

Introduction

A recent U.S. surgeon general's report (U.S. Department of Health and Human Services, 2001), which reviewed the epidemic of youth violence in the United States, showed that violence and antisocial behavior among youth is occurring at an alarming rate. The surgeon general noted that "the most urgent need is a national resolve to confront the problem of youth violence systematically, using research-based approaches, and to correct the damaging myths and stereotypes that interfere with the task at hand" (p. 3). The report debunked the myth that children with these problems are beyond help and revealed that there are many innovative interventions that can be used to enable these children to lead more productive lives. Specifically, the surgeon general advocated the use of comprehensive intervention approaches with children who are showing early signs of aggression and conduct problems, as well as for children who are engaging in established patterns of violent and antisocial behaviors. To improve the status of these children, interventions need to be employed that reduce risk factors related to problem development and enhance protective factors related to adaptive development.

Children who display aggression and conduct problems at a young age are at risk for developing violent behaviors, mental health problems, school dropout, chemical dependency, occupational difficulties, marital and family problems, and criminal offending outcomes as adolescents and adults. Those children that persist in their problems impact society directly through victimization or indirectly through the financial costs involved in treating and rehabilitating them in mental health, educational, correctional, medical, and other social service delivery systems. Early-onset aggression and conduct problems in children should be considered a public health problem of equal or greater magnitude to smoking, drug abuse, teenage pregnancy, and sedentary lifestyles.

Fortunately there are many effective assessment and interventions methods available to help children with early aggression and conduct problems. It is difficult, however, for practitioners and other professionals to be fully informed about the range of effective practices and keep up with new developments. In this book we synthesize what is known about the best assessment and intervention procedures to better equip professionals who work with these children and their families. In so doing, we hope to assist practitioners in moving toward the comprehensive approach of assessment and intervention that was called for by the surgeon general.

FOCUS OF THIS BOOK

It is our belief that a wide variety of people will benefit from reading this book. Our primary intended audience is practitioners who work in school, community, clinical, and other service delivery systems where children with aggression and conduct problems are often served. We think the book could be used as a resource to facilitate interdisciplinary collaboration and greater coordination across professionals and service systems. The book will also be useful for researchers who are evaluating practice procedures, administrators who are refining and developing services, policymakers who are looking for information pertaining to effective intervention methods, and students learning about child and family services. Parents and teachers will also profit from reading about the many strategies presented here.

The main goal of this book is to provide a description of best practices in assessment and intervention for children up to age 12. Best practices are based on our review of the research and an integration of practice procedures from numerous sources. Although we do not present exhaustive research literature reviews, we do present enough to demonstrate the utility of a particular intervention and to enhance the confidence of practitioners in using them. In other words, the best practices presented are empirically supported. Likewise, when describing specific practices, we do not review every possible practitioner source. Rather, we identify exemplary or promising models of intervention and try to integrate practice information across selected sources to establish best practice parameters. Our decisions pertaining to which research and practice sources to review and integrate are based on our own judgment. Those judgments were made from the vantage point of our combined 30 years of applied practice and research experience with children who exhibit aggression and conduct problems in clinical, school, and community settings.

Throughout the book we use the terms *intervention* to describe what is being done when best practices are implemented and *practitioner* to describe the individual who delivers it. We are aware that interventions range on a continuum from prevention to treatment. Most of the practices in this

book, in our opinion, are not specific to prevention or to treatment. Many of the best practices described could be used in either context. On occasion we refer to prevention or treatment when procedures are specific to those endeavors, but for the most part we stick to the broader notion of intervention when describing best practices. We present best practices and rely on practitioners to apply them within the prevention or treatment context. Likewise, many of the best practices we describe can be conducted in different settings by a variety of human services and educational professionals. In our opinion, similar interventions can be applied in different settings as long as well-trained professionals conduct them. To us, the setting or one's credentials are less important than making sure best practices are used. Most of our discussion of various best practices is not bound to any one setting or kind of professional.

There is a lot of information in this book! One practitioner cannot realistically conduct all the interventions described and a single family would not require them. Therefore we recommend that the reader use this book as a handbook and reference source. The detailed Table of Contents can be used to pinpoint topics that are most relevant to a practitioner. The book will enable the practitioner to derive a good understanding of the best practices that relate to his or her work, and make him or her better informed of best practices that children should receive when they seek services in other settings.

