

AGGRESSION IN YOUNG CHILDREN: STRATEGIES FOR PARENTS AND EDUCATORS

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Childhood aggression is an important focus for educators and parents owing to its relative stability over time and consistent link to a variety of negative outcomes, including delinquency, substance use, conduct problems, poor adjustment, and academic difficulties (such as poor grades, suspension, expulsion, and dropping out of school). Verbal and physical aggression are often the first signs, as well as later defining symptoms, of several childhood psychiatric disorders. These include Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD), both of which have, according to the American Psychiatric Association, prevalence rates ranging from 6 to 10% in the general population and even higher among males. This further highlights the need to recognize and treat aggressive behaviors early.

Characteristics

Aggressive behaviors can vary from problems with emotional regulation to severe and manipulative behaviors. There are various conceptualizations of aggression, which can include behaviors such as:

- Starting rumors
- Excluding others
- Arguing
- Bullying, both verbally (name-calling) and physically (pushing)
- Threatening
- Striking back in anger
- Use of strong-arm tactics (to get something they want)
- Engaging in physical fights

Notably, aggressive behaviors do not always involve physical contact with another person. Verbal aggression, such as starting rumors, excluding others, and arguing in elementary school years can be part of a developmental trajectory leading to adolescent delinquency and Conduct Disorder.

Developmental Issues

Those who begin to exhibit deviant behavior in childhood, rather than in adolescence, are more likely to display the most persistent, severe, and violent antisocial behavior. Indeed, childhood aggression is often viewed as an indication of a broader syndrome, frequently involving oppositional and defiant behaviors toward adults and covert rule-breaking behaviors that could lead to more serious violations in adolescence.

The first signs of aggression may start very early among infants with irritable, difficult-to-soothe temperaments. Early behavioral problems in toddlers and preschoolers, such as impulsivity, hyperactivity, and temper tantrums, may eventually develop into more serious disruptive and aggressive behaviors, such as arguing with adults, defying rules, bullying others, and starting fights.

Children with difficult temperaments and early emerging behavioral problems often fail to develop positive attachments with their parents or significant caregivers. As a result, they may become involved in gradually more coercive exchanges with their parents and other significant adults, including teachers. Parents of these children often display high rates of harsh and inconsistent discipline and show low rates of positive involvement. They may also have unclear rules and expectations and lack adaptive discipline strategies and parenting problem-solving skills. These parenting behaviors can increase the coercive exchanges between parents and their aggressive children.

Children may begin to use coercive behaviors in other social interactions, leading to increasingly aggressive and disruptive behavior with peers and adults. After repeated coercive interchanges, children may begin to exhibit problematic ways of processing social information. These may include relying on aggressive solutions in problem solving when presented with social conflicts, expecting that aggressive solutions will work, and having difficulties interpreting social information accurately (attribute neutral behaviors by others as hostile). These difficulties have been documented as early as preschool. Likewise, certain environmental risk factors, such as family dysfunction, socioeconomic disadvantage, or a violence-ridden neighborhood, can play a role in the development of serious aggression.

Interventions

Techniques to prevent violence and to intervene with at-risk aggressive children have become priorities for educational policy and funding. In recent years, clinical research studies have identified empirically supported treatments for aggressive children. Treatment strategies aimed at parents (improving parental monitoring and consistency in discipline), as well as targeting children (cognitive behavioral treatments, such as problem-solving skills training and anger management), have been effective in reducing behavioral problems and aggression in children. Group

intervention programs, which are efficient in both time and cost, are often as effective as individual therapy. Treatment outcome research indicates that a combination of interventions for both parents and children may be particularly effective.

Parenting Programs

It is very important, particularly for younger aggressive children, to target parents when intervening.

Parent-Child Interaction Therapy. This program (see Sierra Adoption Services in the "Resources" at the end of this handout) creates warmer relationships between parents and their young child who has behavior problems. Parents are given techniques to be more responsive to their child and to manage their child's behavior more effectively. The goal is to improve the parent and child interaction in an effort to improve both child and family functioning.

