Translating Research into Intervention:
Lessons Learned and New Directions

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The identification of etiological factors, risk profiles, and developmental trajectories that explain antisocial, aggressive, and violent behavior is essential to developing effective evidence-based programs that prevent and reduce such behavior in children and youth. What are the key findings from the Gender and Aggression research program that are relevant to the development and delivery of preventative and remedial interventions?

Almost invariably, justice-involved girls have been exposed to multiple forms of maltreatment and neglect. Not surprisingly, these experiences place them in a poor position to navigate the demands of adolescence and adulthood.

Girls involved in the justice system suffer from a wide range of mental health problems, many of which have emerged early in their lives. The vast majority are diagnosed with conduct disorder, and comorbidity with other disorders is exceedingly high.

Compared to justice-involved boys, girls are more likely to have experienced trauma, often linked to sexual abuse and other forms of maltreatment, and suffer from post-traumatic stress disorder.

Substance abuse and substance dependence disorders are often present in justice-involved girls. Age at first exposure falls in the pre- to early adolescent period and dependence develops quickly, within one to three years depending on the substance.

Interpersonal and social-cognitive vulnerabilities are common among justice-involved girls. These vulnerabilities are linked to early exposure to maltreatment. As a result, many girls express vigilance to possible interpersonal rejection and react with hostility and aggression. Justice-involved girls are insecurely attached in their relationships and struggle with high levels of anxiety about acceptance and rejection from others.

Not surprisingly, justice-involved girls are vulnerable to becoming involved with older, criminally involved males and are at risk of violence within intimate relationships.

Justice-involved girls are embedded in complex social-cultural contexts as a function of race, ethnicity, economic status, and neighborhood characteristics. Some of the diverse factors that coalesce to form these social-cultural contexts place these girls at risk; others buffer them from adversity.

All are important to recognize and address in tailoring interventions to support healthy development.

How do these findings inform intervention? Below we discuss implications from these findings for intervention and policy recommendations.

I. PREVENT CHILD MALTREATMENT AND FAMILY VIOLENCE AND INTERVENE EARLY

First and foremost, the findings presented here and elsewhere[1] underscore the importance of prevention and early intervention. Specifically, these results and numerous other studies highlight the harmful and long-lasting effects of child maltreatment in the form of child abuse (physical, emotional, and sexual) and neglect. The message from this work is clear and simple: *Preventing child abuse and neglect must be a priority if we intend to reduce the frequency of child behavior problems and serious teen antisocial and delinquent behavior*. The frequency and impact of trauma as a result of maltreatment in the lives of justice-involved girls warrants special attention. While their male counterparts also experience traumatic events, the nature, timing, and effect of maltreatment and trauma on girls requires further examination and consideration in terms of treatment implications.

Although child characteristics, such as impulsivity and oppositionality, may play a role in triggering some forms of maltreatment, this does not discount the importance of focusing on preventing child maltreatment. On the contrary, it amplifies the importance of such measures, particularly for vulnerable children and their families. There is much to be gained from targeted early interventions for children at risk for developing behavior problems. But how early is early? Services can be provided to parents who show elevated risk factors *before the birth* of their child, or they can be provided to children and families at the first sign of significant behavior problems, usually in early childhood. Evaluation of services provided in either of these periods has produced highly impressive long-term positive effects. For example, a recent review of 14 such programs for **children** under the age of 5 revealed effects equivalent to approximately a 30% reduction in rates of maltreatment.[2]

Perhaps the best known of such programs is the Nurse Home Visitation[3] program, which provides home visits to

Footnotes

1. Meyer D. Glantz, James C. Anthony, Patricia A. Berglund, Louisa Degenhardt, Lisa Dierker, Amanda Kalaydjian, Kathleen R. Merikangas, Ayelet M. Ruscio, Joel Swendsen & Ronald C. Kessler, *Mental Disorders as Risk Factors for Later Substance Dependence: Estimates of Optimal Prevention and Treatment Benefits*, 39 PSYCHOL. MED. 1365 (2009).

2. Arthur J. Reynolds, Lindsay C. Mathieson & James W. Topitzes, *Do Early Childhood Interventions Prevent Child Maltreatment? A Review of Research*, 14 CHILD MALTREATMENT 182 (2009).

