

# Teens: The Company They Keep

*Preventing Destructive Behavior by Harnessing the Power of Peers*

Tragic events such as school shootings have presented us with images of adolescent aggressive and antisocial behavior. There is a national search for answers. Fortunately, a long-term commitment to basic behavioral research at NIMH is now paying off with the development and implementation of interventions to address these vexing problems.

Data from the National Youth Survey (NYS), a long-term study of violent offenders, point compellingly to the influence of deviant peers on a young person's tendency to engage in aggressive and violent behavior. This means that interventions must pay attention to the peer group, a key factor influencing whether a young person will lead a young adulthood characterized by violent and aggressive behaviors.<sup>1,2</sup>

In 1976, the NYS began to follow a nationally representative sample of 1,725 boys and girls, ages 11 to 17. NYS investigators have monitored participants' self-reports of serious violent behaviors as well as official records of law violations. At the time of the most recent interview, the survey participants were between ages 27 and 33. More than half of all participants with records of violent behavior began to engage in such behavior between the



ages of 14 and 17, although a substantial number began as young as age 12. After age 20, the risk of initiating a pattern of violent behavior was found to be close to zero. In addition, they found that association with delinquent peers precedes the initiation and progression to serious violent offenses in 90 percent of cases. This finding was true of young people of all races.<sup>1,2</sup>

Many well-intended attempts to “reform” severely delinquent youths have had few positive effects and even negative outcomes.<sup>3</sup> Typically, these programs place delinquent youth with other delinquents in settings such as “group homes.” One alternative based on the new understanding of peer influence is the Therapeutic Foster Care program, a treatment model for serious and chronic delinquents (i.e., with an average of 14 arrests, including 4 for felonies).<sup>4</sup> In this program, severely delinquent youths are placed in the homes of “therapeutic foster parents”—carefully selected couples who are specially trained in science-based procedures for working with these troubled youngsters and are given round-the-clock support as well. The combination of this family-based care with specialized treatment interventions is intended to create a therapeutic environment in the context of the family home.<sup>5</sup>

Evaluations of the Therapeutic Foster Care program have shown that it is more effective in reducing delinquency than the usual placement in group homes.<sup>6,7</sup> It is also significantly less expensive, and has fewer runaways and fewer program failures. The Foster Family-based Treatment Association, developed under NIMH leadership, now has some 400 agency members across the U.S. who promote the use of this science-based and effective model. The research and its effective application seriously challenge the policies, programs and procedures that bring problem youth together.

Today's research is also suggesting new ways to prevent antisocial behavior through an array of interventions for youth that is aimed at peers and other key components of their social environment. Classroom and school-based programs are creating curriculums that include peer training, problem solving, conflict management, violence prevention, as well as programs for promoting social and emotional development in general school populations. These sorts of universal and targeted interventions compliment each other, and are designed to reduce violence across entire communities.

This continuing research is revealing that although there are identifiable and escalating pathways to antisocial behavior, and possibly some biological factors placing some children at risk, they are not set in stone, and individuals can make a long-term difference in the lives of troubled and troubling children.

## For More Information

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Child and adolescent mental health  
information: <http://www.nimh.nih.gov/publicat/childmenu.cfm>

Juvenile justice system information:  
<http://www.ojjdp.ncjrs.org>

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## References

<sup>1</sup>Elliot DS, Huizinga D, Morse B. Self-reported violent offending—a descriptive analysis of juvenile violent offenders and their offending careers. *Journal of Interpersonal Violence*, 1986; 1: 472-514.

<sup>2</sup>Elliot DS. Serious violent offenders: onset, developmental course, and termination—the American Society for Criminology 1993 Address. *Criminology*, 1994; 32: 1-21.

<sup>3</sup>Dishion TJ, McCord J, Poulin F. When interventions harm: peer groups and problem behavior. *American Psychologist*, 1999; 54(9): 755-64.

<sup>4</sup>Chamberlain P, Mihalic SF. Multidimensional treatment foster care. In: Elliott DS, ed. *Book eight: blueprints for violence prevention*. Boulder, CO: Institute of Behavioral Science, University of Colorado at Boulder, 1998.

<sup>5</sup>Stroul BA, Friedman RM. Caring for severely emotionally disturbed children and youth. Principles for a system of care. *Children Today*, 1988; 17(4): 11-5.

<sup>6</sup>Aos S, Phipps P, Barnoski, R, et al. The comparative costs and benefits of programs to reduce crime: a review of national research findings with implications for Washington State (Publication No. 99-05-1202). Olympia, WA: Washington State Institute for Public Policy, 1999.

<sup>7</sup>Chamberlain P, Reid J. Comparison of two community alternatives to incarceration for chronic juvenile offenders. *Journal of Consulting and Clinical Psychology*, 1998; 6(4): 624-33.