The Incredible Years. This is a training series developed by Carolyn Webster-Stratton (see "Resources"). Parents are taught positive communication and child-directed play skills, as well as clear limit setting and nonviolent discipline strategies. Parents are also given instruction on how to teach emotional and behavioral regulation skills to their child. Recently, this program has been redeveloped to include instruction for teachers and children as well.

Child and Family Programs

Although targeting parents is specifically useful when working with aggressive children, programs targeting children have had success as well.

FastTrack. This was developed by the Conduct Problems Prevention Research Group (see "Resources") and is a long-term program for young at-risk children, beginning in the first grade. Teachers are trained to deliver a curriculum in social and emotional development. Lessons cover four domains of skills: emotional understanding and communication, friendship, self-control, and social problem solving. The content of the curriculum for each grade level builds on the content of the previous grade-level curriculum, with new concepts that keep pace with developmental changes. Parents meet in groups as do the children, and child social-skills training and academic tutoring are offered, as well as home visiting by group leaders. Children meet in friendship groups. Leaders conduct discussions and role-plays and show films to illustrate and promote skill concepts. Cooperative activities are provided for skill practice and performance feedback. Sessions focus on reviewing and practicing skills learned in the classroom portion.

Parents meet with group co-leaders to discuss parenting strategies that support children's school adjustment and improve child behavior. Primary content areas of the parent group

curriculum include establishing a positive family-school relationship and supporting child adjustment to school, building parental self-control, promoting developmentally appropriate expectations for the child's behavior, and improving parenting skills to enhance parent-child interaction and decrease disruptive behavior.

After the groups, both the parents and their children spend 30 minutes together each session participating in positive cooperative activities and practicing positive parenting skills. In addition to the group meetings, individual support is provided to children and parents to help them generalize the skills presented in the group and to address individual needs.

Research on the FastTrack program shows that 11% fewer students in the program required an Individualized Education Program (IEP) compared to those not participating in the program.

Anger Coping/Coping Power. Anger Coping is another prevention program that focuses on effecting change for the aggressive child by reducing the child's anger and behavior problems. This cognitive-behavioral program focuses on at-risk aggressive children age 9-13 and provides coping and problem-solving skills. Based on promising findings a more recent version of the prevention program, Coping Power, has been developed. This program is designed to bring about change in the family system by working with both the child and the parent separately.

Anger Coping and the child component of the Coping Power programs are typically provided in a school-based group format. Anger Coping includes 18 weekly sessions and Coping Power includes 34 weekly sessions. The child component of Coping Power covers

material such as goal setting, organizational skills, perspective taking, emotional awareness, use of coping statements to deal with anger, relaxation training, social problem solving, making friends and negotiating with peers, developing positive peer relationships and avoiding deviant peer groups, and resisting peer pressure.

The Coping Power parent component is also based on cognitive-behavioral principles, and is designed to address caregiver and parenting risk factors for child aggression. Parents learn additional skills that support the skills that their children learn in the child component, as well as some skills for dealing with parenting stress. Parents learn how to create a positive home environment and to end the coercive cycle that may exist between them and their aggressive child.

Typically, parents meet during 16 meetings approximately once every 2 weeks in the late afternoon or evening hours at their children's school. Sessions cover material such as academic support in the home, tracking and attending to child behaviors, praise and rewards for positive behaviors, ignoring minor disruptive behaviors, giving effective instructions, establishing rules and expectations, use of consequences for defiant or disruptive behaviors, handling child behavior during the summer months, family cohesion building, family problem solving, and family communication.

The benefits of the Anger Coping and Coping Power programs have been established in studies that included random assignment of at-risk aggressive children to either participate in a group or to be in an untreated control condition (that is, receiving “care as usual”).

Tips for Dealing with an Aggressive Child

When dealing with an aggressive child, teachers and parents may use the following guidelines:

No child is always bad. Catch the child behaving well and attend to and praise the child's positive behaviors. Provide additional opportunities for the child to act appropriately and give them positive feedback. Do not only notice the child's inappropriate and aggressive behavior. If you do, the child may use it as a way to get your attention.

