

AGGRESSION

Programs and Services Effective in Reducing Aggression in Young Children

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Introduction

The antisocial behaviours of children and adolescents have long been a major societal concern. This concern has increased over the years, along with the attention given to juvenile correction facilities and the enormous financial costs of youth crime (in the United States). Conduct problems (especially among boys) are now the top childhood behavioural problems to be referred to mental health professionals.¹ Aggressive and disruptive behaviour is one of the most enduring dysfunctions in children, and, if left untreated, frequently results in high personal and emotional costs to children, their families, and to society in general. A great deal of research has therefore been conducted to investigate the causes, treatment, and prevention of conduct problems.

Subject

Risk status for aggression may stem from innate characteristics such as temperament^{2,3} and malleable, formative factors in a child's social and psychological development that contribute to aggression in childhood.⁴ High levels of physically aggressive behaviour by age 2 has been found to reliably predict aggression by school age.⁵ Identified causes and correlates of childhood aggression, such as dysfunctional family processes and poor social competence (as marked by a child's rejection by peers, deficient social-cognitive processing, and participation in deviant peer groups) may also constitute some of the direct causes of later adolescent conduct problems.⁶ In their extensive and relatively typical review of the risk factors for adolescent antisocial behaviour, Hawkins, Catalano, and Miller² identified risk factors that included the following:

1. Deficient family management practices involving lack of maternal warmth, inconsistent parenting, unusually severe or permissive parenting, and poor monitoring and unclear expectations regarding behaviour
2. High levels of family conflict

3. Low levels of warmth and involvement in parent–child relations
4. Rejection by peers in the elementary grades
5. Association with deviant peer groups in childhood and high school years.

Thus, in a developmental framework, antisocial and violent behaviour may be conceptualized as resulting from stacking sets of familial and personal factors,^{7,8} with children’s aggressive behaviour being the result of that developmental course. Loeber⁹ theorizes that as these aggressive behaviour patterns become entrenched, sequelae subsequently emerge on the trajectory to substance use and conduct disorder manifests itself. In early to middle childhood, increasingly oppositional children can experience highly negative reactions from teachers and rejection from peers. Their academic progress weakens and by early adolescence, they become more susceptible to deviant peer group influences. By adolescence, this trajectory results in a heightened risk of substance use, delinquent acts and school failure.^{4,9} Therefore, early preventive interventions during preschool years can impact children’s (otherwise increasingly stable) aggressive behaviour before additional risk factors on the trajectory to antisocial behaviour are accumulated.

Research Context

Although treatment and prevention research has been extensively conducted with children during the elementary-school and high-school years, there have been relatively few rigorously designed intervention research studies conducted with programs designed to reduce aggressive behaviour problems during infancy and preschool years. As research has gradually begun to increase in this area in recent years, intervention programs with children from birth to age 5 have focused on the preschool period related to parenting and family processes.^{10,5} Two of the most effective intervention programs with preschool children come from the work of Webster-Stratton¹¹⁻¹² and Eyberg.¹³

Key Research Questions

Research questions have addressed whether psychosocial interventions delivered to parents when their children are in the 0-to-5 age period can affect parenting behaviours and can effectively reduce the aggressive and disruptive behaviours in children.

Recent Research Results

Overall, only limited intervention research has been conducted in the 0-to-5 age range; and more research has focused on the preschool years than on infancy and early toddlerhood. Webster-Stratton¹¹ randomly assigned nine Head Start centres either to a parent and teacher training condition or to a control condition. The nine-week intervention program with weekly two-hour meetings produced lower rates of observed negative behaviours and non-compliance in 4-year-old children, and higher levels of competence in parents. At a one-year follow-up, it was observed that most of the gains in child and parent behaviours were maintained. Similar positive findings were established with regard to parent training combined with child-focused skills training by Webster-Stratton and Hammond¹² in a sample that included older children (4-to-8 year olds). Other controlled research also supports the provision of parent and child training during preschool years. Notably, a study by Miller-Heyl, MacPhee and Fritz¹⁴ found that by combining 12-week parent workshops with a simultaneous

training program for high-risk 2-to-5 year olds and their siblings, and instituting a joint activity time for parents and children resulted in decreases in oppositional child behaviours, decreases in harsh punishments from parents, and improvements in the effectiveness of parental discipline (according to parent reports).

While the Webster-Stratton intervention model involves direct, separate training with parents and children, the Eyberg Parent–Child Intervention Therapy (PCIT) model focuses on parent–child dyads. Using a wait-list design with random assignment of 64 families of 3-to-6 year-old clinic-referred children, Schuhmann, Foote, Eyberg, Boggs, and Algina¹⁵ found that intervention parents were observed to interact more positively with their children and were more successful in gaining children’s compliance than were control families. Intervention children had greater parent-rated behavioural improvement than did children in the control condition. The PCIT intervention consisted of four months of weekly therapist-led parental coaching sessions on the use of specific parenting behaviours during natural play situations with children. Similar support for the use of parent–child interaction training was established by Strayhorn and Weidman,¹⁶ who found that intervention preschool children had lower levels of disruptive behaviour than did control children at a one-year follow-up.

Although little research is available to guide planning for interventions designed to reduce the early precursors to aggression during the prenatal-to-infancy period, some indirect evidence suggests that fruitful interventions could be delivered during this period. Analyses of the Elmira Nurse Home Visitation Program found that, in its comparison group, parental maltreatment of children was associated with significant increases in early onset problem behaviours in children, behaviours which continued until (at least) age 15.¹⁷ However, in the home-visited group, there was no relation between maltreatment and problem behaviours in youths, apparently because the number of maltreatment reports in the intervention group had decreased. The home visitation program also reduced the number of arrests, alcohol use, and promiscuous sexual behaviour among the subset of 15 year-olds who had been raised by high-risk mothers.¹⁸ During home visits in this intervention, nurses provided maternal coaching on parenting and on life-course development and health-promoting behaviours from pregnancy until a child’s second birthday.

Conclusions

During the preschool years, psychosocial interventions with parents regarding their parenting practices can have immediate effects both on parenting behaviours and on aggressive and noncompliant behaviours among children. Several different models of effective parenting programs have been found for the parents of children in this age group, including parent training workshops, group meetings, and coaching during interactions with children. The latter type of parent–child program may be more appropriate in clinical settings or interventions targeting high-risk families than in large-scale prevention services. In comparison, the efficacy of prevention programs from prenatal care through infancy is not as well established, although programs like home-visitation interventions hold some promise.

Implications

As is generally the case in prevention research,¹⁹ applied research still needs to address key issues regarding programs directed towards aggressive behaviour in children during the 0-to-5 age period. Indeed, the empirical database on intervention programs in these early years is not as well established as that pertaining to interventions in later childhood. Therefore, first and foremost, research must evaluate new intervention

programs for preschool-aged children, and, especially, for families with infants. Second, ongoing research on existing effective interventions will be needed to identify methods for refining and enhancing even those interventions that are already empirically supported. Third, new and existing intervention programs should be firmly grounded in developmental theory, and thus be focused on targets for intervention that have strong links to the development and maintenance of aggressive behaviour in children in the 0-to-5 age range. Fourth, research should confirm that successful interventions are impacting children's behaviour through their influence on presumed mediating processes, such as parents' discipline practices. Fifth, the next generation of prevention research should examine factors in the training process and in host systems (eg, preschools and home visitation programs) that can affect the implementation and dissemination of effective interventions for children in this age group.

In terms of social policy, there is now sufficient evidence to encourage the development of widespread behavioural training programs for parents of preschool-aged children.

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