

Effects on Emotional and Behavioral Problems from Early Childhood through Adolescence

Emotional and behavioral problems are a common concern of parents. The types of problems often differ by the age of the child, and include a wide variety of issues such as conduct problems, aggression, anti-social behavior, anxiety, depression, and substance use. Research indicates that emotional and behavioral problems in early childhood tend to continue into middle childhood and adolescence and may predict later social and academic problems or other difficulties such as substance use.

Furthermore, emotional and behavioral problems tend to co-occur in children, and children who suffer from both are at increased risk compared to children who suffer from either emotional or behavioral problems alone. These increased risks include substance use, high-risk sexual activity, poor academic outcomes, and suicide. Youth suffering from co-occurring emotional and behavioral problems are also more likely to be involved with the mental health and juvenile justice service systems.¹

Because of the prevalence of emotional and behavioral disorders and the seriousness of their effects, it is important to understand more about their prevention and treatment. Research has shown that family relationships and parenting play a key role in children's development. Family processes, in particular parent-child relationships, seem to be an important part of the development of emotional and behavioral problems in young children and in predicting emotional and behavioral disorders in later childhood and adolescence. For example, coercive social interactions within families have been shown to support the early development of problem behavior in the family setting,² while parental monitoring of

children is important for the prevention of behavioral problems.³ However, it has been demonstrated that parents tend to decrease monitoring of children and adolescents who are at highest risk and who are therefore most in need of supervision. Additionally, research suggests that youth with co-occurring emotional and behavior problems are particularly likely to experience substantially disrupted family relationships,⁴ and therefore may be particularly likely to benefit from intervention efforts designed to improve family functioning.

It is clear that family is an important focus for prevention and treatment of emotional and behavioral problems among children. In fact, interventions that target parenting have had the most consistent success in addressing these disorders, and studies suggest that parents of children with co-occurring emotional and behavioral disorders are responsive to family-focused interventions.⁵ Since emotional and behavioral problems in early childhood tend to predict problems in later childhood and adolescence and later in life, interventions aimed at families of young children hold potential for prevention. Additionally parenting interventions, aimed at families of older children and adolescents, have been shown to have positive effects on parenting abilities, and subsequently, on youth mental health and substance use.

However, despite these positive results, there remains work to be done to develop and implement such interventions so that they can reach the largest number of families in need and have the broadest possible public health impact. Researchers at Case Western Reserve University are doing such work.

Focus on Research at Case Western Reserve University



Arin M. Connell, Ph.D.

Assistant Professor
of Psychology

College of Arts and
Sciences

Case Western
Reserve University

Dr. Arin Connell is an Assistant Professor of Psychology at Case Western Reserve University. His research interests include the causes and prevention of emotional and behavioral disorders among children and adolescents. He is using research to develop interventions for at-risk children and youth. In particular, his work has focused on refining our understanding of family processes related to the risk for depression in youth, and on developing a family-focused intervention for depressive disorders in youth.

THE FAMILY CHECK-UP

The Family Check-Up is a brief intervention that assesses family context and parenting practices. Unlike many other interventions, it is tailored to each family's individual needs which are determined collaboratively with the family. The Family Check-Up is based on a health maintenance model, which emphasizes periodic contact with families, and aims to motivate families to engage with services and enact changes in behavior. The Family Check-Up has been used with several populations, including families with young children in the Early Steps Project, and families with young adolescents in the Adolescent Transitions Project.

THE EARLY STEPS PROJECT

In an ongoing multi-site collaborative study, Dr. Connell and colleagues have been examining the effectiveness of the Family Check-Up among low-income families with young children enrolled in the Women, Infants and Children Nutrition Program (WIC). Families were recruited when children were two years old. Children were considered to be at-risk for behavioral and/or emotional difficulties on the basis of socio-demographic, family, or child risk factors.

In this study, half of the children were randomly selected to receive the Family Check-Up, and half were not. The researchers followed up with the children at ages three, four, and five years to analyze conduct and internalizing problems, which are markers of behavioral and emotional disorders. Early results, collected by way of observations of family interactions and through parental self-report, indicate that participation in the Family Check-Up led to improvements in early parenting behaviors such as positive reinforcement, attentive involvement, structuring and prompting. In turn, these improved parenting behav-

iors led to reductions in early emotional and behavioral problems among young children in the study.

Subsequent analyses revealed that youth with co-occurring emotional and behavioral problems appeared to benefit the most from the family intervention. For these multi-problem youth, results demonstrated that participation in the Family Check-Up increased the likelihood that a child would transition from being classified as having co-morbid emotional and behavioral difficulties to being classified as normal by the time they reached four years of age. The results suggest that the Family Check-Up has an effect on improving parenting skills in high-risk families, which in turn yields benefits for youth, reducing the likelihood of developing early emotional and/or behavioral problems.