3. David L. Olds, *The Nurse-Family Partnership: An Evidence-Based Preventive Intervention*, 27 INFANT MENTAL HEALTH J. 5 (2006).

young unmarried teens *during their first pregnancy and up to the first two years* of the child's life. On average, each mother receives approximately nine visits in which they are provided with parenting education and assistance in accessing other social supports (e.g., maternal education opportunities). A fifteen-year follow-up evaluation revealed that the children of mothers who participated in this program had accrued significantly fewer arrests, convictions, and parole violations compared to the children of mothers who did not take part in this program.[4]

Similarly impressive results were found in the Perry Preschool program[5] in which high-risk parents (living in poverty; low education) are provided with weekly home visits and group meetings while their children receive $2\frac{1}{2}$-hour-long preschool classes over 30 weeks. A 37-year follow-up assessment revealed that children, who along with their parents participated in this program, were significantly less likely to be involved in criminal activity, had achieved higher levels of education, and were earning more in their occupations.

Results such as these provide promising and convincing clinical outcomes and underscore our moral and ethical obligation to provide early intervention services to children and families, particularly those at highest risk. Despite these compelling findings, programs of this nature are rarely funded. Arguments highlighting the economic advantages of targeted early interventions may be more convincing and successful in eliciting support. While the cost of service provision varied widely between programs, invariably these programs have been shown to save the government and tax payers millions of dollars. For example, the estimated rate of return for every dollar spent in the Perry Preschool program was between $6.87 and $16.14.[6] Even if we cared little about the social well-being of high-risk families and their children, the substantial economic benefits and cost savings alone should compel us to take action and invest in targeted interventions.

It is important to note that the clinical- and cost-effectiveness of these programs has not been considered specifically for girls versus boys. In this regard, it would be interesting to examine the potential of prenatal and early intervention in reducing the rate of maltreatment particularly for girls and examine the subsequent mental health and social benefits.

Moving beyond early childhood, several programs have demonstrated efficacy for reducing problem behavior. Almost universally, these programs target various aspects of parenting and the parent-child relationship.[7] Parent Management Training,[8] for example, is designed to reduce aggressiveness in children by teaching parents specific strategies to become more effective in promoting prosocial behavior in their children. This is achieved through step-by-step instruction about the use of reinforcement principles (rewards for prosocial behavior and negative consequences for aggressive behaviors), negotiation of rules, and behavior contracting. The efficacy of parent management training has been extensively evaluated demonstrating consistent and lasting post-treatment reductions in child aggressiveness and noncompliance.[9]

The Fast Track program[10] also targets parenting skills and delivers a range of services to families of children in grades 1 to 10 living in high-risk neighborhoods plagued with crime and poverty. Families receive parental support and parenting training, educational support through child tutoring, child mentoring, and social skills training. At nine years post-treatment children at the highest level of risk whose families received this intervention were significantly less likely to be diagnosed with conduct disorder than similar children from families which did not receive this treatment. Based on the number of averted conduct disorder cases achieved through attendance in the Fast Track program, it was estimated to save $3,481,433 for the entire sample included in the study, or $752,103 for each youth at the highest level of risk.[11] Again, few studies have examined gender differences in the effectiveness of these interventions, and of those which have, the majority fail to find significantly different effects for girls versus boys.[12]

> [Research r]esults such as these... underscore our moral and ethical obligation to provide early intervention services to children and families...

4. David L. Olds, Charles R. Henderson Jr., Robert Cole, John Eckenrode, Harriet Kitzman, Dennis Luckey, Lisa Pettitt, Kimberly Sidora, Pamela Morris & Jane Powers, *Long-Term Effects of Nurse Home Visitation on Children's Criminal and Antisocial Behavior: 15-Year Follow-Up of a Randomized Controlled Trial*, 280 J. Am. Med. Ass'n 1238 (1998).

5. Milagros Nores, Clive R. Belfield, W. Steven Barnett & Lawrence Schweinhart, *Updating the Economic Impacts of the High/Scope Perry Preschool Program*, 27 Educ. Evaluation & Pol'y Analysis 245 (2005).

