Aggression in Adolescents: 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 later in adolescence, including delinquency, substance use, conduct problems, poor adjustment, and academic difficulties (poor grades, suspension, expulsion, and dropping out of school). In addition, verbal and physical aggression often are the first signs, as well as later defining symptoms, of several childhood psychiatric disorders. These include Oppositional Defiant Disorder and Conduct Disorder, both of which have prevalence rates ranging from 6 to 10% in the general population and even higher among males, according to the American Psychiatric Association. 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 characteristics 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); and engaging in physical fights.

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

Developmental Issues

Adolescents with a childhood onset of aggression, rather than an adolescent onset, 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 behavior toward adults and covert rule-breaking behaviors. These behaviors could lead to more serious and recurrent violations in adolescence, such as stealing, vandalism, assault, and substance abuse.

Family and personal factors. The development of adolescent antisocial behavior is often considered to be the result of a set of family and personal factors, with the child's aggressive behavior representing a substantial part of that developmental pattern. For example, children with difficult temperaments and early behavioral problems are at greater risk for later adolescent aggression and conduct problems. This developmental course is also set within the child's social environment. For example, poor parenting practices, such as poor parental monitoring and supervision and high rates of harsh and inconsistent discipline,

have been shown to contribute to children's aggressive behavior.

Early social interactions. In early to middle childhood, children who show high levels of oppositional behavior and aggression may experience negative reactions from teachers and peers. This may also lead to problematic ways of processing social information, such as 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 (such as attributing neutral behaviors by others as hostile). Aggressive children are at risk for many academic problems and, as their academic progress and social bond to school weakens (owing to problematic exchanges with teachers and peers), they become more vulnerable to influences from deviant peer groups.

Risks in adolescence. By adolescence, this developmental course results in a heightened risk of substance use, delinquent acts, and school failure. Likewise, certain environmental risk factors can play a role in moving an adolescent along this developmental pathway. For example, family dysfunction may be sufficient to initiate the sequence of escalating aggressive behavior. Living in poor, crime-ridden neighborhoods also adds to the environmental risk factors leading to seriously aggressive, problematic behavior.

Intervention

Effective strategies. In response to recent serious school violence (including incidents of schoolyard shootings), techniques to prevent violence and to intervene with at-risk aggressive youth have received significant attention from education policymakers. Recent research has identified effective treatments for aggressive youth. Group intervention programs, which are efficient in both time and cost, are often as effective as individual therapy in treating aggressive youth. Structured group programs can be used not only with youth presenting with aggressive behaviors, but also with those identified as at risk for aggressive behavior problems in an effort to prevent negative outcomes. Treatment strategies aimed at parents (such as improving parental monitoring and consistency in discipline), as well as treatments directly targeting children and adolescents (including cognitive behavioral treatments, such as problem solving and anger management training), have helped reduce behavioral problems and aggression in children and adolescents. Treatment outcome research indicates that a combination of interventions for both parents and youth may be the most effective.

Parent involvement. Even with adolescents, parents should participate in intervention programs when their teenager displays significant aggressive behavior. For example, the Adolescent Transitions Program is a parent training program developed by Tom Dishion and colleagues. It includes a parent-focused curriculum that teaches family management skills, limit setting and supervision, problem solving, and improved family relationships and communication patterns. The goals of the program are to prevent the development of antisocial behaviors among aggressive teenagers.

Cognitive-behavioral programs. Aggressive adolescents can also benefit greatly from cognitive-behavioral programs that provide new coping techniques for

anger management and that teach them alternative ways of dealing with social conflict. For example, the Anger Control Program (developed by Eva Feindler and colleagues) focuses on teaching the adolescent how to modify his or her own aggressive and impulsive behavior when faced with aversive or stressful situations. This program has been shown to lead to significant changes in problem-solving ability and self-control among aggressive adolescents. Problem-Solving Skills Training (PPST) was developed by Kazdin and colleagues to treat Oppositional Defiant Disorder or Conduct Disorder in youth of varying ages. PPST involves 12 or more sessions designed to teach problem-solving steps; introduce effective ways to apply the steps, including application to real-life situations; and provide opportunity to role-play use of the steps, including with the parent. Kazdin and colleagues have also developed a Parent Management Training (PMT) program, consisting of 13 sessions focusing on observing behavior; positive reinforcement and attending; school intervention; holding family meetings; negotiating, contracting, and compromising; and dealing with low-rate, serious behaviors (such as fire setting). Kazdin notes that ideally both the youth and parent would be involved in each of the respective treatment programs. Outcome research shows that combined PSST and PMT are more effective than either program alone.

Intensive programs: Anger Coping. Intensive, comprehensive prevention programs have been developed and evaluated with high risk youth. Results indicate that aggressive behavior and other disruptive behavior symptoms can be reduced through early intervention. Follow-up studies suggest that adolescents who participated in these programs when younger have more positive outcomes. One such prevention program is Anger Coping, which was developed to reduce aggressive youth's anger and behavior problems. This cognitive-behavioral program focuses on at-risk aggressive children and early adolescents age 9–13 and is designed to provide coping and problem-solving skills to deal with anger and resulting aggressive behavior. Based on promising findings for the Anger Coping Program, a more recent version, the Coping Power Program, has been developed. The Coping Power Program is designed to bring about change in the family system by working with both the youth and the parent separately.

The Anger Coping Program and the *child component* of the Coping Power Program aim to improve youth's ability to regulate aggressive behavior, to function well in a variety of settings, and to better manage their anger. The programs are typically provided in a school-based group format. The Anger Coping Program includes 18 weekly sessions. The Coping Power Program includes 34 weekly sessions. The *child component* sessions cover 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 strategies that support the skills that their children learn in the child component, as well as some techniques 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