

Management of Conduct Problems in Young Children

A Practitioner's Review

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Abstract: Conduct problems in young children significantly impact families, schools and the broader community. Conduct problems usually begin at an early age and can lead to psychological distress and later maladjustment. The prevalence of conduct problems in children calls for teachers, school counsellors and other educational specialists to develop an awareness of prevention and early intervention strategies to target the onset and development of maladaptive behaviours. This paper provides a review of a number of recent treatment approaches to arrest the development of conduct problems in young children as a means of informing teachers, school counsellors and other practitioners working in educational contexts. It also delineates a number of risk and protective factors, in order to identify how existing treatment programs serve to prevent pathways to dysfunction. Finally, the paper provides recommendations for future practices in early intervention and prevention to best equip schools and families in effectively reducing the incidence of conduct problems in children.

Keywords: Conduct Problems, Children, Early Intervention

Introduction

THROUGHOUT THE LAST decade, the rising incidence of conduct problems in child populations has been well documented in preventative research (Sanders, Gooley, & NicholSEN, 2000; Greenberg, Domitrovich, & Bum-barger, 2001). Conduct problems include behaviours such as aggression, impulsivity, and delinquency that impede the individual's functioning and cause considerable distress to the individual and significant others (Frick, 1998). Research examining the effects of conduct problems on children, families and school settings indicates that such problems develop early in an individual's life and are associated with a range of social issues that impede the individual's social and emotional functioning (Dadds, 2002). For this reason, it is imperative that teachers and other school personnel are well equipped to service the needs of at-risk students. This review provides an overview of some of the key issues associated with the identification and treatment of children with conduct problems and includes discussion focussing on existing early intervention and prevention frameworks.

Conduct Problems: Definition and Onset

The term conduct problem refers to identifiable behaviours in the individual that fail to conform to societal norms and encroach on the rights of others (Frick, 2004; Walker, Kavanagh, Stiller, & Golly, 1998). A range of behaviours may be present including less severe manifestations such as mild forms of conflict to more prominent behaviours that significantly

breach the rights of others. Terms such as conduct disorder (CD) and oppositional defiant disorder (ODD) are well recognised in the literature (Frick, 1998) and are used to classify the prevalence of clinically significant dysfunctional behaviours in children and adolescents (McMahon & Wells, 1989). Diagnosis of children with clinically significant conduct problems involves the identification of a cluster of behaviours that match those identified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association, 2000). According to Kazdin (1993), levels of prevalence of formally diagnosed conduct problems in children and adolescents in community populations fall between two and six percent. Children and adolescents with conduct problems are at greater-risk of engaging in delinquent and criminal behaviours in adulthood and experience problems in later adjustment (Brook, Whiteman, & Lu Zheng, 2002; Frick, 1998; Kazdin, 1995; Vitaro, Brendgen, Pagani, Tremblay, & McDuff, 1999).

The literature indicates that conduct problems develop early in a child's life (Dadds, 1995; McMahon & Wells, 1989; Walker et al., 1998; Webster-Stratton, 1998). For example, the onset of conduct problems such as ODD and attention deficit hyperactivity disorder (ADHD) occurs in early childhood. CD is usually evidenced as a child approaches adolescence; however, recent findings support the distinction between the onset of CD in childhood and its manifestation in adolescence (Olson, Bates, Sandy, & Lanthier, 2000).



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Risk and Protective Factors

Research in early intervention and prevention highlights specific risk and protective factors that are associated with the onset of dysfunction. Risk factors linked to the development of conduct problems in children are often categorised within the domains of the child, family and educational setting.