6. *Id.*

7. A sizable proportion of youth with severe behavior problems and those involved with the justice system reside outside their biological or adoptive parents' homes for temporary or extended periods of time. The program discussed in this paper can be used with alternate caregivers, such as foster parents, in such situations.

8. Alan E. Kazdin, Karen Esveldt-Dawson, Nancy H. French & Alan S. Unis, *Effects of Parent Management Training and Problem-Solving Skills Training Combined in the Treatment of Antisocial Child Behavior*, 26 J. Am. Acad. Child & Adolescent Psychiatry 416 (1987).

9. Alan E. Kazdin, Parent Management Training: Treatment for Oppositional, Aggressive, and Antisocial Behavior in Children and Adolescents (2005).

10. Conduct Problems Prevention Research Group, *Fast Track Randomized Controlled Trial to Prevent Externalizing Psychiatric Disorders: Findings from Grades 3 to 9*, 46 J. Am. Acad. Child & Adolescent Psychiatry 1250 (2007).

11. Conduct Problems Prevention Research Group, *Can a Costly Intervention Be Cost-Effective?* 63 Archives Gen. Psychiatry 1284 (2006).

12. Girls Study Group: Understanding and Responding to Girls' Delinquency (2008), http://girlsstudygroup.rti.org.

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II. ADDRESS SYSTEMIC ISSUES AND SOCIAL PROBLEMS AND TAILOR PROGRAMS TO NEEDS

Programs that integrate multiple treatment components, such as Multisystemic Therapy (MST),[13] tailor treatment plans to the needs of each family and include parent, teen and family intervention. Typical treatment components include family therapy, cognitive behavioral therapy for teens, and parenting training for parents. Several trials have supported the efficacy of MST compared to individual outpatient counseling or community treatment as usual in reducing recidivism and improving the quality of family relationships.[14] Additional research suggests that comparable effects can be achieved through typical community wraparound support.[15] It is clear that systemic issues such as family functioning, school, and community support have a strong impact on teen functioning. Providing broad-based support to each of these networks is critical to the health of families and teens. Tailoring intervention programs to the specific needs of families and teens makes good sense, particularly for youth with multiple mental health problems. In this regard, it is important to note that the broader range of mental health problems experienced by justice-involved girls versus boys warrants gender-sensitive programming. Girls in particular may require full-spectrum screening programs that assess both externalizing (e.g., conduct disorder, ADHD) and internalizing (e.g., depression, anxiety, PTSD) disorders, as well as substance use disorders. Developmental sequencing of disorders can be informative in shaping intervention for girls. For example, girls who develop substance use problems secondary to trauma and PTSD may require a different approach to treatment than girls who develop substance use problems in conjunction with conduct disorder and ADHD. Clearly research examining gender issues in the effectiveness of treatment approaches for girls versus boys is a priority and should precede the development of gendered services.

III. SUPPORT THE CAREGIVER-TEEN RELATIONSHIP TO FACILITATE HEALTHY DEVELOPMENT

Parenting and parent-child relationships continue to be critical in determining healthy development even as children move into adolescence and develop relationships outside of their families, including peer and romantic relationships. This is contrary to the common assumption that adolescence is a period of disengagement from parents and that parents have little effect on the well-being of their teens. Research over the past two decades clearly highlights the profound importance of parent-teen relationships in determining a host of mental health and social-functioning outcomes. Moreover, neurodevelopmental research findings suggest that the period between puberty and mid-adolescence is marked by rapid neurological growth and pruning, which increases sensitivity for the development of psychopathology. Healthy parent-teen relationships buffer development during this period and have been shown to exert protective effects for mental health and engagement in risk-taking behavior.

Our research findings emphasize the developmental importance of parent-child relationships as a precursor for healthy teen relationships. Recall that justice-involved girls commonly report a history of child maltreatment and these experiences set the foundations of their expectations about social relationships. They typically lack security in their relationships with their caregivers and are highly anxious about attachment. Not surprisingly, their interpersonal beliefs are marked by sensitivity and vigilance to rejection. At the same time, they are anxious to be accepted and may place themselves in risky contexts that lead to violence exposure and insidious socialization into a deviant lifestyle. Supporting the attachment relationship between adolescent girls and their parents (or alternative caregivers) can be effective in enhancing the mental and social well-being of girls. Attachment-focused interventions for adolescents are beginning to emerge. Attachment-Based Family Therapy[16] and Multiple-Family Group Intervention[17] show promising results.

