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Secondary Prevention as Context for Assessing Change Processes in Aggressive Children

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Teacher-identified aggressive children ($N = 62$) were randomly assigned to one of two treatment conditions, both of which involved college student mentors. The experimental condition (PrimeTime) combined therapeutic mentoring, training in problem-solving skills, and consultation with parents and teachers. The comparison treatment (Standard Mentoring) relied solely on the skills of minimally trained, unsupervised mentors. Both interventions lasted 16 months. Our goal was to examine the efficacy of the PrimeTime intervention and the soundness of our model of change. Outcome assessments (at posttreatment and at one-year follow-up) were based on parent-, teacher-, and peer-reports of children's aggression and others' acceptance, as well as on children's self-rated competence and acceptance by others. Outcome analyses revealed small gains for both treatments and provided only partial support for the efficacy of the PrimeTime intervention. Analyses of change processes supported our conceptual model but also identified iatrogenic effects that may have attenuated the therapeutic impact of PrimeTime. The discussion highlights the importance of testing both intervention efficacy and putative mechanisms of change when evaluating newly developed treatment models. © 2000 Society for the Study of School Psychology. Published by Elsevier Science Ltd

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This article describes a school-based secondary prevention program targeting aggressive children. Known as PrimeTime, this multicomponent intervention is based on an organizational–developmental model of childhood aggression that draws from both social learning and attachment theories to derive its treatment components. Central to the program is the use of therapeutic mentors to “prime” aggressive children for their subsequent participation in problem-solving skills training (PSST). We describe preliminary efforts to develop and evaluate the PrimeTime intervention as well as the conceptual model that underlies PrimeTime.

INTERVENTIONS FOR AGGRESSIVE CHILDREN

Childhood aggression is a stable and pernicious phenomenon that portends a host of adjustment problems (Kazdin, 1993; Loeber, 1990). In-

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tervening in the course of childhood aggression is difficult because simple treatments are often ineffective, and relevant agencies (e.g., school, juvenile justice agencies) rarely provide comprehensive services or do so only when families experience a system collapse or when a child's behavior reaches dangerous, often intractable, levels (Hughes & Cavell, 1995). In reviewing outcome studies involving aggressive children, Kazdin (1993) offered these conclusions. First, skill training programs that target parents (e.g., Webster-Stratton, 1987) or children (e.g., Lochman, 1992) are "promising," and a combination of both should yield even greater gains (e.g., Kazdin, Seigel, & Bass, 1992). Second, despite the promise of these two approaches, current treatments are insufficient to counter the myriad forces that keep aggressive children in a negative developmental pathway. As many as 30% to 50% of study participants fail to respond to treatment, even though a majority of studies involve young (often preschool) children and nonminority families (e.g., Webster-Stratton, 1990). In fact, a nagging issue in this area is the degree to which current treatments have applicability beyond nonminority, nondisadvantaged, preschool populations who are likely to find their way into a university-based clinic. Thus, despite endorsing two treatments as "promising," Kazdin (1993) sounded this note of caution:

Notwithstanding demonstrated advances, there remain unresolved basic questions about the durability of treatment effects, the mechanisms through which effects are achieved, and the factors with which treatments interact to produce a given outcome. Until further work in each of these areas unfolds, it would be difficult to elevate evaluation of treatments beyond "promising." (p. 306)

Given the state of the science, Kazdin (1993) recommended that researchers break set from past notions about treating aggressive children and begin to consider alternative treatment models.

Recently, school-based programs targeting aggressive children have begun to address Kazdin's concerns and recommendations (Kazdin, 1993). School-based programs have the potential to impact greater numbers of at-risk children. Recent efforts are examples of what Kazdin called *broad-based interventions*. The most ambitious program, the multisite FAST Track program (Conduct Problems Prevention Research Group, 1992), is an example of a *high-strength intervention* (Kazdin, 1993). Preliminary findings from this project (Coie, 1997) as well as findings from similar studies (e.g., Tremblay, Pagani-Kurtz, Mâsse, Vitaro, & Pihl, 1995) support the use of multi-component skill-based programs when conducting school-based interventions for aggressive children. So far, short-term effects emerging from these programs are promising but small, and the long-term effects are unknown. It is also unclear whether changes brought about by comprehensive but resource-rich interventions will generalize to settings where the resources are more constrained.

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