Within the domain of the child, variables including the child's temperament (Dodge & Pettit, 2003; Frick & Morris, 2004), parental control in early childhood (Olsen et al., 2000), callous-unemotional (CU) traits (Frick, Cornell, Barry, Bodin, & Dane, 2003) and genetic dimensions influence the child's susceptibility to the development of conduct problems (Moffitt & Caspi, 2001). At the level of the family such factors including low socio-economic status, interpersonal dynamics, criminal behaviour, depression, substance abuse, aversive parenting practices, marital disharmony, low parental involvement and supervision and dysfunctional interactions between the parent and child are consistently demonstrated characteristics in the families of children at-risk of conduct problems (Loeber, Drinkwater, Yin, & Anderson, 2000; Loeber, Green, Lahey, Frick, & Mc Burnett, 2000). In terms of the school environment, risk factors such as peer rejection (Dishion, Nelson, Winter, & Bullock, 2004) and other dimensions of school culture such as organisation, socio-demographic characteristics, and class size can significantly influence behavioural outcomes in children (Frick, 2004; Kazdin, 1995).

The literature has identified a range of protective factors that reduce the risk of individuals developing conduct problems. Protective factors serve to ameliorate those risk factors present in the individual's life promoting resilience. Greenberg, Domitrovich, & Bumbarger (1999) outline three categories of protective factors including:

1. personal attributes of the individual including cognitive ability, social competence and temperament;
2. the individual's interaction within his/her immediate and broader sociocultural environment and;
3. the interacting systems in the individual's world such as school and home relations.

Common Treatments for Conduct Problems

A plethora of studies have explored clinic, school and family-based interventions to arrest the development of conduct problems. Treatment models such as family interventions and individual or group social cognitive modalities have been shown to produce significant results (Dadds, 2002; Webster-Stratton,

1998). Family interventions include approaches such as parent training. Numerous studies have supported the efficacy of this form of intervention for reducing problem behaviours in children (Sanders, 1999).

Many social-cognitive treatments have also been evaluated with findings suggesting that such forms of intervention serve to arrest the development of conduct problems in children (Frick, 1998; Webster-Stratton, 1998). Social-cognitive approaches combine cognitive and behavioural techniques to teach problem solving skills and include strategies such as modelling, role-play, feedback and reinforcement (Kendall & Panichelli-Mindel, 1995).

Specialist personnel working in the domains of psychology and education have also focussed on preventative measures in an attempt to reduce the impact of conduct problems in child and adolescent populations upon educational contexts (Kendall & Panichelli-Mindel, 1995). To this end, a range of school-based programs have been developed and implemented to provide support to students with conduct problems (Little & Hudson, 1996).

Issues Surrounding Treatment of Conduct Problems

While many intervention frameworks exist to assist children and families affected by conduct problems, an overarching concern for researchers in prevention and community health and educational specialists is that many of the individuals and families most in need of intervention programs are failing to access available treatments (Greenberg et al., 2001). This trend is largely influenced by the families' isolation from such treatment programs due to personal characteristics and socio-environmental factors. Further, the high attrition rate for families accessing mental health services, due to barriers in the intervention process, significantly affects treatment outcomes (Kazdin, Holland, & Crowley, 1997). Current research in prevention recognises the importance of tailoring intervention programs to the needs of the client groups for which such programs are intended to increase client engagement (August, Egan, Realmuto, & Hektner, 2003).

Prevention and Early Intervention Models of Treatment

Recent studies examining strategies to arrest the development of conduct problems in children have identified the significance of early intervention frameworks that are multimodal in design. These frameworks allow for the early detection of conduct problems and consider the broader ecology of the child in order to target risk factors in multiple setting such as the home and school. This advancement in

the science of prevention has emerged as inherent limitations in existing intervention frameworks have been identified. Significant attention has been drawn to the link between multi-component intervention designs and the reduction in antisocial behaviours in children and families. Given the limitations of this review studies by Webster-Stratton (1998), Walker et al. (1998), the Conduct Problems Prevention Research Group (2002) and Larmar (2005) have been selected that support the effective influences of early intervention models on child and adolescent problem behaviour.

Webster-Stratton (1998) examined the effectiveness of an intervention program designed to arrest the onset of conduct problems for preschool age children enrolled in Head Start schools. The program served to increase links between the child's home and school and specifically targeted parents whose strategies of management were inadvertently placing their children at-risk. An overarching objective in the facilitation of the program was the focus on assisting parents to replace maladaptive parenting strategies with more effective ones. The intervention was facilitated for 394 mothers whose children were enrolled in Head Start Schools and lasted for eight to nine weeks. Results at post-intervention identified significant improvement in the behaviour of the intervention group compared with the control group. Follow-up assessments revealed that positive differences were maintained in parent discipline practices and teacher reports of child behaviour at 12 and 18 months following participation in the intervention.