In our work with high-risk teens, we have developed a brief manualized intervention (Connect Parent Group)[18] designed to support secure attachment in the relationships of caregivers[19] and high-risk teens. This program bears many similarities to other parenting programs, such as encouraging collaborative rather than coercive parenting strategies in monitoring, setting limits and responding rather than react-

13. Ashli J. Sheidow & Mark S. Woodford, *Multisystemic Therapy: An Empirically Supported, Home-Based Family Therapy Approach*, 11 FAM. J. 257 (2003).
14. Alan Carr, *Contributions to the Study of Violence and Trauma: Multisystemic Therapy, Exposure Therapy, Attachment Styles, and Therapy Process Research*, 20 J. INTERPERSONAL VIOLENCE 426 (2005).
15. Knut Sundell, Kjell Hansson, Cecilia A. Löfholm, Tina Olsson, Lars-Henry Gustle & Christina Kadesjö, *The Transportability of Multisystemic Therapy to Sweden: Short-Term Results from a Randomized Trial of Conduct-Disordered Youths*, 22 J. FAM. PSYCHOL. (SPECIAL ISSUE) 550 (2008).
16. Guy S. Diamond, Brendali F. Reiss, Gary M. Diamond, Lynne Siqueland & Lisa Isaacs, *Attachment-Based Family Therapy for Depressed Adolescents: A Treatment Development Study*, 41 J. AM. ACAD. CHILD & ADOLESCENT PSYCHIATRY 1190 (2002).
17. Margaret K. Keiley, *The Development and Implementation of an Affect Regulation and Attachment Intervention for Incarcerated Adolescents and their Parents*, 10 FAM. J. 177 (2002).
18. MARLENE M. MORETTI, KARLA BRABER, & INGRID OBSUTH, CONNECT: AN ATTACHMENT FOCUSED TREATMENT GROUP FOR PARENTS AND CAREGIVERS – A PRINCIPLE BASED MANUAL (2009).
19. The Connect program has been used with biological, adoptive or foster parents, grandparents or relatives, or professional caregivers, who are involved in the continuing care of the teen.

ing to teen problem behavior. In addition, *parent-teen attachment* is foremost in the theoretical rationale, structure, and content of the program. Program leaders introduce parents to a series of parent-teen problems through role plays and reflection exercises, helping them to understand challenges of adolescent development and behavior problems through a relational lens. Each session is organized around a central principle that helps parents step back from conflict and use empathy and other relationship skills to support their teen's healthy autonomy while setting appropriate limits.

In a recent study,[20] we found that parents reported significant increases in perceived parenting satisfaction and efficacy as well as reductions in their adolescents' aggression, antisocial behavior, and other mental health problems following completion of Connect as compared to following a waitlist control period. These effects were sustained and additional reductions in conduct problems, depression, and anxiety were noted at the twelve-month follow-up. Following its initial implementation and evaluation, the program was transported to 17 communities serving 309 parents through standardized training and supervision of group leaders. Program evaluation results showed significant pre- to post-treatment reductions in teen externalizing and internalizing problems; enhanced social functioning; and improvements in affect regulation. Parents also reported significant increases in parenting satisfaction and perceived efficacy as well as reductions in their perceived sense of caregiver burden. Importantly, no differences were found in the effectiveness of this program for girls versus boys. However, similar effects across gender do not preclude gender differences in the underlying processes of change. That is, family and parent interventions may produce improvements for girls through relationship processes that are somewhat different than for boys. For example, girls may benefit from parents stepping forward and inviting more connection and engagement, while boys may benefit from parents setting limits and providing clear guidance in their movement toward independence. Such differences are merely speculative and require further investigation.