Respect. Always let the child know that you care and respect him or her. Remind the child that it is the inappropriate behaviors (not the child) that you do not like.

Don't ignore. Although ignoring minor disruptive behaviors (whining, complaining) can be an effective way to decrease those behaviors, do not ignore inappropriate aggressions.

Be positive. Remain calm and model positive problem solving for the child. Do not become angry in response to the child's anger.

Don't rationalize. Do not try to rationalize with the child about the aggressive behavior or why you are invoking consequences; avoid a power struggle.

Behavior contracts. Set up a behavioral contract with the child to help the child take control of his or her own behavior. The contract should list target positive behaviors that are expected and a reward that can be received for meeting a criterion number of these behaviors. Rewards can be naturally occurring rewards, such as more computer time, being teacher's helper for an afternoon, or getting to watch a favorite television program at home. The target behaviors should be positive behaviors (the “Dos” rather than the “Do not’s”). They should communicate the child's expectations. Thus, if a child often argues, the target behavior can be to discuss things calmly.

Effective commands. Use effective instructions and commands with the child. Commands should be concise, direct, positively stated, and given one at a time. Avoid question commands (“Would you like to help me clean up this mess now?”) because they give the child the opportunity to say, “No.” Avoid “Let’s” commands, unless you actually plan to help the child with the task. Avoid commands that are vague, are multiple commands chained together, or that give too much explanation as to why you are asking the child to do the task.

House rules. Set up house rules or classroom rules that the child must always follow. These rules can focus on decreasing aggressive behavior. If a child breaks a

rule, then he or she is given an immediate consequence (no warnings).

Negative consequences. When a child does not follow instructions or other set expectations, breaks rules, or engages in aggressive behavior, provide prompt negative consequences. These can include time out, extra work chores, or loss of a privilege.

Communication. Increase ongoing communication and cohesion between yourself and the child. The child will then be much more likely to come to you when a problem arises.

Problem solving. Model effective problem solving: identification of the problem; generating multiple potential responses, both positive and negative; evaluation of the alternative responses; and planning for implementation of the response. Help the child to see problem solving in action and use opportunities to assist the child in applying these principles to his or her own problems.

Relaxation. Teach the child quick but effective relaxation techniques (deep breathing, counting to 10) that can be used to calm down when the child gets very angry.

Coping statements. Help the child to develop a list of coping statements to deal with anger. Practice these statements with the child in advance, so that he or she will be more readily able to use these statements when in provoking social situations.

Perspective taking. Aid the child in understanding others' perspectives, including what others may be thinking and feeling. Again, practice perspective taking in advance during non-provoking situations so that the child will be better prepared to do so when provoked.

Negotiating. Teach the child skills for negotiating his or her needs with peers, parents, and teachers so that the child will be less likely to use aggression or defiance as a means of getting what the child wants.

Evaluation. Whenever a teacher or parent is very concerned about ongoing inappropriate behavior, a comprehensive evaluation by a qualified mental health professional should be arranged to determine if more intensive treatment, such as therapy, is needed.

Summary

Childhood aggression is a serious problem requiring the combined efforts of parents and educators. Structured group programs can be used with children presenting with aggressive behaviors and also for those identified as at risk for aggressive behavior problems in an effort to prevent negative outcomes. The earlier children can be targeted for intervention, the better. Overall, results indicate that aggressive behavior and other disruptive behavior symptoms can be reduced through early intervention.

Resources

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Websites

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www.actagainstviolence.com The Centers for Disease Control and Prevention:
Youth Violence in the United States

www.cdc.gov/ncipc/dvp/youth/newfacts.htm The Incredible
Years—www.incredibleyears.com The National Institute of Mental Health:
Children and

Violence (booklets, fact sheets, and summaries)-

www.nimh.nih.gov/publicat/violencemenu.cfm Sierra Adoption Services: Parent
Child Interaction

[Therapywww.sierraadoption.org/afrc_parentchild.htm](http://www.sierraadoption.org/afrc_parentchild.htm)

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