THE ADOLESCENT TRANSITIONS PROGRAM

The Adolescent Transitions Program is a multi-level intervention that uses the Family Check-Up and is designed to target parenting factors that affect the development of emotional and behavioral disorders in young adolescents. The program is designed to be implemented in a middle school setting. Youth in this age group are in an important transition period for social and emotional development, and are at heightened risk for a range of problems including conduct problems, substance use behaviors, and depression. The intervention design was adaptive in nature, meaning that it was tailored to the individual needs of each family. As shown in *Figure 1*, the intervention consisted of three levels: **1)** a resource center available to all families, **2)** the Family Check-Up, a three session intervention in which families collaborate with a therapist to explore the services that would support the family, and **3)** the Adolescent Transitions Program, a 12 session program designed to improve parenting skills.

A MULTI-LEVEL MODEL FOR PARENTING INTERVENTIONS WITHIN A SCHOOL ECOLOGY

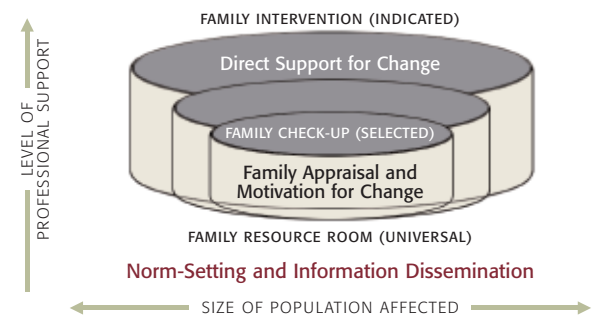


Figure 1

The Adolescent Transitions Program focuses on improving parental engagement with adolescents and reducing conflict through positive reinforcement, appropriate discipline, limit-setting, communication and problem-solving.

In an ongoing study, Dr. Connell and colleagues have been examining the long-term effects of the Adolescent Transitions Program, delivered in three urban middle-schools. A total of 998 students were randomly assigned in 6th grade to a three-stage family-centered intervention program, described above. Teens and their families have been followed longitudinally from 6th grade through young adulthood (teens are currently aged 22). While the families of all students randomly assigned to intervention had the opportunity to receive the Family Check-Up, high-risk students were identified through a school-based screening assessment, and their parents were particularly encouraged to partici-

pate in the Family Check-Up. In a series of analyses, Dr. Connell and colleagues have found that adolescents whose parents participated in the intervention showed less growth in substance use and problem behaviors from ages 11-17. Specifically, the youth showed less alcohol, tobacco and marijuana use and decreased chances of substance abuse diagnosis and police records of arrest.

For a subset of 106 high-risk students in this study, Dr. Connell and colleagues were also able to examine the possible impact of the Family Check-Up intervention on the development of symptoms of depression across early adolescence. Results demonstrated that the intervention led to a significant reduction in depressive symptoms of youth over the three years of the study period. This suggests that improvements in parent-youth relationships can have positive effects for youths' mental health.

¹ Miller, T. R. (2004). The social costs of adolescent problem behavior. In A. Biglan, P. A. Brennan, S. L. Foster, & H. D. Holder (Eds.), *Helping adolescents at risk: Prevention of multiple problem behaviors*. New York: Guilford.

² Patterson, G. R., Reid, J. B., & Dishion, T. J. (1992). *Antisocial boys*. Eugene, OR: Castalia.

³ Dishion, T., Nelson, S., & Bullock, B. (2004). Premature adolescent autonomy: Parent disengagement and deviant peer process in the amplification of problem behavior. *Journal of Adolescence*, 27, 515-530.

⁴ Thomas, J., & Guskin, K. (2001). Disruptive behavior in young children: What does it mean? *Journal of the American Academy of Child & Adolescent Psychiatry*, 40, 44-51.

⁵ Beauchaine, T. P., Webster-Stratton, C., & Reid, M. J. (2005). Mediators, moderators, and predictors of 1-year outcomes among children treated for early-onset conduct problems: A latent growth curve analysis. *Journal of Consulting and Clinical Psychology*, 73, 371-388.

