How do we stop the negative spiral of development of young people with antisocial and aggressive behaviour problems?

....and why is it so important?

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Who am I?

- Trine Gaardsoee
- Master of Science in Psychology
- Been working in the field of treatment for children, young people, and families since 2008.
- Since 2013: Chief consultant in **The Method Center** in Aarhus, Denmark.
- The Method Centers primary target and focus is on translating and implementing new science and knowledge into practice in a close collaboration with local Municipals and professionals in Denmark.
- My primary role and responsibility: Professional project management and quality assurance, facilitating education and training, providing consultation and supervision etc.
- My methodological approach is based on a holistic, structured, systematic, goaloriented, problemsolving practice.
- I am driven by working with prevention of negative developmental paths and empowerment of vulnerable children, youth and families.



The Danish Program - Family & Network as a case



- Danish-developed program started in 2019
- Based on decades of experience working with very troubled target groups, drawing on both international and local programs.
- Broad target group: children and young people aged 6 18 (with both externalizing and internalizing issues)
- Currently, there are 8 teams in Denmark
- Team-based approach (4 therapists and a clinical supervisor)
- Each therapist has an average of 4–5 cases at a time
- Short-term intervention program (6–8 months)
- High level of quality assurance in the program (weekly case consultations/supervision on all cases, weekly team supervision, consultations with a consultant at The Method Center, focus on frequent skill development, professional development, etc.).
- Method systematic and structured problem-solving model, holistic and systemic approach, goal-oriented.

Target group Familie & Netværk

Data shows that problem behaviour is reduced with up till 85 % or more at discarge!

Children and young people (6–18 years old) with internalizing problems may show their struggles in the following ways:

- are self-destructive and self-blaming and/or selfharming
- have disordered eating patterns
- may have problems related to diagnoses such as autism or ADHD, e.g. compulsive behavior (54% have a diagnosis at the start – 34% attention disorder and 15% autism)
- isolate themselves reject contact with parents and the outside world (43% at the start)
- struggles to cooperate with parents on things like going to bed in the evening e.g. (30% have reversed sleep patterns at the start of the program and 27% have trouble following parental instructions)
- lack active leisure activities
- have high rates of school absenteeism or avoid school entirely (44% are absent from school more than half the time and over 61% have more than 10% absenteeism)

Children and young people (6–18 years old) with externalizing problems may show their struggles in the following ways:

- are unable to cooperate with parents on basic house rules or tasks such as coming home at a set time, etc.
- often react strongly either verbally or physically or come into conflict with other adults or children (35% verbal aggression/conflict with parents and 14% physical aggression)
- have high rates of school absenteeism or avoid school entirely
- become part of environments where young people take risks, e.g. involving crime and substance use
- are involved in or at risk of becoming involved in criminal activity (15% at the start)
- have concerning substance use (9% have problematic substance use at the start)
- run away from home

The goals and objectives of Familiy & Network

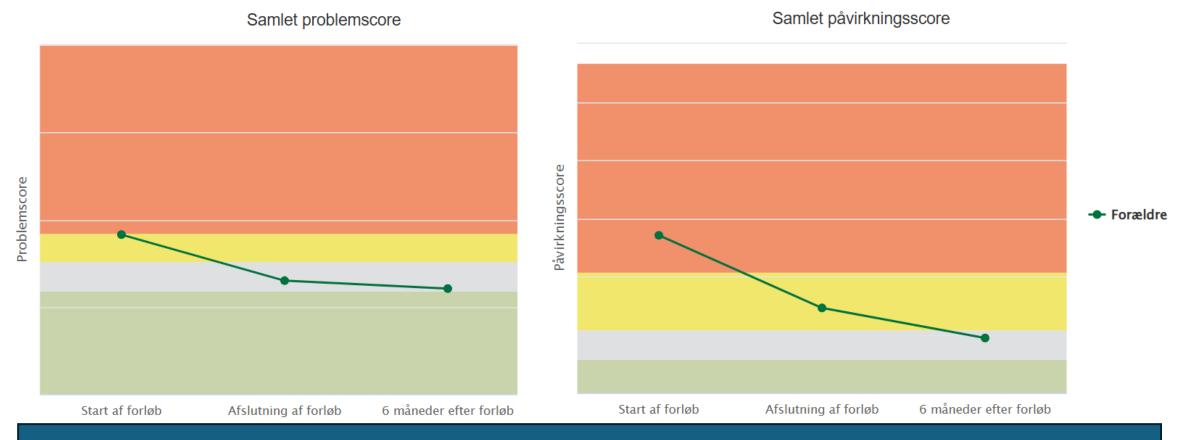
Family & Network aims to reduce and eliminate the risk factors that threaten children's development, and to create improved developmental opportunities for vulnerable children and young people through:

