[Archived] Supporting Young Children and Their Families in the Reduction of Aggression. Comments on Webster-Stratton, Domitrovich and Greenberg, and Lochman

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Introduction

Issues of childhood aggression have come clearly to the fore over the past two decades. From the early observational research by Patterson and his colleagues,[1] we learned that the patterns of aggressive behaviour for some children do not decline with the development of language and social skills. Those children who show elevated levels of aggression in early childhood are at risk for continuing problems in childhood and adolescence.[2] The challenge, therefore, is to find ways to support these young children and their families in order to reduce aggression and promote positive social capacities. Carolyn Webster-Stratton, Mark Greenberg, and John Lochman are

among the foremost researchers in the prevention and treatment of childhood aggression. Their programs for aggressive children are exemplary in terms of their theoretical and empirical foundations, as well as their rigorous evaluations. In these texts, these authors provide the highlights of research into the nature of aggression among young children and the strategies to support optimal development.

Research and Conclusions

In her overview of aggression in young children, Webster-Stratton highlights the importance of a developmental and systemic perspective for understanding and intervening in their aggressive behaviours. Throughout her commentary, Webster-Stratton weaves a perspective of the developing child. Because aggressive behaviour problems become increasingly crystallized with age, the optimal time to intervene is in early childhood. Furthermore, as children's social worlds expand, their interactions with others entail additional risks for the consolidation of aggressive behaviour patterns. Therefore, the focus of intervention, which is initially on the family context, expands to include school and peer contexts. Webster-Stratton has responded to a frequently heard call for empirically validated interventions. Her interventions are among the few to have been rigorously evaluated and shown to be effective in reducing aggressive behaviour problems in young children.

Domitrovich and Greenberg pick up the developmental threads laid down by Webster-Stratton in their perspective of preventive interventions that reduce aggression in young children. They highlight the seriousness of aggressive behaviour problems, which, if not addressed, can lay the foundation for poor outcomes through childhood and adolescence and into adulthood. Domitrovich and Greenberg point to the importance of early prevention to reduce risks, explaining that as children develop, the risk factors related to their problem behaviours tend to accumulate and further constrain troubled children to a maladaptive pathway. These authors also highlight the importance of children's interactions as they move into schools and peer groups. Their perspective regarding intervention research is similar to that of Webster-Stratton and Lochman as they identify parent-focused interventions as most effective in reducing young children's behaviour problems. With development, the focus for preventive interventions should expand to encompass children's social and problem-solving skills, as well as the classroom context. Domitrovich and Greenberg echo Webster-Stratton's call for more intervention in the early years, when the malleability of children's behaviour problems and the potential for change is greatest.

Lochman's paper completes the picture by focusing on effective programs for young children's aggressive behaviour problems. Drawing from longitudinal research on poor outcomes for aggressive children, Lochman highlights the importance of interventions in view of the high cost of children's aggression for the children, themselves, their families, and society as a whole. Lochman notes that these interventions should occur early on in a child's life since, with age, the personal and familial risk factors associated with continuing aggression aggregate. Lochman also presents a systemic perspective of aggressive problems by referring to research on the cascading of risks in one stage that sets off risks in a subsequent stage. For example, a child who is aggressive and lacks social competence will be unable to sustain positive relationships with peers and even teachers. This lack of relationship capacity brings about experiences of rejection within essential social contexts. Lochman provides guidelines for considering interventions by intersecting developmental and systemic perspectives. At different stages of development, different social skills can be targeted within expanding social contexts. Regarding the earliest period of infancy, Lochman cites efficacy studies for the home visiting programs that promote positive parent–child interactions and parenting skills. Regarding the preschool period, he highlights the effectiveness of Webster-Stratton's interventions with parents and Eyberg's interventions with parents and children. Given that the parent–child relationship is the primary context for socialization during the early years, enhancingthe capacity to interact in a positive and non-hostile manner among both parents and children should be an important component of effective programs for young children. Lochman concludes that considerably more intervention research with young aggressive children is required and that these interventions must be tailored to the critical developmental tasks and social contexts in the various stages of early development.

Implications for Services

Taken together, these three papers provide essential guidelines for those who provide or plan services for young children and their families. First, young children's aggression is not something that they "just grow out of," but is a problem that augments and places children and those around them at risk for serious problems throughout childhood, adolescence, and into adulthood. It is essential, therefore, to intervene to divert aggressive children from a troubled trajectory. Second, early interventions are the most promising because the behaviours of children and their parents are most malleable during the early years. Therefore, the focus of intervention efforts should expand to include a concerted effort to promote positive social interactions during infancy and early childhood. Third, a focus on the child alone is necessary, but not sufficient. In

infancy and early childhood, the most effective interventions support the capacity of parents to support children's healthy development. As children's social worlds expand, they enter new, more complex and demanding social contexts within schools and peer groups. For socially competent children, these relationships can promote social development and competence; however, for aggressive children, they present additional risk factors because teachers and peers eventually react to the difficulties in sustaining a relationship with aggressive children by rejecting them. In this way, the interactional problems that aggressive children experienced with parents at home are reflected in their relationships in broader social contexts. Therefore, as children develop, the focus of interventions needs to expand from parent–child relationships to school and peer group contexts. Without changes in these developmentally salient contexts, the dynamics that elicit young children's aggressive responses will persist. Furthermore, we cannot be complacent that interventions in one stage and context will be sufficient. Aggressive children may require sustained support as they negotiate new developmental challenges across changing social contexts.

Although cogent guidelines emerge from the research reviewed in the three papers, there is still much to be learned about intervening to support the optimal development of aggressive children. Not all aggressive children are the same and the risk factors associated with their troubled trajectories vary markedly. As we move forward in our efforts to support aggressive children and their families, we will need to recognize not only the similarities in their developmental risks and pathways, but also the differences. Interventions that are tailored to the specific needs of aggressive children and their families will be more successful in shifting interactional patterns and promoting relationship capacity. Much of the empirically validated intervention research on aggressive children has been conducted with boys because their aggressive behaviour problems are more prevalent and often more salient than those of girls. Nevertheless, the stability of girls' aggressive behaviour problems is similar to that of boys and the problems that aggressive girls experience in adolescence and adulthood are equally worrisome.[3-5] It remains to be seen whether standardized interventions to reduce aggressive behaviour problems are equally effective for boys and girls. Among other things, it should be noted that relationships are highly salient for girls and may comprise an important focus for interventions tailored for aggressive girls.[6]

In the past decade, we have made substantial gains in understanding the development of and effective interventions for aggressive children. Now the challenge is to identify children and families who are at risk before problem behaviours become entrenched and before systems in-

children's spheres of activity begin to push those with aggressive behaviour problems to the margins. If we neglect these children when they are young and when the challenge of raising them falls on parents' shoulders, we will miss the opportunity to promote their capacity to relate to others in school, in their peer groups, in the workplace, in romantic relationships, and in their own families. The cost of early intervention seems minimal compared to the immense costs of containment and repair associated with troubled development. With early intervention, we have the hope of setting these troubled children on a positive pathway.

References

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