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Target of study:

To contribute to prevention of criminal behaviour and aggression in society

- Understand factors and mechanisms that increase the risk for criminal behavior

- Design interventions to decrease criminal behaviour
First time crimes per 1000

Incidence of first serious criminal acts, highest risk between 17-23

Bron: HKS, CBS
Quality of society is (partly) determined by the sum of the quality of Social interactions of individuals within society
Each child has the challenge of a successful social development according to the rules of our society.

Social adaptation:
Go for your goals in life with respect for the needs and feelings of other persons.
Each child has the challenge of a successful social development according to the rules of our society.

**Social adaptation:**
Go for your goals in life with respect
For the needs and feelings of other persons
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childhood
egocentrism
twoy of mind
inhibition
social communication
Language development
Sociaal imitation

Adolescence:
exposure to peer group
hormones
Planning and regulation of behavior
Self-regulation
multifactorial risk model:

Family factors:
- Sensitive and responsive parents
multifactorial risk model:

Environmental risk:
- Poverty
- Peer group
- Neighborhood
- School situation
multifactorial risk model:

Child factors:
- Early aggression/irritability
- temperament
- Developmental disorders/psychopathology
Intervention programs so far

- Often based on presentation of behavior, not knowing the underlying problems in neurocognitive functioning of a child

- Often target parents, although they might not be motivated or able to change
Preventive Intervention

Mission:

To prevent a criminal career in children with high risk we have to:

1. Support adequate social development
2. Focus on the child factors (brain mechanisms) in social development
EGB

PIT

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Preventive Intervention Team
Amsterdam - Leiden
Preventive Intervention:

Together with school:

1. A coach is assigned to the child and its family
2. Intervention is tailor-made, based on the analyses of the individual pattern of relevant neurocognitive and affective (dys)functions in a specific child,
3. and supportive of social development, with help of parents and school
4. without focus on ‘disorder’ (no DSM classification) – instead on social learning
Assessment of social learnability

I
understanding
of social
information;
emotion
perception;
social attention

II
TOM &
empathie

III
social scripts
social rules
morality
self confidence

IV
zelfregulation
cognitive and
emotion
regulation
planning
Sociale cognition and emotion perception:

Perception of emotions
Facial emotion recognition
Social attention
II Social perspective

Empathy
III social scripts
Social rules
Self perception
morality
IV selfregulation:

Executive Functioning
- Inhibition
- Mental flexibility
- Attention
- Stress regulation
- Reward/punishment
Clinical profile:

<table>
<thead>
<tr>
<th>PROFIEL</th>
<th>Zeer zwak/ zwak/ gemiddeld/ bovengemiddeld/ zeer goed</th>
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<tr>
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<td>Passief opdiepen uit geheugen</td>
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<tr>
<td><strong>1. Sociale informatieverwerking</strong></td>
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<td>Visueel herkennen van emoties</td>
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<td>Auditief herkennen van emoties</td>
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<td><strong>2. Sociaal perspectief nemen</strong></td>
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<td>Sociaal perspectief nemen</td>
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<td><strong>3. Sociale scripts</strong></td>
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<td>Competentiebeleving</td>
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<td>- Schoolvaardigheden</td>
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<td>- Sociale acceptatie</td>
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<td>- Sportieve vaardigheden</td>
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<td>- Fysieke verschijning</td>
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<td>- Gevoel van eigenwaarde</td>
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<td>- Morele ontwikkeling</td>
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<td><strong>4. Zelfregulatie</strong></td>
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Assessment of social learnability:

- I understanding of social information; emotion perception; social attention
- II TOM & empathy
- III social scripts; social rules; morality; self confidence
- IV selfregulation; cognitive and emotion regulation; planning
Cardiff Emotion Recognition Training
tailored intervention for daily life and specific social learning mostly done at school parents are coached
Results of the PIT intervention

Assessment on 463 (age 5-18) boys 75%
Agression and rule breaking after 6 months and a year:
Percentage succes

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<th>Follow-up 1</th>
<th>Follow-up 2</th>
<th>Follow-up 1</th>
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Prediction of success of intervention

I
understanding of social information; emotion perception; social attention

II
TOM & empathie

III
social scripts, social rules, morality, self confidence

IV
zelfregulation, cognitive and emotion regulation, planning
Essentials of the PIT

1. Speed: analyses & plan within 4 weeks
2. Coach looks after the interventions
3. Help is offered without asking!
4. Assessment is done at school – very accessible
5. Tailor-made and high expertise, treatment based on individuel profile of social development
6. All-inclusive intervention
7. School is the place for the intervention
8. Support of social development; no DSM classification
9. coach is active director of needs
10. Knowledge is growing during treatment
Conclusion/take home

Child directed tailor-made treatment – based on the individual profile of mechanisms of social development – is rather successful in combination with:

- individual coaching for a long time
- working at & with school