- Strengthened family relationships
- Stable schooling/employment
- Prosocial relationships and leisure activities
- Absence of substance abuse, crime, and risk behavior
- Ongoing efforts are made to anchor the positive development in the child's network and environment, so that it is maintained after the intervention ends.

We work with the children who make up the 5% most vulnerable children and young people in Denmark (those with the highest level of non-well-being- and behavioral issues).

We help most of them transition to a normal level of problems – the green zone!'

Key data results – SDQ



81% are outside the normal range in terms of well-being (SDQ) at the start.

Nearly 50% have a very high problem score (red zone) at the start.

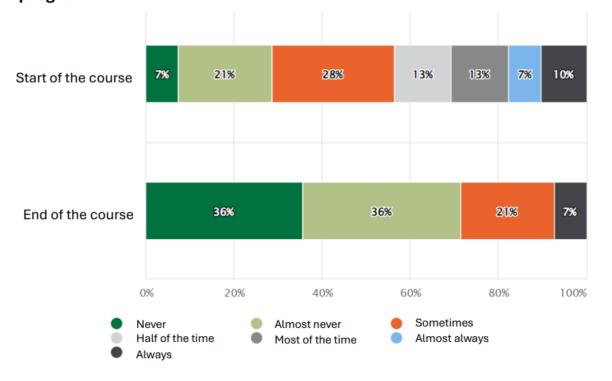
62% are, to a very high degree, affected by their difficulties (red zone) at the start of the program. 49% are within a normal level regarding problem score at the end of the program. At the start, it was less

than 20%.

41% are within the green range (normal area) at the end. At the start, it was only 12%.

Target group and results - School

How often is the child/young person absent for their school or employment program?



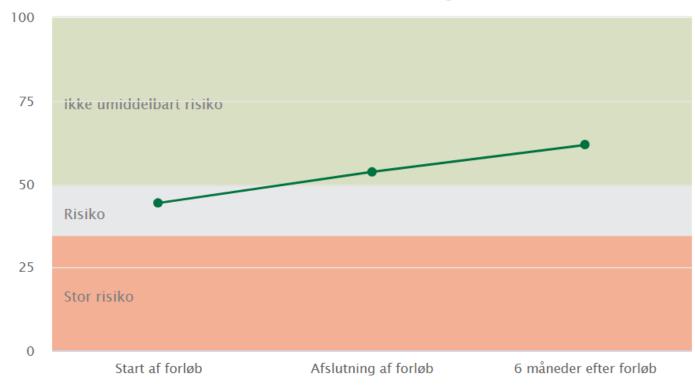
Has the child/young person, to your knowledge, had more than 10% absenteeism in the past 4 weeks (excluding holidays)?



Parent-level data

Risk of stressoverload

Risiko for stressbelastning



...And a few additional results

- 9 out of 10 families are very satisfied with the program.
- Over 80% of families report that 6 and 12 months after completing the Family & Network program, they are still able to use the things they have learned during the program.

What works when it comes to treatment programs for young people with antisocial and aggressive behavior problems and their families and environment?

- Since it is difficult to predict exactly which young people will develop serious behavioral problems – antisocial behavior and crime → there is a need for broad, holistic, and early intervention when there is a high degree of behavioral problems and poor well-being!
- The younger the child, the more focus should be on the adults and the environment around the child, and the less focus should be on the child!
- **Rule of thumb** the more negative factors we influence and work on in the young person's life simultaneously, the better the outcome, and the fewer factors, the worse the prognosis...

What works when it comes to treatment programs for young people with antisocial and aggressive behavior problems and their families and environment?

