the problem in a local context, and an introduction to intervention and prevention strategies." (Sheras et. al, 1996, p. 402). Participants were required to plan and implement violence prevention programs in their schools or to produce plays, develop violence mediation programs, or form groups to discourage fighting and aggressive behavior, as well as recognize the hyperbole in media accounts of the national crime problem.

Though the program is ongoing, it shows the need for cooperation in all aspects of a community in order to best tackle the problem. Educators utilizing one-dimensional approaches to teach violence prevention curriculums (e.g. solely showing videotapes) are ill-equipped to deal with the problems adequately.

Life Skills Training

The most effective programs to deter juvenile delinquency and substance abuse have emphasized long-term teaching of *social competency skills* in their curriculum (e.g. self-control, emotional intelligence, assertiveness, interpersonal skills, problem solving,

and stress management). An example of this is Life Skills Training (LST) which has

been rigorously tested (Botvin, 1990). The 16 sessions delivered interactively in seventh

grade are followed up by eight *booster* sessions in the eighth and ninth grades. Schools

employing Life Skills Training have demonstrated significant substance use (alcohol,

marijuana, and cigarettes) reductions for white, African-American, and Hispanic-

American populations (Botvin, Baker, Dusenbury, Botvin, and Diaz, 1995). Programs

concentrating on the aforementioned social competency skills in fifth to eighth grade age

ranges have demonstrated delinquency reduction in both urban and suburban settings

(Weissberg and Caplan, 1994).

DARE

The Office of National Drug Control Policy (1997) has expressed concern in

recent reports discussing current trends in attitudes and behavior of youth toward drugs

and alcohol. For instance, high school seniors reporting use of illegal drugs "during the

past year" increased nationwide by 59% between 1992 and 1995 (Johnston, O'Malley,

and Bachman, 1996). Also, marijuana usage increased dramatically by 92% amongst

eighth-graders from 1991 to 1995. In an effort to address the trend toward increased use,

much discussion has centered around the effectiveness of existing programs targeted at

combating substance use, the most popular of which is Project DARE.

Drug Abuse Resistance Education has been adopted in more than forty countries

and is currently the most widely used school-based drug education program in the United

States. It was administered to 25 million students in 1996 and is estimated to be used in

over 70% of school districts nationwide (Law Enforcement News, 1996). Often touted as

an educational awareness tool as opposed to a full-blown prevention program, DARE has been scrutinized under the researchers microscope to distressing results.

DARE's core curriculum is concentrated in the last years of elementary school with the assumption that students are most receptive to anti-drug messages in these pre middle-school years (5th and 6th grade). Cooperation between schools, the local community, and law enforcement agencies are utilized in implementing the program. A cornerstone of the program is the use of trained, uniformed police officers as teachers of the curriculum. Besides information dissemination, the curriculum calls for "affective education" in hopes that police instruction will result in enhanced assertiveness for youth as well as a clearer sense of values and responsible decision making. The approach has been likened to a fast "vaccine" in hopes that participants will develop an immunity to peer pressure and temptations to try drugs or alcohol (Botvin, 1990). Much of the criticism of the program stems from the fact that it is not interactive or intensive enough.

While there is no doubt that law enforcement agencies overwhelmingly support the program's facilitation of interaction of police officers with students, school staff, and teachers in a non-adversarial setting, these same agencies increasingly point out that DARE is only one component of a multifaceted approach to preventing substance use.

A recent nationwide survey shows that 83% of DARE programming is funded out of departmental budgets, while 41% of the departments supplemented their budgets via federal grants and 77% received community contributions. Interestingly, even though schools are the primary recipient of DARE programming, only 4% received funding from school districts (Sharp, 1998).

An analysis of the literature shows evaluations of the effectiveness of DARE to

decrease with the strength of the research design. That is, the more rigorous the research

criteria, the lower the impact of the program on drug use measures (Rosenbaum and

Hanson, 1998). Those studies employing randomized experiment designs (the strongest

designs) with sufficiently large sample sizes and repeated measurements over one or

more years (Clayton, Catterello, Day, and Walden, 1991; Clayton, Catterello, and

Johnston, 1996; Ennett et al, 1994; Ringwalt, Curtin, and Rosenbaum, 1990; Rosenbaum

et al, 1994) show the positive effects (social skill changes, drug-related attitudes, self-

esteem, attitudes toward the police) of DARE programming to dissipate rapidly over

time, while drug use behavioral effects are often small and insignificant.