The First Step to Success program (Walker et al., 1998) is another model of intervention that has proven to elicit promising results. The program targets kindergarten-age at-risk children of developing conduct problems and consists of three components: universal screening and early detection; school intervention; and home-based parent training. The program focuses on teaching children pro-social behaviours to assist in the promotion of academic and social success.

Two cohorts of at-risk kindergarten children engaged in the First Step to Success program to determine its efficacy. Following a multi-stage screening process, targeted children and their parents were involved in the home and school components. The home component involved training the parents in specific strategies to build child competencies in areas that affect school adjustment. The school component consisted of the target child's engagement in a home and school reward system that monitors the frequency of the child's pro-social behaviours. Post-intervention data analysis revealed a significant increase in pro-social behaviours in the intervention group in contrast to the control group at post-inter-

vention. These results were sustained at one-year follow-up.

A comparative early intervention model, the Fast Track program developed by the Conduct Problems Prevention Research Group (2002), is presently being trialed to determine its effectiveness among a population of at-risk students. The program was developed to assist in the promotion of competencies for children identified as at-risk for the development of conduct problems. The intervention involves the family, school, peer group and community in an attempt to target multiple risk and protective factors. The program is designed to target children at the point of school entry and addresses aspects of the child's environment that may lead to school failure. Evaluation analyses completed at the 3-year period of the intervention trial revealed that children assigned to treatment conditions were less likely to exhibit serious problem behaviours compared to children designated to control conditions.

Another intervention that has recently undergone evaluation is the Early Impact (EI) program (Larmar, 2005). EI consists of two overarching components, the school component and the familial component. The two components are designed as complimentary units and each includes strategies designed to encourage adaptive adjustment in children at-risk of conduct problems. As part of the school component, teachers involved in the intervention process are trained in specific strategies of management and a school curriculum that can be implemented in regular school communities. The home component of the EI program includes a parent training program designed to build parent competencies and reduce aversive parenting practices. A recent evaluation of the EI program revealed that the program served to reduce conduct problems in children within the school context with results being sustained at the six-month follow-up period (Larmar, 2005).

Research findings from early intervention program evaluations such as those cited above, indicate that multimodal intervention designs are efficacious in arresting the development of conduct problems in children. The significance of home-school partnerships is also highlighted in these studies, emphasising the need for future research in prevention to give greater attention to parents and teachers working collaboratively to assist children and families at-risk of conduct problems.

Future Recommendations

Based on current advances in the study of conduct problems in children a number of recommendations can be made that serve to direct future research and practice. First, future studies need to broaden the existing body of knowledge relating to the efficacy

of multi-component intervention frameworks. Second, research in prevention must propose effective alternative treatments to successfully engage more at-risk families. Low levels of engagement and high levels of attrition are common in preventative studies requiring active parent participation. Third, further studies at the school level need to give consideration to the development of treatment programs that can be easily disseminated into regular school settings. Existing models of treatment are often costly and are overly reliant on the assistance of program consultants to implement and facilitate such interventions. Fourth, future investigations into teachers' levels of expertise, experience and engagement with at-risk children are necessary. In order to more fully understand the influences of behaviour change at the school level, studies need to examine the potential effects of teacher's training, experience and quality of engagement with children in managing problem

behaviours in the classroom. Fifth, future directions in early intervention and prevention research should take into consideration the significance of home-school partnerships in assisting children at-risk of problem behaviour. Sixth, appropriate screening procedures and treatment programs need to be developed that are more readily accessible to school communities in order to identify and effectively treat children who are more at-risk of developing conduct problems. Finally, school administrators and teachers involved in the implementation of treatment programs should be adequately trained in the implementation and facilitation process. Professional supervision arrangements from suitably qualified personnel should be undertaken to ensure that programs are administered in a way that promotes the psychological health and well-being of children and their families.

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