95 Psychosocial Treatment of Children with Severe Aggressive and Antisocial Behavior

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The primary focus of my research has been developing psychological treatments for children who engage in extreme aggressive and antisocial behavior. Such behaviors are relatively prevalent (approximately 9–10 percent of children in the United States) and are among the most frequent bases for referring children to treatment (up to 33 percent of cases of children seen in treatment). The behaviors occur in both boys and girls but are much more prevalent among boys. In the long term, children with aggressive and antisocial behaviors are at greatly increased risk for mental health problems (e.g., psychiatric disorders, substance abuse), physical health problems (e.g., early death from disease), and criminal behavior (e.g., domestic violence, child abuse). The problem of aggressive and antisocial behavior is very costly for society because the children require many social and hospital services, are often taken to emergency rooms for behaviors that are dangerous or uncontrollable, are in special classes at school, and are in repeated contact with the criminal justice system. Until recently, no interventions had been shown to have impact on the problem – not medication, psychotherapy, special experiences (e.g., wilderness camps), or special diet.

Contribution and Its Importance

My clinical research has focused on children hospitalized or seen in outpatient treatment for extremes of these behaviors. The children get into frequent fights, destroy property, steal, set fires, and run away from home, in addition to exhibiting many other less severe but still problematic behaviors such as tantrums, oppositional behavior, and bullying. The constellation of behaviors constitutes a psychiatric disorder referred to as Conduct Disorder. As with many other psychiatric disorders (e.g., major depression, autism), there are varying degrees of severity and impairment.

We have developed two treatments, referred to as parent management training (PMT) and cognitive problem-solving skills training (PSST) (please see References at end of chapter). PMT trains parents very

concretely in new ways to interact with their children in the home. Parents meet individually with a therapist. The parents learn how to administer antecedents, such as instructions, prompts, or cues on how to perform the behavior; to focus the child on practicing the behavior by gradually reinforcing approximations of the behavior; and on consequences to increase prosocial behaviors by delivering praise and tokens. The therapist uses role-playing of parent–child interactions, repeated practice, modeling of the desired parent behaviors, feedback, and praise. The parents are the ones who actually change the child's behaviors by implementing the techniques they have learned at home.

In PSST, the therapist meets individually with the child. The child engages in a sequence of steps or self-statements designed to help the child look carefully at the demands of the situation, consider what might be alternative positive (rather than aggressive) ways of responding, consider the consequences of different actions, select one of those responses, and actually act out the solution in a role-play situation in the treatment session. As in PMT, modeling by the therapist, role-play of many situations, and repeated practice of easy and then more difficult social situations serve as the basis for the treatment sessions. Over the course of treatment, children have "homework" assignments (called supersolvers) to solve problems using the steps at home, at school, and at any other place where the child exhibits behavior problems.

My contribution has been developing and evaluating these treatments with clinically referred children (two to fourteen years of age) who range in severity from oppositional and defiant behavior to extremely violent and aggressive behavior. We have conducted experiments (randomized controlled clinical trials) to evaluate variations of treatment and their impact. The techniques that comprise PMT also are quite useful in child-rearing to address everyday challenges such as getting children to be ready for school on time, complete homework, or eat vegetables, or to eliminate tantrums and disrespectful behaviors that form "teen attitude." Because of the demand, we expanded our service to provide help to parents with these challenges among children otherwise functioning well in everyday life. We provide our interventions in person at the Yale Parenting Center (http://yaleparentingcenter.yale.edu/) but more often on-line, face-to-face via an encrypted (privacy protected) program that allows our trainers to work individually with parents anywhere in the world where there is access to the Internet.

Impetus for This Work

In a prior job, I was a professor of child psychiatry at a medical school, and as part of that position I was in charge of an in-patient service for children

aged five to twelve years old. The children were referred for severe psychiatric problems that required hospitalization; most of the youth were referred for very serious aggressive and antisocial behavior. No inpatient program, group or individual therapy, or medication had been shown to be effective with these children. We tried virtually all reasonable options; occasionally we yielded to parents to try options they viewed as reasonable (e.g., exorcism).