A recent six-year multilevel analysis of DARE, one of the few longitudinal

studies ever conducted, showed that the program had no long-term effects on a wide

range of drug-use measures (Rosenbaum and Hanson, 1998). The program most

benefited urban children and least benefited suburban children. In fact, suburban children

experienced significant increases in drug use after participating in Project DARE.

It appears consensual in the research literature that the DARE program needs to

be reexamined. Small changes were made in 1994 and efforts have been made to extend

the program to a K-12 format. However, this may not be the best solution. DARE is

supported by a strong marketing package and is extremely popular, but such popularity

should not be confused with program effectiveness. History demonstrates the need for

communities to develop prevention plans that do not rely or expect so much of one

program. In general, instructional programs that focus on fear arousal, moral appeal,

information dissemination, and affective education have been found ineffective for

reducing substance abuse (Gottfredson, 1997).

After School Programs/Mentoring

        As kids integrate more and more into their schools, they become increasingly involved with the community through varying extracurricular activities. Thus, enhancing protective factors and reducing risk factors to delinquency requires interventions on the community level. Often community and school interventions are inseparable. Two promising programs to reduce delinquency and substance abuse are mentoring (e.g. Big Brothers/Big Sisters of America) and after school recreation programs that are community based.

        A study of Big Brother/Big Sisters of America by Tierney, Grossman, and Resch (1995), showed three hours of weekly mentoring for 10-14 year-olds to reduce substance use onset by 46% and a 32% reduction in aggression (e.g. hitting) toward others. Mentoring that utilizes relationships that incorporate behavior management techniques shows more promise than relationships that are "non-contingent and uncritically supportive" (Howell, 1995: 128).

        Recent evidence suggests that 22% of violent juvenile crime occurs between 2 and 6 p.m. on weekdays (Snyder and Sickmund, 1995). If juveniles are unsupervised in these hours, or into the later hours, it is thought that perhaps after-school recreational programs could fill the gap left by some parents. High risk youth can perhaps benefit from job skills training, safe-sex education, school support and supplementary instruction, and sports clinics (e.g. midnight basketball) based in their own neighborhoods. Boys and Girls Clubs have attempted to achieve this in various modes to varying success (Ross et al., 1992). Mentoring and after school recreation cannot be

expected to work alone and must be used as a "secondary" approach, combined with

psychological and social skill development that enhances protective factors as

aforementioned in the context of structured prevention programs (Stoil, Hill, and

Brounstein, 1994).

Juvenile Intensive Supervision Programs (JISP)

Under the umbrella of rehabilitation, juvenile intensive supervision programs

(JISP) targeted at reducing recidivism and producing increased restraints on offenders,

have been increasingly popular in juvenile populations since their use in adults

corrections sky-rocketed in the eighties and nineties (Clear and Hardyman, 1990; Cullen

et. al, 1996). Intensive supervision programs and JISP's share many common features,

though it has been noted that along with multiple weekly contacts with a supervising

officer, random drug testing, unannounced visits and strict enforcement of parole or

probation conditions, requirements to attend school (as opposed to a job), and adherence

to curfew, JISP's are oriented more toward rehabilitation than ISP's (Petersilia and

Turner, 1995).

As an alternative to long-term institutional placement, youth meeting certain

criteria are recommended for intensive supervision. It has been noted that the cost-

effectiveness associated with this alternative to residential treatment is substantial. One

study showed no significant differences in the extent or seriousness of recidivism of an

experimental group as compared with a control, although the cost of intensive

supervision was $6,020 per year as opposed to $32,320 for incarceration (Wiebush,

1993). Another study suggested that average JISP services were just as effective as

commitment in reducing further delinquency, yet the average yearly cost of $50,000 for

juvenile incarceration was three times higher than the average JISP reviewed (Barton and Butts, 1995).

Minor and Elrod (1990) have published evaluations of a JISP in which two groups were followed over an 18-month period. One group consisted of moderately supervised youth while the other consisted of those under intensive supervision. Research showed no significant differences between the control group and experimental group on measures of self-report or official delinquency. This suggests that the extra supervision had no effect on recidivism. In another study (1994) the same researchers looked at potential cognitive skills gleaned by those under intensive supervision and found no significant gains versus a control group.

Research on intensive supervision programs for adults was recently summed up by Mackenzie (1997, p. 9-24) who reviewed the strength of research of over 15 studies:

➢ Increasing the surveillance and other restraints on offenders in ISP programs is not associated with decreases in recidivism.

➢ The increased surveillance of ISP is often associated with increases in technical violations of the conditions of the ISP programs

➢ Incorporating treatment into the requirements of ISP programs may lead to a reduction in recidivism but the research has not been as rigorously examined.

