The New Multi-Ministry Response to Conduct Problems

A SWOT analysis

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ABSTRACT

The Inter-agency Plan for Conduct Disorder/Severe Antisocial Behaviour 2007-2012 (Ministry of Social Development, 2007) is assessed according to the SWOT dimensions of strengths, weaknesses, opportunities and threats. The document is one of the most important statements for the social services in New Zealand because of the primacy that it gives to current knowledge about conduct problems and for its endorsement of research-based practices. The plan's limitations include its risk-focused approach, its unsystematic response to 0-2 year-olds in difficult care-giving circumstances, and its lack of reference to adolescent girls with emotional issues who can contribute to the next generation of antisocial young people. As well, the plan might have considered the role of social systems in regard to conduct problems like the school, the neighbourhood, and community values. The implementation of the document could be imperilled by numerous influences, such as contrasting professional perspectives and non-empirical emphases in education.

Position Paper

Keywords

Antisocial behaviour, conduct disorder, effective practices, evidence based practice, integrated services, programme evaluation, service provision.

INTRODUCTION

The recently released *Inter-agency Plan for Conduct Disorder/ Severe Antisocial Behaviour, 2007-2012* (Ministry of Social Development, 2007), which is hereafter referred to as *The Inter-agency Plan*, has four action areas. Firstly, *The Inter-agency Plan* will ensure that there is 'leadership, co-ordination, monitoring and evaluation' (p. 3) of government services for children with conduct problems, and this work will be overseen by a governance committee comprised of senior officials from the Ministries of Social Development, Health, Education, and Justice who will be advised by an Experts' Group. Secondly, the Experts' Group is to describe the best practices for responding to conduct disorder/severe antisocial behaviour and this report will be used to review and refocus the relevant services currently provided by Government agencies by 2012. Thirdly, to expand the behavioural services provided by the Ministry of Education so that up to 5% of children aged 3-7 years (identified by systematic screening) can receive a comprehensive behaviour change programme made up of child, parent, and teacher components. The fourth action area is to ensure common understandings, actions, and workforce development across Government agencies who work with children with conduct problems. *The Inter-agency Plan* is potentially the most important document that has been written for the social services in this country and the intention here is to evaluate it according to the SWOT dimensions.

STRENGTHS

Briefly, *The Inter-agency Plan* says that antisocial behaviour and adult criminality have early beginnings, and so it is sensible that interventions should be directed at early childhood. The programmes that we use should be those that other countries have found to work best, provided that it is shown that they also work well for all New Zealanders. To achieve measurable effects, individual assessments and interventions will need to be detailed and comprehensive, and be undertaken by highly skilled professionals. It is understood that conduct issues can be tricky to deal with, that knowledge in this area is not complete, and that making a real difference will take time. Nevertheless, state agencies will need to demonstrate that they are making a difference for, and with, families and to do these things agencies will need to work together. Taking these actions for children and youth with behavioural difficulties are justified because it is possible to make real changes for them. As well, these young people do a disproportionate amount of damage to the social fabric and each antisocial adolescent costs the country about three million dollars (Ministry of Social Development, 2007).

The special strength of *The Inter-agency Plan* is that it is a research-based document that demands research-based interventions for children at risk of negative life courses and outcomes. The document largely aligns with what is known about the development of serious antisocial behaviour; and there has been much success in mapping this developmental sequence (Reid, 1993). For instance, work by Patterson and others at the Oregon Social Learning Center has shown that a particular dynamic develops between a child with conduct problems and his/her parent(s) that is characterised by accelerating coercion on the youngster's part, as evidenced in tantrums and ultimately physical attacks, and progressive retreat and disengagement by the mother/father (Patterson, DeBaryshe & Ramsey, 1989; Reid, Patterson & Snyder, 2002). Research has also shown that it is possible to change factors during the transition to school that markedly alter a child's trajectory of antisocial behaviour (Reid & Eddy, 1997).

Professionals need to be proactive, and they should respond to the full complexity of the influences that are acting on the child. Interventions that ignore ecological factors are invariably limited (Luthar & Zelazo, 2003). Hence, there is the expectation that programmes will contain multiple components, be developmentally adjusted, and can cut across conventional health, education, and human service delivery (Hawkins, Catalano & Miller, 1992).

