

EARLY PREVENTIVE INTERVENTION FOR DISRUPTIVE BOYS CAN IMPROVE EDUCATION AND REDUCE LATER CRIMINALITY

Early preventive intervention for boys at high risk of antisocial behaviour can improve their educational chances and reduce later criminality, a new study has found.

Many intervention programmes have tried to reduce disruptive behaviour problems during early childhood to prevent school drop-out, violence and criminality during adolescence and adulthood.

The aim of this Canadian study, published in the November 2007 issue of the *British Journal of Psychiatry*, was to assess the long-term impact and clinical significance of 2-year 'multicomponent' preventive intervention on criminal behaviour and academic achievement.

The Montreal Longitudinal Experimental Study is prospective, and has been examining the development of a large sample of boys attending inner-city kindergartens who have backgrounds of low socio-economic status, with a particular focus on antisocial behaviour and social adjustment.

250 disruptive-aggressive boys considered to be at risk of later criminality and low school achievement, identified from a community sample of 895 boys, were randomly allocated to an intervention or a control group. The rest of the sample (645) served as the low-risk comparison group.

The intervention was based on research addressing early intervention with aggressive children, and involved 3 areas: social skills training for the child; parent training in effective child-rearing; and the provision of information and support for teachers in relation to disruptive boys.

This programme started when the boys were aged 7 and lasted 2 years, from 1985 to 1987. Outcome measures were a high school diploma and possession of a criminal record by the age of 24.

It was found that significantly more boys in the intervention than in the control group completed high-school graduation. The likelihood of having a high-school diploma was more than twice as high for the intervention group as for the control group.

Being in the intervention group predicted a rate of high-school graduation similar to that of the low-risk group.

The likelihood of having a criminal record was almost twice as high for the control group as for the intervention group. The intervention group obtained a similar rate of criminal record as the low-risk group.

These results confirm the relevance of reducing early disruptiveness to prevent later educational and criminal problems, and highlight the predictive power of early disruptiveness in clinical research.

Although these results are encouraging, the researchers emphasise that the rate of high-school graduation was only 46% for the intervention group, and the rate of having a criminal record was as high as 22%.

By comparison, the rate of graduation in the low-risk group was also low (68%), and the rate for criminal record was also high (16%), bringing the rates for the whole sample to 49% for high-school graduation and 19% for possessing a criminal record.

Although boys in the intervention group became similar to their low-risk peers with respect to graduation and criminal activity, the burden of other risk factors, such as low socio-economic status and living in an inner-city, took its toll on the whole sample.

This preventive intervention programme, even though intensive, multimodal and long-term, has only a limited protective effect, given an adverse socio-economic and environmental background.

Despite this, taking into account the cost to society of failure to graduate from high school, and criminality, the results point to the cost-effectiveness of preventive intervention, even if no formal examination of cost-effectiveness was performed.

The researchers comment that the 2-year duration of the intervention may not be long enough, particularly when external conditions are unfavourable. Additional systems, such as peer groups, could be targeted in future studies in order to modify the other important sources of influence that affect the development of antisocial behaviour.

Improving external conditions would also represent a good course of action for improving the impact of a child-, family- and school-centred preventive intervention.

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