These conclusions appear to be generally mirrored in the juvenile literature, but juvenile programs have been evaluated to a lesser extent (Krisberg et al., 1995).

Utah Prevention

   As aforementioned, the revised *Safe and Drug-Free Schools and Communities Act* requires that school-based programs prove effectiveness in order to receive Title IV federal funding. In the past, school based programs centered on substance use education rather than the threat of violence. As Utah becomes more urban and as statistics show (Haddon, 1996) most juvenile population increases in urban settings (District 3, 2, and 4 respectively), the need to respond to school violence and crime (e.g. vandalism) becomes more apparent.

Prevention Dimensions

   The heart of Utah's prevention effort is the Prevention Dimensions (PD) program. First implemented in the early eighties in response to a PTA survey that listed alcohol, tobacco, and other drug problems as second only to the need to improve reading in Utah's schools, PD has changed and incorporated nationwide research over the years to accommodate a growing violence trend. The Utah State Office of Education, working with the Utah Department of Health, the State Division of Substance Abuse, the State PTA, and mental health specialists, among others, has implemented the program on a county by county basis. In 1994, violence prevention was added to the K-12 curriculum.

   Evaluations of effectiveness showed positive results in the 1980's as reviewed by the Division of Social Science Research at the University of Utah. However, the enhanced version has not been evaluated. Currently, the Utah State Office of Education is awaiting results of a large evaluation of the program due any time now (summer 1999).

   A special steering committee of education specialists, prevention specialists,

health specialists, teachers, drug-free school coordinators, and others attempt to update resources with national research trends and provide motivational experience to teachers involved in direct implementation. For instance, K-6 grade materials have been newly adjusted to contain anger management, conflict resolution, and other violence prevention efforts based on research by Botvin on Life Skills Training. The same goal is being applied currently to curriculum development for later grades.

Federal funding supplements state funding and has allowed many improvements in prevention programming. Around 20% of the funding is used for materials development and distribution. The other 80% are distributed by contract to county authorities (e.g. County Commission) via the State Division of Substance Abuse. Staffing is done on a local basis and cooperative efforts are made between local authorities and school districts. Agreements provide inservice teacher training and technical assistance to ensure proper implementation (Utah State Office of Education, 1998).

DARE is the most common program supplement to the PD curriculum. Elementary school interventions in addition to PD are varied , diverse, and often cater to the needs of specific schools. For instance gang resistance training (GREAT), is more common in urban settings than rural, as would be expected.

Community of Caring/Character Education Partnership

In Salt Lake and Granite School Districts (as well as several other districts statewide), Community of Caring is pervasive in all grades (K-12) and part of a national program known as the Character Education Partnership. The goal of the program is to incorporate "core values" of caring, respect, trust, responsibility, and family into the

culture of the school. Through teacher training, values discussion, student forums, family involvement, and community service, the program seeks to instill an attitude of caring into schools and a common positive language with the hope that it will carry over to the greater community as children get older.

Currently, there is much subjective, verbal positive assessment from program participants and educators. For instance, attitude changes have come to fruition in less observed confrontation and reduced vandalism in Granite School District (Correspondence, Sharlene Lynford). Unfortunately, there has been no scientific evaluation to date as to the effectiveness of the program as opposed to other prevention programs. With the advent of the *SDFSCA* evaluations should be forthcoming.

Head Start

Utah Head Start currently holds nine grantees whose total yearly budget in 1997 was $20,132,000 for 4,419 children. Statewide evaluations of effectiveness have not been completed but are expected to be out in June of 1999 (Correspondence with Head Start State Collaborator: Janna Forsgren).

Substance Abuse Prevention

Substance abuse prevention programs and their implications for Utah have been documented closely in a literature review by Stein (1994). The review was revised in 1997. Copies of the review are available through the Salt Lake County Division of Substance Abuse and contain many implications for policy decisions to target programs in a conjoining fashion with delinquency prevention. Implications to policy decisions have been incorporated into a *Prevention Services Plan* by the Salt Lake County Division of Substance Abuse Prevention, also available.

Recommendations

This review of national prevention research as it pertains to juvenile delinquency and substance abuse shows there to be many promising programs that could be applied in Utah to supplement or enhance existing programs. Especially in the area of *early intervention,* many states are beginning to follow a national trend toward investing tax dollars in prevention programs that deter delinquency. Policy makers might best serve the public interest by reviewing the impact of prevention programs in various settings (e.g. school, family, and community) on delinquency when establishing policy and budget priorities for criminal justice agencies.

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