To respond to our most at-risk young people, *The Inter-agency Plan* requires the implementation and coordination of individualised interventions for 3-7 year-olds, skill development for parents, and training for teachers to assist them to cater for the identified students in the classroom. The new interventions are to be distinguished by their accessibility, breadth, depth, duration, and therapeutic fidelity. Professionals will engage with vulnerable families in ways that ensure that they stay with the programme. All of the child's key settings are to be targeted, as are the family's needs; and these include such requirements as mental health services, housing, and income support. The initial interventions are to be of sufficient intensity to effect change, and help will also be available to the young person for transitions and stressful events in later years. It is recognised that proven therapeutic programmes must be delivered faithfully and in accord with associated protocols.

It may be that we have generally underestimated what is needed to assist antisocial young people. Interventions have to be powerful enough to cross thresholds and achieve critical effects, since 'rooted dysfunction resists change tenaciously' (Cowen, et al., 1996, p. 12). As well, programmes have to persist over time. Rutter (1982), for instance, contends that if we really want to bring about changes for young people then there are actually only choices like adoption, which achieve lasting modifications (see also Curtis & Nelson, 2003, on this point), otherwise we should make assistance available throughout periods of development. To deliver a behaviour change programme with fidelity means to follow the original model exactly, in terms of the number of sessions provided, the order of activities undertaken, the materials utilised, the methods deployed, and the group leaders being appropriately trained (Webster-Stratton, 2004).

A particularly attractive aspect of *The Inter-agency Plan* is that it gives prominence to empirically-supported parent training programmes. Over twenty years ago, Loeber (1987, cited by Zigler, Taussig & Black, 1992) observed that parent training was the success story in responding to children with conduct issues. As an intervention, parent training (typically mother training) deserves precedence for at least five reasons. Firstly, the family is the primary, the most proximal, and the most enduring socialising influence on children (Luthar, 2006). Secondly, the effects of important events in children's lives (e.g., divorce, community influences) tend to be transmitted via the parenting relationship (Kalil, 2003). Thirdly, parent training is probably the most studied treatment for conduct issues and it impacts positively on an array of child outcomes (Kazdin, 1997).

A fourth reason in favour of parent training programmes is that the entire family dynamic may be altered, which can mean that siblings of the target child benefit as well (Kadzin, 1997), and the mother also develops in self-sufficiency - emotionally, behaviourally, and socially (Luthar & Zelazo, 2003). A further justification for this intervention is that young people who have been advantaged by it can take the positive effects with them (predispositions, relational skills) whenever they venture into other settings, such as at school or when engaging with peers (Reid & Eddy, 2002). In the light of such arguments, leading resilience researcher Masten contends that 'the first order of business' is to ensure that children have a strong bond to a caring and competent adult (Masten & Reed, 2002, p. 83).

In fact, considerable progress has already been made in the implementation of research-based parent training in New Zealand. Reference is made to this in *The Inter-agency Plan* with respect to the Incredible Years series, pioneered by Webster-Stratton of the University of Washington. The utility of the Incredible Years parent programme has been demonstrated in independent, randomised controlled trials (e.g., Hutchings et al., 2007) and it has been taken up in 20 countries. In New Zealand, Incredible Years has received endorsement from the Werry Centre for Child and Adolescent Mental Health. It is currently being offered on 28 sites by the Ministry of Education and also provided through other organisations. Efforts are being made to evaluate the parenting programme in this country, and pre-test/post-test data reportedly show good therapeutic effects for both New Zealand European and Māori participants (L. Stanley, personal communication, November 28, 2007). As well, Incredible Years has been the subject of several local postgraduate investigations (Lees, 2003; Hamilton, 2005). An advantage of the Incredible Years series is that it is a multi-component intervention system; the parenting programme (Basic) can be used as a prevention strategy; and it can also function as the core of a response (made up of child, parent, and teacher engagements) for more challenging children and their families (Stanley & Stanley, 2005).

WEAKNESSES

The following shortcomings are identified in *The Inter-agency Plan*: it does not insist on systematic and rigorously evaluated professional services being offered in early life; it is preoccupied with male varieties of externalising behaviour; it is a risk-focused strategy and, as a corollary to the aforementioned point, it does not give due regard to protective factors and the resilience approach. One of the plan's key principles is that interventions should be provided as early as possible, which here means when children are three years of age. The plan suggests that systematic screening and intervention can be delayed until 36 months because there are services presently available to the younger age group, and these services are being expanded (these responses are described on page 36 of the plan). *The Inter-agency Plan* is not strong at this point and, for a document dedicated to verifiable outcomes and best practices, there is a disappointing silence with respect to accessibility, breadth, depth, duration, and therapeutic fidelity of the current (and intended) provisions for children under three years.

