



Child training for physical aggression? Lessons from foster care

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ABSTRACT

Young children in foster homes are at high risk for externalizing disorders. We evaluated the effectiveness of a child-focused adaptation of the Incredible Years Child Training program to reduce physical aggression. $N = 94$ children (ages 5–8 years) with substantiated child neglect were recruited from six sites. Within site, children were randomly assigned to a Child Training ($n = 49$) or Usual Care ($n = 45$) group. Ratings of good self-control, poor self-control, and physical aggression by foster parents and teachers were gathered at baseline, post intervention, and 3-month follow up. Physical aggression decreased over time for both groups. Contrary to our hypotheses, children in Child Training group did not experience better outcomes than those in the Usual Care group. After adjusting for gender, ethnicity, initial diagnosis for Attention Deficit Hyperactivity Disorder (ADHD), and study site, as compared with the Child Training group, children in the Usual Care showed more improvement the over time in good self control and physical aggression. Teacher ratings remained unchanged for both groups. Intervention gains in good self control were found for boys vs girls. Attending to gender, expanding child training programs, and studying site characteristics are a few important lessons for this trial.

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1. Introduction

Recent studies have linked early childhood neglect to the development of physical aggression; for example, using a prospective cohort of 1318 at-risk children, Kotch et al. (2008) found that early neglect (but not abuse) predicted CBCL aggression at age 8. The search of effective interventions at an early age (5–8 years old) is important to alter the downward negative trajectories leading to youth violence and antisocial behavior. Timely prevention to reduce the number of *early starters* is cost effective even if just one youth out of every 2000 is saved from embarking in youth violence (Dodge, 2008). This community-based controlled study using a highly vulnerable child population (i.e., young neglected children placed in foster homes) addresses an important gap in dissemination of evidence-based programs by examining the effectiveness of a small group child-focused intervention to reduce physical aggression.

The search for effective programs for children with history of neglect is important for several reasons: First, central to the risk for physical aggression is the notion of undersocialized self control (Shields & Cicchetti, 1998, 2001; Shipman et al., 2007). As compared with non neglected peers, neglected children show poorer understanding of negative emotions (i.e., anger, sadness, fear), less empathy, and fewer coping strategies to reduce negative arousal which places them at risk for reactive

physical aggression (Shipman, Edwards, Brown, Swisher, & Jennings, 2005; Shipman, Schneider, & Sims, 2005; Shipman et al., 2007). A cognitive-behavioral approach focusing on compensatory self-control skills, as the one proposed here, is likely to equip young children placed in foster homes with new coping competencies to reduce risk for reactive aggression toward things, others, and animals. Second, while aggressive behavior may mask trauma-related anxiety associated with past social adversity, trauma-focused cognitive behavior therapies have not been effective in reducing externalizing problems including aggressive behavior (TF-CBT; Cohen, Mannarino, & Knudsen, 2005; Deblinger, Steer, & Lippmann, 1999; Graham-Bermann, Lynch, Banyard, DeVoe, & Halabu, 2007). Third, the failure to disseminate efficacious child programs into public sectors points to the need to learn from negative trials. For example, a meta-analysis of sixteen child treatment studies for disruptive behaviors showed that only three successfully replicated (Eyberg, Nelson, & Boggs, 2008; McCart, Priester, Davies, & Azen, 2006). Attending to issues of cultural sensitivity (Castro, Barrera, & Martinez, 2004), the current study developed academic-community partnerships (Fox, Gottfredson, Kumpfer, & Beatty, 2004) to promote technological transfer from academic to foster care settings.

1.1. Small group child training

We selected the treatment version of Incredible Years Dina Child Training Program because it was found efficacious in reducing conduct problems at home and school and improving conflict management strategies with peers in two randomized control group evaluations

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with 4–8 year old children with Attention Deficit Hyperactivity, Oppositional Defiant, and Conduct disorders (Webster-Stratton & Hammond, 1997; Webster-Stratton, Reid, & Hammond, 2001, 2004). Given the high prevalence of disruptive behavior disorders in the foster care population (Garland et al., 2001; Linares et al., 2010), the small group approach is cost effective and promising as a stand-alone program for young children. In addition, the evaluation of effectiveness is important because children with neglected histories are less likely to receive mental health services than those with ‘active’ types of maltreatment (Garland, Landsverk, Hough, & Ellis-MacLeod, 1996).

Consistent with sample heterogeneity sought in effectiveness trials, the program was offered to unselected age-eligible children placed in foster homes at the participating study sites. Given the high heterogeneity in maltreatment histories and behavioral functioning, however, we considered child gender, type of child maltreatment, and initial ADHD symptoms as potential moderators of intervention effects.

2. Method

2.1. Selection of the sample

From 252 potentially age-eligible children (Level 1 screening) we excluded 127 (Level 2 screening; Fig. 1); 31 parents (25%) declined participation. We enrolled 75% (94/125) of eligible subjects. Data from 3 children discharged home during the trial were not included in the multilevel analyses.