More generally, research on interventions targeting parent-teen relationships illustrates the importance of addressing parent-teen relationships and the broad and positive effects of attachment-based programs. Strengthening parent-teen relationships (or alternate caregiver-teen relationships) is an essential component of effective treatment programming and offers a unique vehicle to ensure continued parental support and guidance for teens as they move toward adulthood.

IV. TAILOR PROGRAMS TO ENSURE CULTURAL SENSITIVITY AND TREATMENT ACCESSIBILITY

Social inequality in the United States has exerted profound negative effects on the well-being of African-Americans and members of other minority cultural and racial groups. The intersection of social and gender inequality, combined with the effects of growing up in poverty, gives rise to even more profound challenges for minority, particularly African-American, girls in the U.S. Similar social, economic, and gender dynamics are at play in the lives of Aboriginal girls in Canada. Thus it is not a surprise to find that African-American girls are more likely to be arrested, convicted, and incarcerated than are girls of European descent.[21] Similarly, Aboriginal girls are overrepresented in the Canadian youth justice system.

In recent years, researchers have been increasingly interested and successful in disaggregating specific risk factors underlying race and have demonstrated their differential effects on delinquency and violence in African-Americans versus Caucasians.[22] Growing up in poor neighborhoods and communities frequently exposes children and teens to multiple forms of violence and deprives them of fundamental building blocks necessary for social and psychological health. Family structure suffers in such contexts and, in turn, the base of healthy parent-child relationships and parental care is eroded. Such conditions are more likely to prevail in the lives of African-American and Aboriginal Canadian children and youth. For girls, the odds against their healthy development are even greater due to their experiences of gender discrimination in terms of expectations and opportunities for educational and vocational development, sexual abuse and exploitation, and gender-based violence.

Although some treatment programs address certain fundamental risk factors, such as exposure to family and neighborhood violence, most programs continue to focus solely on individual and family risk factors, ignoring the strong influence of social context. Social context matters on several fronts. Socially embedded risk factors, such as neighborhood violence and lack of educational and vocational resources, are often insurmountable through individual effort alone. Removing oneself or escaping from risky contexts might be one solution, but not when a child's source of support and family connection is part of the social context they need to escape. Social context

> **Social inequality in the United States has exerted profound negative effects on the well-being of African-Americans and members of other minority cultural and racial groups.**

20. Marlene M. Moretti & Ingrid Obsuth, *Effectiveness of an Attachment Focused Manualized Intervention for Parents of Teens at Risk for Aggressive Behaviour: The Connect Program*, 32 J. ADOLESCENTS (SPECIAL ISSUE) 1347 (2009).

21. Shari Miller-Johnson, Bertrina L. Moore, Marion K. Underwood & John D. Coie, *African-American Girls and Physical Aggression:*

Does Stability of Childhood Aggression Predict Later Negative Outcomes?, *in* THE DEVELOPMENT AND TREATMENT OF GIRLHOOD AGGRESSION 75 (Debra J. Pepler, Kirsten C. Madsen, Christopher Webster & Kathryn S. Levene eds., 2005).

22. Marino A. Bruce, *Contextual Complexity and Violent Delinquency among Black and White Males*, 35 J. BLACK STUD. 65 (2004).

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can present formidable barriers to treatment accessibility. Programs may not be available or easily accessible, and those that are may not be tailored to the unique racial and social context needs and challenges.

The complex challenges faced by justice-involved girls, particularly African-American girls in the U.S. and Aboriginal girls in Canada who face racial and social inequality, may warrant tailored programs that address their unique needs. Engaging these girls in treatment may only be possible through relationship building and a collaborative approach to identifying their individual and contextual treatment needs and barriers. Such an approach was developed to work with inner-city Aboriginal girls in Canada with considerable success. At the basis of this intervention (Girlz Group)[23] was the recognition that individuals construct their life stories from their experiences with their family members, with their peer social networks, in their community, and in school.[24] In collaboration with established Aboriginal support workers who were familiar with the girls, their families, and their neighborhoods, a strategy was developed to invite girls to join as collaborators in understanding violence in their communities. Girls were offered food and a small honorarium for their participation. The majority of these girls were involved in the justice system and most struggled with mental health problems, such as depression, posttraumatic stress disorder, and substance abuse and dependence. Experiences of family violence, out-of-home placement, and teen parenthood were common. Girlz Group provided a safe, accessible, and culturally appropriate environment for young Aboriginal girls to meet, work, and share ideas to effect and promote positive change in their lives and community.