- The focus should be on improving the young person's life in school/employment, with friends, and in leisure activities, making it function better and more prosocial –huge protective factors for the majority – GREEN time!!
- In interventions with young people, we should primarily focus on reducing and remove risk factors and strengthen protective factors!

And what are the most significant risk and protective factors in relation to aggression and antisocial behavior according to science...



Risk factors – antisocial and aggressive behavior

Individual:

- Being a boy
- Difficult temperament and early externalizing behavior
- Early initiation of alcohol/substance use
- Addiction
- Cognitive problems or learning difficulties
- Insufficient social skills

Family:

- Insufficient parenting skills or ineffective parenting style (lack of warmth and involvement in the relationship)
- Lack of monitoring of the young person (who, what, when?)
- Family conflicts, abuse, and neglect
- Cooperation problems/conflict between mother and father
- Parents engaging in crime, violence, and substance abuse.
- Bad socioeconomic conditions in the household (unemployment, poverty, etc.)
- Parents with individual difficulties (mental and/or physical)
- Lack of social networks/support

Risk factors – antisocial and aggressive behavior

School/Employment:

- Lack of participation in school. Attendance issues (truancy)
- Changing school frequently
- Lack of academic and social success in school

Friends:

- Conflict with peers
- Friends with antisocial behavior
- Lack of prosocial friends
- Bullying/social exclusion

Leisure

- No leisure activities/job
- Engages in antisocial and unsupervised environments

Troubled local environment:

- High level of uncertainty
- Crime
- Easy access to substances
- High unemployment rate
- High exposure to negative role models, etc.

Parents and Family level:

Support and help for parents in dealing with their individual difficulties and socioeconomics challenges

Family therapy focusing on conflict management skills, structure & rules, emotional warmth etc.

Education about ADHD for the parents

Leisure level:

Support for Patrick and parents in getting him started paying football again

Support for Patrick and parents in finding a spare time job in the weekend

Individual level:

Help and support to seek treatment for ADHD

Individual training in anger management

Patrick stops
being
aggressive and
displaying
antisocial
behavior

Positive case example – Patrick, 15

Peer level:

Parents focus on encouraging prosocial friendships and inviting prosocial friends home.

Parents monitor who Patrick is with, where he is and when he comes home

School level:

Collaboration with school and parents to adjust and modify school schedule, requirements, and expectations to better fit Patrick (reduced schedule)

Establishment of work placement as a supplement to school

Support for Patrick in forming constructive relationships with classmates

Implications – general principles...

- We must involve **parents and the network** when working with young people with aggressive and antisocial behavior this is based on knowledge of risk and protective factors and what creates long-term and sustainable results.
- Ongoing focus on enhancing generalization What remains and continues of positive factors and changes **after** treatment (interventions) is what really counts in the young person's life not us as professionals. We are just visitors in the young persons life!
- It is not easy to work professionally with troubled young people and their families – it is difficult and complex!
- Therefore the best 'formular', is to work within the framework of
 (interdisciplinary) teams, to engage in systematic reflection and supervision
 at case level with colleagues/leaders. This serves as protection against burnout,
 losing focus being infected by "chaos," getting tunnel vision on only one
 problem and one solution.

Implications – general and universal treatment engagement strategies

• "Engagement is treatment" – If the young person and their family are not engaged, there is no treatment/intervention.

What creates engagement?

- Experiencing being seen, heard, and understood. Use a lot of **validation** to show that you understand how difficult and vulnerable their situation is and that you are not judging them og thinking negatively about them. Humans do what they can and have capacity to do rather than what they 'want' to do.
- The professional must have a **primary focus on resources**. Humans grow, develop and become motivated from positive expectation and positive feedback not from punishment, criticism and negative feedback.
- We have an important job in **creating motivation and meaning** together with the young person and the parents. The 'What is in it for them' perspective in engaging in change and cooperation with you rather than 'talking sense' and giving lectures to them.
- Be aware of that the young persons **amygdala is probably over-active** and super alert (fight, flight, freeze). Therefore be supportive, warm, humorous, curious, and have a non-judgmental position. **Be calm and non aroused**....

Questions?



References og Contact

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