

RECOMMENDATIONS

1. ***Evidence of serious and continuing aggression in very young children should be systematically addressed at or before grade one.***

Given that The stability of aggressive behaviour patterns throughout the life course is one of the most consistently documented patterns found in longitudinal research, (Laub and Lauritsen, 1995) it is important to 1) identify children in kindergarten and grade one with strong aggressive tendencies and 2) to obtain medical/professional assistance which often includes family intervention, 3) to begin treatment as early as possible which involves the home, school and the child. Given that the factors involved in conduct disorder are interrelated, collaboration and information sharing between family and school is important, as some risk factors may be apparent and identified in one setting, but not in the others.

It is not uncommon, however, for distressed and disrupted families to be unable to understand the difficulties in their midst. Experienced teachers have the training and expertise to spot children easily and their identification can be supported by two simple instruments, listed below. Alternatively, schools or boards of education can develop their simple checklists.

- a) The IOWA: Inattention/Overactivity with Aggression, Connors brief rating scale for teachers. The scale consists of 10 behavioural descriptive items, 5 related to inattention and overactivity and 5 related to aggression. Each item is rated from not at all to very much with answers scored from 0 to 3.
- b) Connors Abbreviated Symptom Questionnaire (CASQ). This is completed by parents; the items tap observable behaviours in relation to inattention, overactivity and impulsivity. There are 10 items and they are scored the same way as the above questionnaire. These two instruments have been validated as an initial strategy for screening children in the school setting (Casat et al, 1999).

2. ***Children experiencing developmental delays need special programs beginning in grade one at the latest. Some will require attachment-based programming.***

As a result of poor attachment, and its related neurophysiological outcomes, deprived children will have difficulty with both relationships and learning, and will consequently show varying degrees of emotional and behavioural problems. They will require a safe, secure and therapeutic environment such as a Nurture Group or small contained program to reconstruct an emotional foundation and begin to master the foundational skill sets in the educational program. A healthy and nurturing environment is of utmost importance and these children especially need multiple opportunities to develop attachments to other children and adults. Their emotional systems are still developing at this stage and they must learn systems of internal control (the area most threatened from attachment

problems) if they are to function adequately with others. In fact, a vital part of early childhood learning for all students is to develop the ability to manage a variety of emotional experience both intra- and interpersonally. This emotional development is foundational for all other development.

According to NLSCY data, up to 15 percent of Canadian children are not school-ready when they enter the educational system: one quarter of preschoolers have some delays in the development of vocabulary skills and at least 10 percent are at critically low levels (HRDC, 2002). Without systematized programs to deal with this problem, these children will be at risk for emotional and behavioural problems, school failure and dropout, and antisocial behaviour and delinquency.

3. ***Prevention and intervention efforts should involve the entire school.***

There is considerable evidence that prevention and early intervention efforts can reduce violence and other troubling behaviours in schools (Coie & Jacobs, 1993; Elias & Tobias, 1996). Research-based practices can help school communities recognize the early emotional and behavioural difficulties in children so that young people can get the help they need before it is too late. Evidence suggests that some of the most promising prevention and intervention strategies involve the entire educational community--administrators, teachers, families, students, support staff, and community members, working together to form positive relationships with all children. Relationships are central; they are important for everyone of course; but are especially critical for children from abusive, neglectful or deprived environments (Cornell, 1998; Cornell & Loper, 1998; Quinn et al., 1998). The numerous zero-tolerance for violence programs currently in existence allow schools to gain sufficient control of the physical environments of schools for children and teachers to feel safe. In addition to these, deprived or abused students who-- because of early experience are likely to be at risk of victimization may need special help. There is a wealth of specialized information and resources without cost available for schools on the Internet.