The first years of a child's life matter greatly, and can implant the 'vile weed' (Patterson, Reid & Dishion, 1992) of antisocial behaviour. For instance, Shaw, Keenan and Vondra (1994), in a study of 100 infants from low-income families, found that there was a progressive developmental sequence for boys made up of maternal unresponsiveness at 12 months, child noncompliance at 18 months, aggression at 24 months, and externalising problem behaviour at 36 months. Shaw et al. (1994) cite Bates and colleagues (1985), who have reportedly shown that a mother's perception of her child's level of difficulty in the first year of his/her life is predictive of behaviour problems at three years of age. This work accords with research by Farrington (1978, 1991) and Loeber and Dishion (1983) who established that, while early child adjustment problems are strong indicators of subsequent antisocial behaviour, an even better predictor is poor parental discipline (cited by Reid, 1993).

A second area of deficit in *The Inter-agency Plan* is that it is basically about boys and externalising behaviour. These emphases are common in contemporary prevention, and they can ignore the interrelationships of emotions and behaviour, and the possible, relative contributions of males and females to the maintenance of maladaptation. As we know, there are at least two distinct trajectories of antisocial behaviour: adolescent-limited and life-course-persistent (Moffitt, 1993). What may be less readily appreciated is that depression has separate pathways as well, and again the episodic/persistent distinction is pertinent (Jaffe, et al., 2002). Depression is mostly a female phenomenon, but it can connect with externalising conduct and, as maternal depression, it is associated with a range of adverse child outcomes (Belsky & Jaffe, 2006). These outcomes may contribute to the cross-generational transmission of antisocial behaviour.

A third aspect of *The Inter-agency Plan* that is likely to prove problematic over time is that it is essentially a clinical, risk-focused statement. It stresses the need to screen, identify, and intervene with the most needy young people. Conceptually, prevention and intervention are not mutually exclusive dimensions and, in practice, there needs to be a continuum of interventions to achieve prevention goals with different sectors of the child population (Walker et al., 1996; Walker & Sprague, 1999). There are real risks in focusing on the "worst of the worst", and included here is that we can 'invest larger and larger amounts of our resources in return for weaker and weaker therapeutic effects and outcomes' (Walker & Sprague, 1999, p. 71). If we allow ourselves to be preoccupied with the most extreme cases we will never respond to the true scope and magnitude of the task (Albee, 1999).

The Inter-agency Plan makes brief reference to the resilience approach (refer to pages 10-11 of the plan) and it is suggested that the new multi-ministry strategy is more likely to succeed if this approach is more completely embraced. Attempts have been made by Stanley (2003a, 2003b) and others (e.g., Masten & Powell, 2003) to outline the theory and the casework implications of resilience. With respect to practice, Katz (1997) says that, when we attend to protective factors, we start to see the needs of children and families very differently. Amongst other changes, strengths and talents take on special significance, additional importance is attached to the presence of responsible adults, and extra recognition is given to neighbourhood resources and support. Appropriately utilised, resilience provides a new framework for intervention and prevention that gives priority to positive goals. In this regard, Masten and Reed (2002) observe that *'Promoting healthy development and competence is at least as important as preventing problems and will serve the same end'* (p. 84, original italics).

OPPORTUNITIES

Fundamentally, *The Inter-agency Plan* recommends the reform of all government agencies that have responsibility for young people with conduct issues. We may legitimately ask, "Why stop here?" If the job is to be done well, it should be done completely, and suggestions could be made with respect to the extra-familial settings that impact on behavioural problems, and these are schools, neighbourhoods, and the community.

