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**PREVENTION OF DELINQUENCY BY THE EARLY RECOGNITION
OF BEHAVIORAL DIFFICULTIES
DETROIT SCHOOL-COMMUNITY BEHAVIOR PROJECT***

BRENTON M. HAMIL, M.D. AND HOWARD M. STITT, JR., M.ED.***

THE INTENTION OF this project as conceived in 1953¹ was to help children who had been deprived of the basic needs for developing social behavior which was conducive to the requirements for good citizenship. These children had to be identified from the mass of child population in the community. It was appreciated that physical development, mental, emotional, social and spiritual development are all aspects of growth which are inter-related and inter-dependent. It was evident that greater community concern must be demonstrated for children at early ages if the increasing trend for juvenile delinquencies was to be arrested.

The identification of those children needing help toward socially desirable behavior which will produce a good citizenry can only be accomplished through access to all children. The identification of young children with vulnerability or tendencies toward problem behavior can most effectively be done in the first years in school. The schools must help these emotionally disturbed children early. This must be accomplished as a process rather than an act whereby the teacher as well as other participating representatives are favorably affected.

The purpose and problems to be dealt with may be stated as to discover or invent better means for alleviating causes of delinquent behavior; to identify at an early age those children who are vulnerable to forces conducive to delinquency; to find ways of improving existing services of social work, health, recreational, educational agencies and other community resources potentially effective in reducing the vulnerability. The guiding principles are that methods used must fit the neighborhood school community situation and be acceptable to the participating school staff; that methods used

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Chart I
The Detroit School-Community Behavior Project