For More Information on Dr. Connell's work see:

- Connell, Arin, Bernadette Marie Bullock, Thomas J. Dishion, Daniel Shaw, Melvin Wilson and Frances Gardner. (2008). Family Intervention Effects on Co-occurring Early Childhood Behavioral and Emotional Problems: A Latent Transition Analysis Approach. *Journal of Abnormal Child Psychology*, 36(2): 1211-1225.
- Connell, Arin and Thomas J. Dishion. (2008). Reducing Depression Among At-Risk Early Adolescents: Three-Year Effects of a Family-Centered Intervention Embedded Within Schools. *Journal of Family Psychology*, 22(3): 574-585.
- Connell, Arin M., Thomas J. Dishion, Miwa Yasui, and Kathryn Kavanagh. (2007). An Adaptive Approach to Family Intervention: Linking Engagement in Family-Centered Intervention to Reductions in Adolescent Problem Behavior. *Journal of Consulting and Clinical Psychology*, 75(4): 568-579.
- Dishion, Thomas J., Daniel Shaw, Arin Connell, Frances Gardner, Chelsea Weaver, and Melvin Wilson. (2008). The Family Check-Up With High-Risk Indigent Families: Preventing Problem Behavior by Increasing Parents' Positive Behavior Support in Early Childhood. *Child Development*, 79(5): 1395-1414.

IMPLICATIONS FOR POLICY AND PRACTICE

Dr. Connell's research has many implications for practice and policy aimed at the prevention of emotional and behavioral problems in children and adolescents.

The Importance of Understanding the Child in the Context of the Family: This research demonstrates that family-focused interventions not only improve parenting skills, but also have measurable effects on children's health and well-being. Additionally it shows that family-focused interventions can be very brief, yet have long-term effects on children with emotional and/or behavioral difficulties. Among families particularly at risk, interventions such as the Family Check-Up could be used to improve family functioning and to reduce emotional and/or behavioral problems among children and adolescents.

The Importance of Intervention During Sensitive Developmental Transitions: Early childhood may be a challenging time for many families, particularly those with limited resources or access to intervention services. The development of emotional and behavioral difficulties in early childhood may place youth on a pathway towards continuing difficulties as they enter school, and in later childhood. This research suggests that by intervening early, it may be possible to limit long term psychological and behavioral problems for children who demonstrate early risk for such disorders. Results of research by Dr. Connell and colleagues indicate that supporting positive parenting across early childhood may reduce the occurrence of emotional and behavioral difficulties, and they are currently examining whether these reductions lead to improvements in other areas of functioning, such as early school readiness. Further, the implications of these findings are that emotional and behavioral problems in early childhood may be transitory for some children, and that tailored interventions may be important for facilitating the transition among young children.

Similarly, the transition into adolescence marks a time of heightened risk for the development of emotional and behavioral problems. For many youth, early adolescence marks the onset of problems with delinquency, substance use, and depression. Further, adolescents who develop serious emotional and behavioral difficulties have serious negative long-term consequences in a variety of domains of adult functioning. Yet this research suggests that parent-focused interventions can prevent this increase in depressive symptoms and other emotional and behavioral problems among at-risk youth. These results, and others in the literature, suggest that family-focused interventions implemented during this developmental transition period can have significant effects on depression in teens.

The Importance of Interventions Aimed at the Specific Needs of the Child: The intervention effects shown in these studies for youth with co-occurring symptoms are noteworthy because children with early co-occurring emotional and behavior problems may be particularly at risk for

continued and serious problems later in development. These children are often excluded from intervention studies because of their dual diagnosis. Results of this study indicate that these children may be responsive to early family intervention efforts, showing significant reductions in the likelihood of continued problems.

The Importance of Interventions Aimed at the Specific Needs of Each Family: The model used in these studies specifically links the intervention intensity to the needs and motivation of the family. The goals of the universal intervention are to support parents' supervision, involvement, and management of their children and to identify and motivate the parents of high-risk youths to engage in, and stay engaged in, this active family management process.

The Importance of Serving Children and Families Where They Are: These studies show that reduction in child problem behaviors can be achieved using existing institutions and service programs. Families of young children were recruited from WIC, a nationally available service delivery setting for low-income children who may be at risk for problem behavior and whose families do not typically use mental health services, especially this early in their child's development. Interventions were implemented within schools for older children. Nearly all youths within the United States attend middle school. The public school environment is, therefore, an important site for prevention efforts.

Next Steps: Additional research is needed to understand the cause of early emotional and behavioral problems in young children. In particular, more research is needed to understand youth with co-occurring emotional and behavioral problems, as this population has often been excluded from studies. A better understanding of the etiology of these disorders would support the development of interventions uniquely targeted to the needs of these children and their families. Dr. Connell is currently conducting research aimed at refining our understanding of family processes related to youth depressive symptoms, and to youths' ability to regulate their emotions in stressful situations. The goal of this research is to identify important family relational processes that might be important targets for future family-focused intervention.

Additionally, Dr. Connell has been working on refining the Family Check-Up model to better meet the needs of families of adolescents with depression. Although preliminary results indicate that participation in the Family Check-Up lead to improvements in depressive symptoms, the Family Check-Up was designed primarily for the families of youth exhibiting conduct problems and substance use behaviors. Adapting the Family Check-Up model to meet the particular needs of families of depressed adolescents may lead to stronger intervention effects in future studies.

