

Childhood intervention can prevent 'deaths of despair'

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Mortality rates among young adults are rising in the U.S. due in part to "deaths of despair"—preventable deaths from suicide, drug overdoses and alcohol-related liver disease. An intensive childhood intervention

program called Fast Track could help reduce these deaths by reducing risky behaviors in adolescence and young adulthood, finds new research from Duke University and the Conduct Problems Prevention Research Group.

"To reduce deaths of despair, we must prevent the hopelessness and destructive behaviors that often lead to these deaths," says study co-author Kenneth A. Dodge, the William McDougall Distinguished Professor of Public Policy Studies at Duke's Sanford School of Public Policy. Dodge is a member of the Conduct Problems Prevention Research Group that created the Fast Track program.

"We knew that the Fast Track [intervention](#) was successful at reducing aggression in childhood and reducing criminal arrests in [early adulthood](#)," Dodge said. "What this latest study demonstrates is that this [early intervention](#) also has [positive impact](#) in increasing hope and reducing behaviors of despair."

Factors contributing to deaths of despair include hopelessness, cynicism, poor interpersonal skills and conflict and failure in social relationships. Many of these factors originate during childhood and are ripe for preventive intervention, Dodge said.

"We designed the Fast Track program to improve emotional awareness and interpersonal competence among children at high risk for peer conflict, antisocial and delinquent behaviors and life-course failure," Dodge said. "The intervention began when children were in first grade and continued for 10 years. Participants are now reaching their mid- to late thirties."

Participants were drawn from high-risk elementary schools in Durham, North Carolina; Nashville, Tennessee; rural Pennsylvania and Seattle, Washington. Starting in first grade, students were randomly assigned to

either receive Fast Track or be followed as a [control group](#).

The findings show lower rates of "behaviors of despair" in young adulthood for Fast Track participants than for the control group.

Among young people ages 15 to 25, the Fast Track intervention was linked with significantly lower rates of suicidal ideation, or thoughts of suicide. Within the control group, 24.3 percent reported suicidal ideation, compared with only 16.3 percent of Fast Track participants—a 45.1 percent difference.

Hazardous drinking rates were also lower among young people who took part in Fast Track. Among study participants ages 15 to 25, 14.9 percent of control group members reported hazardous drinking, compared with 8.9 percent of Fast Track participants—a difference of 45.3 percent.

In addition, opioid use was significantly lower among Fast Track participants. Within the control group, 4.1 percent reported at least weekly use of opioids. Among former Fast Track participants, 1.7 percent used opioids at least weekly—a difference of 61.2 percent.

"Our findings suggest that prevention programs aimed at facilitating the acquisition of social and behavioral competence in conduct-problem children could reverse the alarming rise in early and midlife diseases of [despair](#)," the study says.

"The breadth and magnitude of the positive impacts make a clear case for the value of early holistic, developmentally informed, psychological interventions that involve the child, family, and school in mitigating preventable self-inflicted mortality."

More information: Jennifer W. Godwin et al, The Fast Track intervention's impact on behaviors of despair in adolescence and young

adulthood, *Proceedings of the National Academy of Sciences* (2020).
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