DEFINING AGGRESSION AND CONDUCT PROBLEMS IN CHILDREN

The heterogeneous nature of children with aggression and conduct problems presented us with a challenge concerning what terms should be used throughout the book to describe them. These children may share the common broad characteristic of exhibiting a form of aggression and conduct problems, but there are a variety of narrow characteristics that distinguish one child in this group from another (e.g., reactive aggression, relational aggression, oppositional, etc.). We grappled with the idea of using a broad term to describe these children versus using the many narrow characteristic terms that are defined in Chapter 1. Ultimately, we chose a middle ground. It seemed to us that it would be confusing and cumbersome to continuously go back and forth between the many characteristic definitions. We also recognized, however, that it would be helpful to specify narrow characteristics when they relate to specific practices. Thus throughout the book we use the broad term *aggressive/conduct problem* (ACP) to describe the general population of children with aggression and conduct problems. *The ACP definition denotes children who manifest some form of early-onset aggressive behavior and who also display, or who are at risk for displaying, covert*

antisocial actions. This definition simplifies discussion of the material because the book is largely about describing best practices that may be applicable to a wide range of aggressive behaviors and conduct problems in children. We also rely on narrow characteristic terms to relate to specific assessment and/or intervention methods, where applicable. In other words, we articulate general best practices for the broad group, but also note specific practices when warranted.

A DEVELOPMENTAL–MULTISYSTEMIC MODEL OF PRACTICE

In this book, a developmental perspective (see, e.g., Cummings, Davies, & Campbell, 2000; Luthar, Cicchetti, & Becker, 2000; Masten & Coatsworth, 1998) is blended with the multisystemic intervention approach (see, e.g., Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998). The resulting developmental–multisystemic model of practice is a theoretical and heuristic framework used as a basis for developing and conducting interventions with children manifesting ACP. This model of intervention is utilized to articulate procedures to redirect children who are progressing down a developmental pathway of escalating problems to a resilient developmental course. *The developmental–multisystemic model of practice attempts to promote resilient development by reducing risk factors and promoting protective factors in the child, parent/family, social/peer, and contextual “life domains”* (i.e., areas of influence on children’s development). To accomplish this, comprehensive interventions that reach across these four life domains need to be employed. The developmental–multisystemic model of practice is detailed in Chapter 2 and is the basis for the assessment and intervention practices described throughout the book.

ORGANIZATION OF THIS BOOK

The book is organized into five parts. Part I examines the nature of the problem. It contains two chapters that lay the foundation for the book by describing the characteristics, developmental pathways, and associated risk factors that are seen in children with ACP. In addition, information pertaining to protective factors observed in resilient children is also presented. This culminates in a more detailed description of a developmental–multisystemic intervention model that organizes interventions to reduce risk factors and promote protective factors in the child, parent/family, social/peer, and contextual life domains.

Part II presents information pertaining to assessment and identification. The single chapter in this part reviews basic issues that are important

in the assessment of any childhood problem. The discussion then moves toward specific issues for assessing children with ACP. Procedures are suggested to diagnosis children and to evaluate the presence of potential risk factors in the four life domains. This comprehensive approach leads to effective treatment planning to reduce risk factors and to promote protective factors.

Part III, consisting of three chapters, presents child and family interventions that directly influence individual, parent/family, and social/peer factors. Skills training interventions that enhance children's social competencies are described. Interventions focused on parent and family skills development are also presented. Finally, there is a discussion of mental health treatments that deal with entrenched problems. Many or all of these interventions may be necessary when intervening with children exhibiting ACP and their families.

Part IV, with four chapters, presents contextually based (i.e., school and community) interventions. The school-based interventions described in this part make an impact on individual, social/peer, and contextual domains. They include efforts to enhance academic skills, improve school behavior, and teach social and emotional skills in the school setting. The community-based interventions that are discussed improve individual, parent/family, social/peer, and contextual factors to varying degrees. The interventions provide child and family support. The contextually based approaches to intervention are essential for children exhibiting ACP and their families.

Part V deals with integration and challenges. The two chapters in this part attempt to build upon the previously described intervention strategies. University-derived multicomponent interventions and "real-world" coordinated services programs that simultaneously effect two or more life domains are described in one chapter. The underlying assumption is that comprehensive and multifaceted interventions will be the most effective. To affect change, however, it is important to engage families and ensure that systems are set up to offer such comprehensive intervention approaches. Therefore, the last chapter deals with the challenges of effectively engaging families and creating coordinated service delivery systems.

THE AUTHORS' HOPE

We recognize that one practitioner cannot provide all the assessment and intervention procedures described in this book. We do think, however, that practitioners should understand all the different practice options, should conduct their work using best practices, and should provide an opportunity for children and families to participate in a broad array of necessary interventions. We have also observed that truly effective interventions ultimately require coordination among many practitioners and service systems. There-

fore we advocate that all professionals make it a priority to provide such coordinated services. Being aware of the research and best practices pertaining to different assessment and interventions methods will make practitioners more effective in providing services and coordinating with other service systems. We hope this book will assist practitioners and other professionals in being able to realize the best approaches to practice. We further hope that practitioners and other professionals will translate these best practices into improved lives for children with ACP and their families.