2.2. Study design

The intervention was implemented at six volunteering community sites which provided out-of-home care to maltreated children in New

York City. Sites were heterogeneous regarding size, geographic location, and provision of on-site child mental health services. Each study site contributed between 12 and 19 children. Children were consecutively identified, assessed, and randomly assigned within agency to Child Training (n=49) or a Usual Care comparison (n=45) group. To guard against within-site contamination (Slymen & Hovell, 1997) we tracked the extent to which knowledge transfer (contamination) may have occurred and found it nonexistent. The potential of contamination arises when an agency staff trained in the intervention uses it with a child in the comparison group (direct contamination) or when a trained staff ‘passes on’ the intervention to comparison subjects via their coworkers in such a way to alter the behavior of comparison families (indirect contamination).

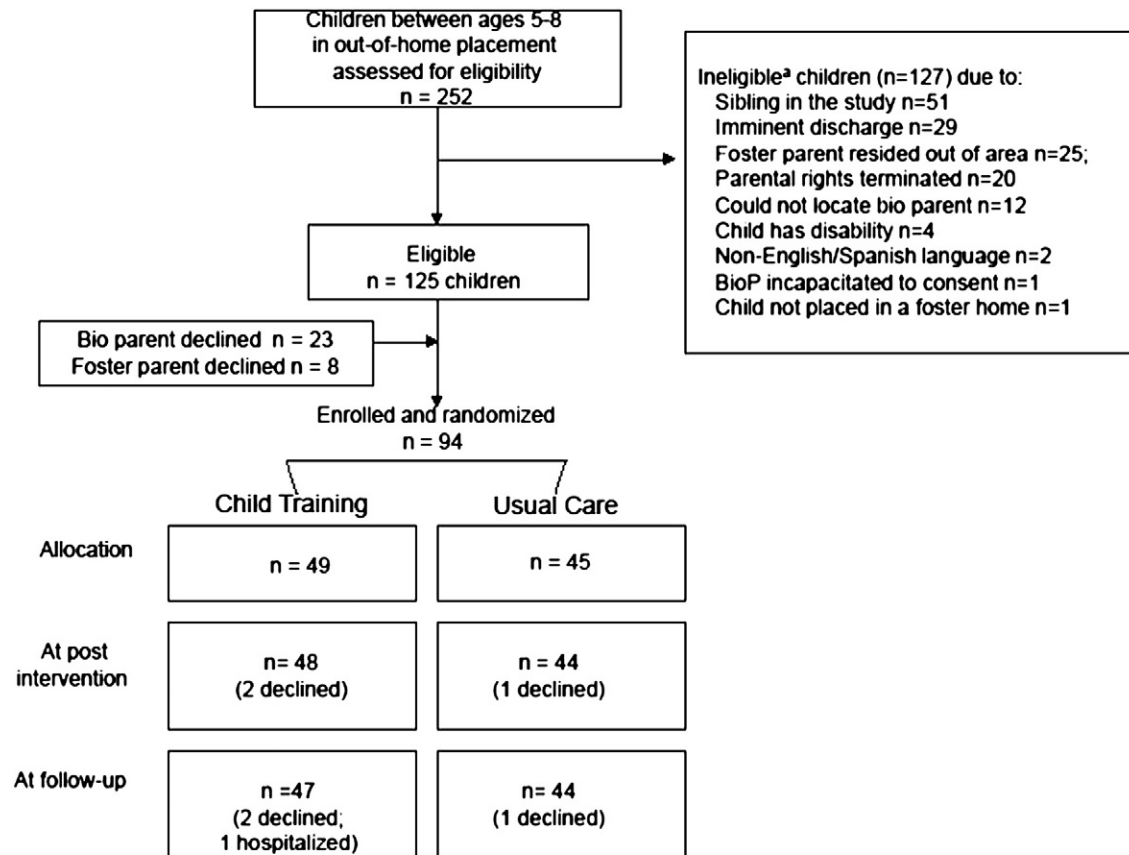
2.3. Participants

The sample of 94 children ranged from 5 to 8 years of age; belonged to multiethnic minority background; and 49% were boys. Thirty-six percent attended kindergarten, 32% Grade 1, and 32% Grade 2 or 3. All children had official substantiated histories of child maltreatment.

2.4. Procedure

Biological and foster parents signed a written informed consent. Intervention and assessment teams were assembled to keep interviewers blinded to group assignment. Foster parent was compensated \$50 for assessments but not for bringing the child to the intervention; 22% of the interviews were conducted in Spanish.

Official records were reviewed to assess type of child maltreatment. Foster parents (assessed via face-to-face interviews) and classroom



Note. *14% of children had 2 reasons for exclusion

Fig. 1. Enrollment and retention.

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