STRUCTURE

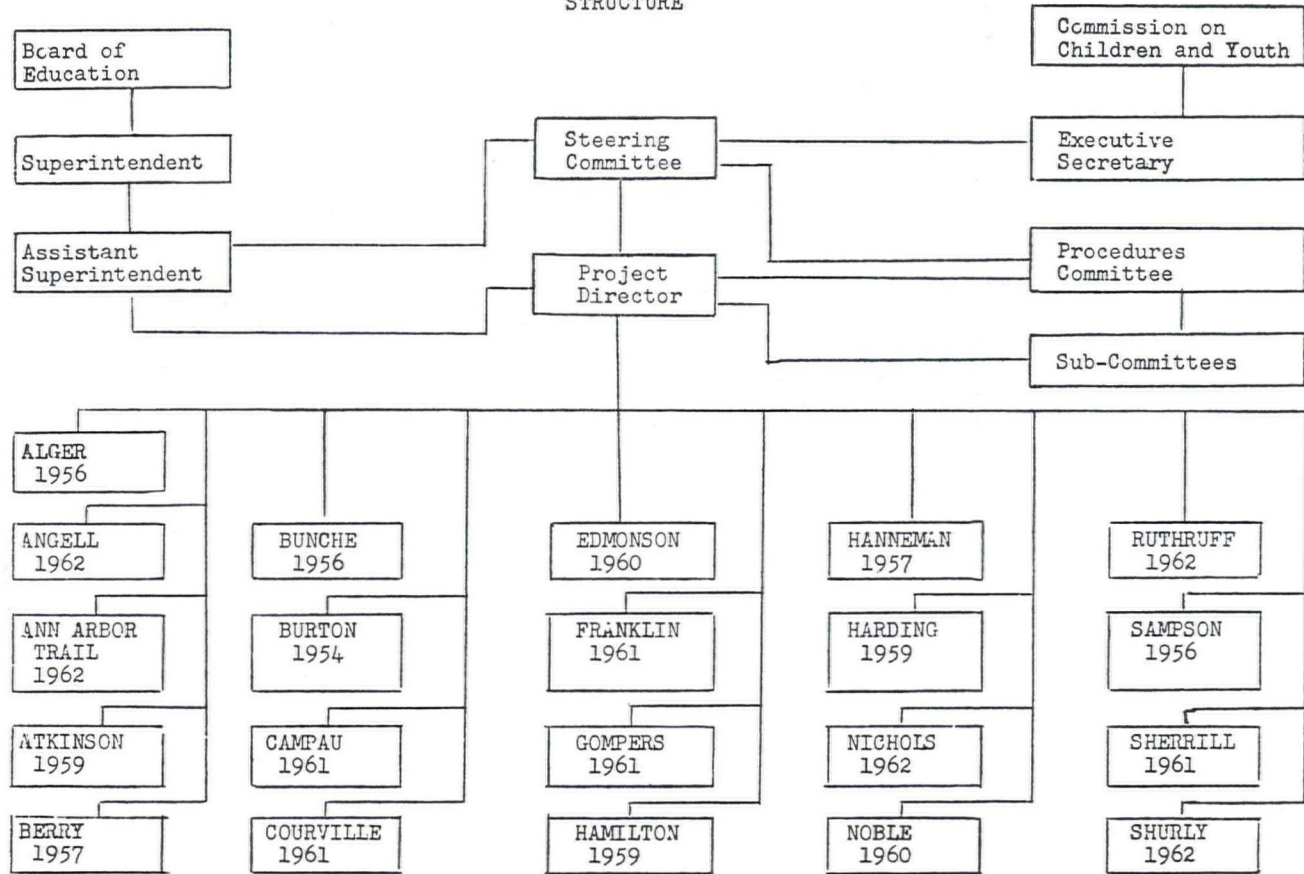
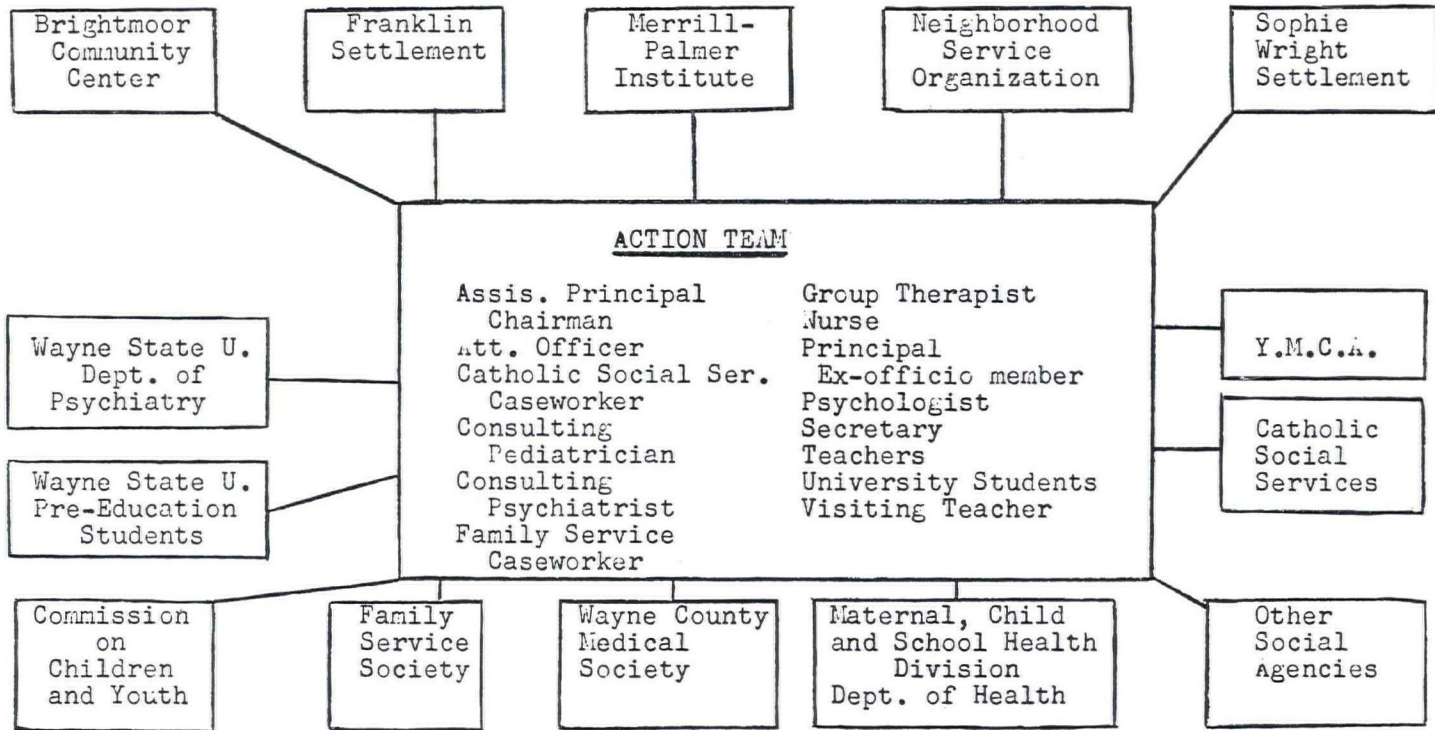


Chart II

DETROIT SCHOOL-COMMUNITY BEHAVIOR PROJECT



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should be kept relatively simple and adaptable to school situations; that methods proposed must be realistic in demands on peoples' time. It has been repeatedly emphasized that the aim of the study is to help children rather than to collect statistical data.