We decided to investigate and develop two treatments: one that could involve parents (PMT), and another treatment (PSST) for instances in which involvement of the parent was not possible (e.g., parent or caretaker was in prison, engaged in prostitution or selling of illicit drugs, was soon to lose custody of the child). We began developing the treatment, testing it with a few clinical cases, making revisions, applying treatment again, and so on, until we believed we had a viable procedure that was feasible and that specified in concrete terms what to do in treatment (e.g., on a session-by-session basis and how to handle obstacles and failure during the course of treatment). We began to study the treatment in controlled research trials, first comparing one of the treatments (PMT, PSST) to the usual hospital care and other commonly used but not well-studied treatments (individual, play-relationship therapy). After a few years, we moved our work from inpatient treatment to an out-patient service. We carried out several outcome studies over a period spanning more than thirty years. We now have two treatments with strong evidence on their behalf. The treatments greatly reduce aggressive and antisocial child behaviors and other symptoms these children often show (e.g., depression, anxiety, hyperactivity) and improve prosocial behavior and functioning at home and at school. Parents and families also change (e.g., reduced stress and depression in the parent, improved family relationships).

Significance of the Idea for Psychological Science and for the World Beyond Academia

The significance of our work derives from several features that address scientific questions, and applications beyond these questions. On the science front, most of the hundreds of psychotherapies in use in clinical practice are not based on empirical evidence that they are effective. Our work, and the work of many other researchers, is based on carefully controlled scientific studies that allow one to analyze facets of treatment, who responds well to treatment, and what can be done to improve effectiveness. This type of work adds greatly to clinical psychological science. In addition, the scientific contribution is reflected in the notion of translational research, i.e., drawing on basic science research and extending that

to applications and patient care. For example, PMT draws heavily on human and non-human laboratory research on the nature of learning and factors that facilitate acquisition and retention of behavior.

The work has contributed to everyday life well beyond academia to address real-world issues. First, as noted previously, severe aggressive and antisocial behavior is a debilitating condition with deleterious long-term effects on physical and mental health. We work with children, families, and teachers daily and can see palpable improvements in the children's lives at home, at school, and in the community. Thus, the real-world benefits are evident for the families with whom we work. In addition, the treatments we have developed have much broader generality beyond clinical applications and help parents with normal challenges of child-rearing. Parenting and child-rearing can be less stressful and more effective, and millions of parents could profit from the interventions. Overall, psychological science has produced basic research (e.g., human and non-human animal laboratory studies), translated research to develop treatments under highly controlled conditions, and extended these to clinical applications. Our treatment research is an illustration of the benefits of this process.

Next Steps

Three related steps are necessary to develop what we have learned from our research. First, more work is needed to extend evidence-based treatments to mental health professionals who carry out treatment in clinical practice. It is still the case that many of the psychological techniques routinely in use at clinics, hospitals, and in private practice do not have supportive evidence behind them.

Second, new ways of delivering psychological services, including the use of technology (e.g., Internet, apps, self-help treatments), are needed. Most people (~70 percent) in need of psychological services in the United States receive no treatment of any kind. We now have evidence that supports the effectiveness of many different psychological treatments for aggressive and antisocial behaviors and also for many other clinical dysfunctions (e.g., depression, anxiety) in children, adolescents, and adults. Next we need to develop novel ways to deliver them on a large scale to reach the millions of individuals in need of clinical services.

Finally, the techniques we have investigated could help parents in everyday life in concrete ways to develop positive behaviors in their children. Everyday life also includes urgent situations in which effective parenting techniques could help. As an example, in the United States, physical abuse and neglect of children lead to approximately five child deaths every day. Available techniques can help parents be more effective,

cope better with the stress of parenting, and develop positive behaviors in their children without resorting to harsh punishment. The critical next step is getting effective parenting techniques to the people who could benefit from their use.

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