4. ***Family-based prevention programs pay substantial dividends.***

One successful intervention which prevents attachment difficulties is the Prenatal and Infancy Home Visitation by Nurses. Based on a strong theoretical orientation, it consists of intensive and comprehensive home visitation by nurses during pregnancy and after delivery for at-risk unmarried mothers. It produces a range of positive results which include reduction of child abuse and neglect, reduction of subsequent pregnancy, welfare dependence, behavioural problems due to substance abuse and criminal behaviour. Long term follow-up showed reduced criminal and antisocial behaviour on the part of the 15-year old children as indicated by fewer arrests, convictions/violations of probation, and days of consuming alcohol. The cost of the program, from the standpoint of government spending, is recovered by the time the children reach four years of age, and the cost

savings to government and society exceed the cost of the program by a factor of at least 4:1 over the child's lifetime (Olds et al, 1998). Preschool programs have similar success rates; The Perry Preschool Program and Head Start are two of the most studied programs with excellent results. Nurture Groups in elementary revisit missed attachment processes, enabling healthy socioemotional development and providing solid foundations in basic competencies. The Carolina Abecedarian Project targeted the first year of life of an extremely high-risk group of children born to poor African-American mothers with excellent results, including significant IQ and school achievement gains. Children who received the intervention before age 5 had better results than those who began in kindergarten (Bennett and Offord, 2001).

A multi-level family centred intervention model delivered in a middle-school setting features universal, selected and indicated services for families (Dishion and Kavanagh, 2000).

The **universal** part reaches all parents in the school setting, the **selected** part addresses the needs of at-risk families and the **indicated** part provides family therapy as treatment.

The **universal** program is based in a Family Resource Room in the school which serves as an infrastructure for collaboration between the school staff and parents. The goal is to offer information related to protective parenting practices, family management practices and videotapes relating to parenting during the teenage years. During the summer months, parents are offered brief home visits focussing on a "plan for success" for each student in the coming year. During the fall term, three 6-week parent-child weekly exercises delivered by a consultant aimed at school success, reducing substance abuse and conflict.

The **selected** part offers a family assessment, along with professional support and motivation to change, during a three-session intervention. The three-session intervention includes 1) the initial interview, 2) a comprehensive multi-agent, multi-method assessment, and 3) a feedback session. The critical feature of feedback should be that it is presented in a supportive and motivation manner. Follow-up studies have shown that the behaviour of children whose parents received family assessment improved in comparison to non-participating families.

The **indicated** part provides direct support to parents through a varied menu and includes brief family intervention, a school monitoring system, parents groups, behavioural family therapy and case managed services. This parenting intervention led to positive results and could be especially useful for schools serving distressed and disadvantaged children in poor socio-economic situations.

Other research and program initiatives have shown that 1) problem families tend to be more isolated from sources of support; 2) *perceived* support in itself, was found to help young single mothers; 3) when a collegial environment offers the opportunity to connect with others, parents will self-organize to contribute to school and community life. This is especially valuable in problem neighbourhoods.

5. ***Training and support is recommended to help grade one teachers deal with high-needs students. This helps both schools and children.***

Ialongo * and colleagues (2001) showed that not only children, but schools themselves, benefit substantially from universal early assessment and targeted intervention. Initial investments to enhance and support the skills and resource base of grade one teachers yielded continuing dividends well into the future. Numerous studies have shown that antecedents for adolescent conduct problems, depressive disorders and substance abuse are evident in grade one. Early learning problems are linked with later depressive disorders and aggressive behaviour as well as later antisocial behaviour, criminality and substance abuse. Risk for delinquency and substance abuse have been found to be further increased when aggressive behaviour interacted with shy behaviour and attention/concentration problems.

Researchers therefore targeted three known antecedents (poor achievement, aggression, and shy behaviour) via a preventive intervention for all grade one students in a major city. The students were randomly assigned to either an intervention group or a control (non-intervention) group to evaluate effects of a two-part strategy. The first part was classroom centered (CC) and the second part involved a family-school partnership (FSP). Pre-intervention evaluation was conducted in grade one; post-intervention, in grade six. The pre-intervention assessment measured 1) adequacy of performance on core classroom tasks 2) level of achievement and 3) parent management skills and practices. Core classroom tasks included *accepting authority* versus aggressive behaviour; *social participation* versus shy behaviour; and *on task behaviour and readiness for work* versus concentration/attention problems. Post-intervention assessments included three additional measures: incidence of conduct disorder and utilization rates of school and public mental health services. All assessments utilized standardized instrumentation.

Classroom Centered Intervention (CC)

Three strategies were used: 1) curriculum enhancements; 2) enhanced behaviour management practices; 3) team-based behaviour modification which awarded points for precisely-defined good behaviour by members and deducted them for off-task, shy or aggressive behaviour. Material reinforcement (stickers, erasers, etc.) for accumulated points was initially paired with social reinforcement, and over time the material reinforcement was phased out. First grade teachers completed 60 hours of training prior to implementation and attended monthly support meetings thereafter.