The study was started in two Detroit schools—the Poe and Burton schools. As shown in Chart I, other schools were added to the project as voluntary interest in the program spread throughout the school teaching personnel and as available workers would permit. Chart II represents the structure of the framework for the project. The assistant principal of the school is the chairman of each team. Approximately 800 children have been helped by “action teams” through the enlisted help of 80 resource agencies in the community. During the last school year these 80 resource agencies contributed 1160 special services to this project. Table I presents significant data from the consolidated report. The total enrollment in the 19 schools cooperating was 19,267. This represents the number of children from which the candidates showing deviate behavior were selected by the classroom teachers to have appraisal of behavior as the first step toward improvement. The school groups as shown in Table I demonstrate a total average of all improved grades of 62 percent. The average improvement in scholarship was 61 percent, that in effort was 68 percent, and in citizenship and behavior, the main concerns of the project, showed the greatest change of 84 percent. Out of the total enrollment of 19,267, one hundred and ninety one pupils were selected for special consideration. These data show the average age of the children studied, the sex distribution and the grade placement to be similar to that of previous years.^{2,3}

Table I
 CONSOLIDATED STATISTICAL REPORT
 THE DETROIT SCHOOL-COMMUNITY BEHAVIOR PROJECT
 JULY 1, 1961 to JULY 1, 1962

* * * * *

TOTAL NUMBER CASES HANDLED BY ACTION TEAMS	191
19 SCHOOLS (16 SCHOOLS FOR YEAR; 3 FOR ONE SEMESTER)	
TOTAL ENROLLMENT ACTION TEAM SCHOOLS	<u>19,267</u>
AVERAGE NO. CASES PER TEAM PER YEAR	11.1
TOTAL NO. OF CASES BY SEX	MALE <u>173</u> . . FEMALE <u>18</u>
AVERAGE GRADE LEVEL OF ACTION TEAM CASES	<u>3A</u>
AVERAGE AGE OF CHILDREN	<u>8.9 YEARS</u>
SPECIAL SERVICES UTILIZED	<u>1160</u>
AVERAGE OF SPECIAL SERVICES PER CHILD	<u>6.1</u>
<u>IMPROVEMENT</u>	
SCHOLARSHIP - <u>61%</u> EFFORT - <u>68%</u> BEHAVIOR(CITIZENSHIP) - <u>84%</u>	
TOTAL AVERAGE OF ALL IMPROVED GRADES	<u>62%</u>

However, the average number of cases per team per year and the percentage of improvement of cases studied are significantly higher. This suggests improvement of techniques and efficiency of operation.

Much interest has been directed toward help for emotionally disturbed children of the Detroit area. The Detroit Commission on Children and Youth⁴ established that the minimum number of children of Wayne County requiring treatment was in excess of 10,000 per year. The number of mentally disturbed children in the United States requiring treatment in the prepubertal years was estimated by the United States Senate Sub-Committee on Juvenile Delinquency to be 5 percent, and for the adolescent years 10 percent. The number of children under age 18 in Detroit in 1959 was 420,030, of these 165,000 were between the ages of 5-9 years. These are similar to data for 1956.⁵ Five percent of this number would closely indicate those requiring behavioral treatment or 8,250 in the age group of 5-9, which numbered 165,000 in all Detroit schools. The estimated cost to the community in individual time-hour values is approximately \$82,000.00 per year, most of which is volunteered. The school budget appropriation is approximately \$20,000.00. Our group of 191 children, then, represents a significant number to be protected at a reasonable cost from a greater need of treatment facilities at much greater expense later on in adolescence.

An observational consideration⁶ appears to have indicated that teachers' attitudes toward problem children changed as a result of participation in this type of study and that other children improved in their school relationships as a result of the changed attitudes of these teachers. This is significant and most probably reflects the action team and behavior project Steering Committee philosophy of cooperative effort to unravel and solve individual problems.

REFERENCES

1. Mayor's Committee on Children and Youth in Detroit. Coordinating Sub-Committee on Services: A Tentative Proposal of a Pilot Project, Detroit, Michigan, June 1953, p. 1.
2. Hamil, B. M., and Stitt, H. M., Jr.: The Detroit School-Community Behavior Project, *J. Michigan M. Soc.* 61:1119, 1962.
3. Stitt, H. M., Jr.: The Detroit School-Community Behavior Project, *Tri-Stater Magazine*, April 1962, p. 6-7.
4. City of Detroit Commission on Children and Youth: The Need for More Adequate Clinic Service in Detroit, January 2, 1957.
5. America's Children. *Statistical Bull.*, Metropolitan Life Insurance Co., 37:1, August, 1956.
6. Stitt, M.: Teacher Attitudes and the Detroit School-Community Behavior Project, Research Paper, University of Michigan, Department of Educational Sociology, Ann Arbor, Michigan, January 1962.