Activities included focus groups on problem issues; specific projects, such as the production of two videos reflecting their experiences, struggles, strengths, and visions for the future; and presentations of their voice in the community at conferences and workshops.

At the wrap-up focus group two years later, all of the girls were either back in school, had a job, or expressed the intent to return to school, and only one had committed a further offense.

Clearly there are many common elements of treatment that are beneficial to girls and boys from different cultural backgrounds; however, racial and ethnic differences call for culturally sensitive approaches to providing support. Through engagement with communities and youth, tailored programs can be developed that contain standard components with proven efficacy within a culturally sensitive treatment structure. Addressing unique treatment barriers is essential. For example, some girls may resist change because it threatens their connection with their social networks, however problematic they may be. Such issues must be addressed in an ongoing manner to help girls derive the maximum treatment benefits possible.

In summary, to ensure healthy adolescent development, it is important to prevent child maltreatment and family violence through early intervention. For interventions to be effective, it is crucial to view children and teens as embedded within unique sociocultural contexts with varying levels of risk and protection. Hence, it is critical to assess the individual needs of each teen and their barriers to treatment. Wrap-around programs that address systemic issues and enhance the relationships of teens with their parents, alternate caregivers, and other social supports are effective. Such approaches combined with interventions tailored to the unique mental health, emotional, and social needs of each teen have shown to be most effective in supporting healthy development, particularly with high-risk and delinquent youth.

REALIGNING JUVENILE JUSTICE POLICY WITH RESEARCH: THE CASE OF JUSTICE-INVOLVED GIRLS

Since the early 1990s, changes in the U.S. state laws have systematically erased the distinction between juvenile and adult criminal justice. In the face of rising youth violence, more and more states introduced harsher penalties that allow children to be incarcerated for lesser crimes, considered as adults for sentencing, and held in adult facilities. These steps have progressed despite growing documentation of neurological, cognitive, and social-emotional immaturity in adolescence with direct relevance to their competence from a legal perspective. Research documenting the deleterious impact of incarceration on youth, including higher recidivism rates, has also failed to halt the movement toward increasing sanctions for youth.

The research summarized in this special issue underscores the need to reconsider juvenile justice policy. In particular, the findings highlight the deep and broad mental health and social challenges facing justice-involved girls. The question of competence due to immaturity is certainly relevant to this population; however, the relationship of significant mental health problems to youth offending seems equally pressing. The typical developmental path of a girl involved in the justice system is marked by maltreatment, including neglect, physical and sexual abuse, social marginalization, economic deprivation, and educational disadvantage. In turn, mental health problems emerge, including conduct disorder, posttraumatic stress disorder, depression, and substance use disorders.

Although no one would dispute the case for a justice system that ensures fairness and accountability for criminal behavior, what is needed is a system that acknowledges the precursors to juvenile delinquency and the need for adequate assessment and rehabilitation. Such changes have been the focus of the Models of Change Network of the MacArthur Foundation (www.mod-

23. Janice Haley, The Voices of Marginalized Girls: Understanding their Needs as a First Step in Reducing Violence and Victimization (July 2005) (unpublished report on file with the authors).

24. CAROL D. LEE & PETER SMAGORINSKY, VYGOTSKIAN PERSPECTIVE ON LITERACY RESEARCH: CONSTRUCTING MEANING THROUGH COLLABORATIVE INQUIRY (2000).

elsofchange.net), which has been instrumental in advancing research, translating research into practice, documenting change, and disseminating information about initiatives.

In the case of justice-involved girls, change in the juvenile justice system translates to a system that is sensitive to the breadth of their mental health needs and social welfare; a system that provides adequate assessment; relevant, effective and accessible treatment; and reliable links to community support following release. Some may say this is an idealistic and costly solution to girls involved in the juvenile justice system, but the costs of the current system of harsh penalties and inadequate programming are far greater for the individual and society at large, both now and in the future.

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