Family-School Partnership (FSP)

This consisted of 1) training for teachers and school staff in communication and partnership building; 2) weekly home-school learning and communication activities; and 3) nine 90-minute workshops for parents led by the first grade teacher and school psychologist or social worker. Workshops focussed largely on effective discipline strategies (praise, play, limit setting, time-out versus spanking, and problem solving). Sessions ran for seven consecutive weeks in the fall and were augmented by two booster sessions - one in the winter and one in the spring.

Results showed that relative to controls, by the spring of sixth grade, children assigned to the grade

one CC intervention were significantly less likely to have a lifetime diagnosis of conduct disorder, to have been suspended from school and to have received, or been judged in need of, mental health services. Further, FSP intervention parents evidenced less rejection of their children and greater involvement in reinforcing activities over non-intervention parents. *This study shows that success in meeting the early demands for authority acceptance, attention to task, and social participation presages good social adaptation at a later stage in development. The authors suggest that in particular, social survival skills, which include the ability to monitor and manage one's own behaviour, may be critically important during the adolescent years.*

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6. ***It is suggested that The Survey of Teacher Observations Concerning School Behaviour and Student Difficulties be replicated.***

The final recommendation is that the Survey be replicated by Ministries of Education through the Boards of Education in their jurisdictions, or through schools. Early universal screening at school entry is a worthwhile effort for both children and schools, with built-in cost savings of considerable magnitude over the long run.

CLOSING NOTE

New research findings from combined sciences have the potential to help children, families and schools. Children at risk face numerous challenges and this evidence is offered to support intervention efforts to alleviate problems. The distinct but interrelated nature of the variables involved in the production of emotional and behavioural difficulties, as well serious aggression and violence, require collaboration and information sharing for a) appropriate policy development; b) salient public education processes; c) incorporation of critical information into curriculums at various levels in the formal education system; d) recognition of the critical importance of these variables for intervention, prevention and treatment methodology by professionals involved in the care of youth.

The approaches outlined above, for the most part, represent preventive practice. Once serious violent juvenile offending is established, different levels of graduated response and strategy are required, up to and including incarceration.

This report broached three important areas concerning the development of antisocial behaviour and delinquency in youth. The first is the earliest life experience of infants and the attachment (or bonding) that is formed through the relationship with the mother (usually the primary caregiver). Neurological findings have provided evidence of a profound and long-lasting influence on developing brain neurophysiology (affecting self-regulation and other important areas of functioning) during the first two years of life. This brain development, with its specific biochemical outcome,

is directly related to the early attachment experience and it is implicated in the inter-generational transmission of emotional and behavioural difficulties.

The second is the impact of considerable numbers of children arriving in the school system with inadequate levels of school readiness. These deficits lead directly to school functioning problems, intellectually, emotionally and socially, along with resultant behavioural outcomes. Serious language delays are a marker for possible developmental difficulties, some of which may be directly associated with antisocial behaviour. The results of the survey would suggest the implementation of services in grade one and grade two which address the foundational attachment and emotional needs, so that development in other domains can then take place. This is essential to circumvent serious emotional and behavioural problems related to these two matters. The high incidence of ADHD and pseudo-ADHD (and their related deficits in self-regulation and executive functioning) is a matter of real concern, one which has not been fully defined as yet. These recommendations are offered so to assist with this process. As the literature details, ADHD is comorbid with Oppositional Defiant Disorder and Conduct Disorder, as well a host of other problems.

The third finding is one that is not new is simply that families matter enormously and the quality of family life is directly implicated in the development of antisocial behaviour. Simply said, it is where the problem starts and ends, in continuing cycles of perpetuation unless intervention efforts target the difficulties.

It is hoped that the results of this survey and its supporting research will contribute to both school and governmental initiatives which have the potential to help children, families and society at large. Children at risk face numerous challenges in their lives, not the least of which is abuse and violence in the home and inter-generational transmission of trauma. Evidence supports the benefits of early intervention efforts to alleviate their difficulties so as to prevent the results of those difficulties from adversely affecting the population at large. Large savings in personal and economic costs--both for individuals and the systems which serve them--can be expected with sound and focussed strategy.