The school is the second most important setting for most children and it is uniquely situated for operationalising protective factors. In Werner's classic resilience research (Werner & Smith, 1989) it was found that teachers played a key role for students who did well and who came from difficult backgrounds. The teachers were available and especially helpful to the young people when their family lives were most challenging. Similarly, Rutter (1984) determined that well-functioning women with institutional backgrounds often had positive experiences when they were at school. A systematic relational approach by teachers might represent an 'implicit challenge to the grammar of schooling' (Baker, Terry, Bridger & Winsor, 1997, p. 597). However, student support and guidance probably should really come from ordinary teachers rather than school-based helping professionals. For instance, Stanley (1991) argues that the localisation of caring in designated roles, such as with guidance counsellors, may lessen the nurturance obligations of other school staff. Gilligan (2001) also comments on the "professionalisation" of problem behaviours:

> We may too easily underestimate the healing potential that may lie naturally within children, in their normal daily experience or their social networks. Instead we maybe drawn excessively and prematurely to professional and clinical responses which may not engage the child, or may not resolve the problem (or may aggravate it) or, worst of all, may discourage interest by natural network members who may be left feeling irrelevant, marginalised or de-skilled. (p. 181)

Neighbourhoods vary substantially in terms of socioeconomic status, as indicated by the decile system that is used for ranking schools in this country. The effects of poverty are widespread and enduring (Jack, 2001). Indeed, poverty in childhood is the most consistent predictor of maladaptation in adulthood (Davis, 1996; Doll & Lyon, 1998). Offord (1996) believes our preventative efforts should be directed at established risk factors with high attributable value. Other commentators go further when they say of casework

interventions in risk-ridden neighbourhoods, that 'Without also focusing our scientific and preventive energies on developing strategies that modify these broader social domains, even the best conceived family- or school-based interventions are unlikely to succeed' (Reid & Eddy, 1997, p. 354).

For *The Inter-agency Plan* to triumph, there are also things that need to be done at the macro level of the community (Bronfenbrenner, 1979a). Walker et al. (1996) suggest that violent societies need to change the norms and expectations associated with aggressive behaviour. More particularly, Coie (1996) also argues for changes in the values of adolescent culture as a means of reducing youth violence. Finally, given the primacy of positive relationships to wellbeing (Luthar, 2006), we need to promote connectedness within our community at every opportunity. At a proximal level, this means constantly looking for ways of ensuring that more young people have continuing access to adults who feel responsible for them (Masten & Reed, 2002; Rich, 1999). More distally, it requires greater acceptance that raising children is a shared and demanding endeavour that requires the collaboration of caregivers, schools, and the larger community (Falbo & Glover, 1999). Bronfenbrenner (1979b) puts the last point in human development terms when he says 'The developmental potential of a child-rearing setting is increased as a function of the number of supportive links between that setting and other contexts involving the child or persons responsible for his or her care' (p. 848).

THREATS

Kauffman (2001) states that we have known about the need for early identification and prevention for more than 40 years and yet we continue with ineffectual, reactive responding and services that are guided by vague philosophical ideas. Our knowledge about children with severe behavioural issues is not perfect, but we know enough, and we have the strategies to act. Kauffman comments, however, that:

> Turning the ideas into coherent, consistent, sustained action will require scientific and and political finesse that previous generations could not muster. As the 21st century opens, it is still the case that children are unlikely to be identified for special services until their problems have grown severe and have existed for a period of years. (2001, p. 88)

There are many threats to *The Inter-agency Plan* and Kauffman provides an excellent overview of the dangers to be encountered in his 1999 paper, *How We Prevent the Prevention of Emotional and Behavioural Disorders*. The author believes that it is professionals who derail preventative efforts, and the general public takes its lead from them. Prevention-denying thinking and strategies are pervasive and include objecting to identification, preferring false negatives in screening, maintaining developmental optimism ("He'll grow out of it"), protesting the percentage of students served, and denouncing disproportionality, defending diversity, and denying or dodging deviance (Kauffman, 1999a).

Kauffman's (1999a) article provides an extensive catalogue of prevention precluding gambits but this listing is incomplete, and there are at least two other major difficulties that have to be overcome before prevention can succeed. The first of these hurdles is concerned with what people regard as "evidence" of worthwhile therapeutic activities. *The Inter-agency Plan* is committed to evidenced-based interventions and by this it is understood to be programmes of proven efficacy and, preferably, programmes that have been shown to have clinically significant effects in randomised controlled trials (Kazdin, 1997). However, the term "evidence-based" is open to a range of interpretations (Sugai, 2003), and it can mean any and all data concerning a case. For this reason, the descriptors "empirically-supported" and "research-based" are to be preferred, as these relate directly to empiricism and the public verification of effectiveness.

Arguably, *The Inter-agency Plan* is a document for education, as it is in this sector that the big growth in services is to occur. But educators as a profession may be distinguished by the ease with which they accept unsubstantiated methods (Simpson, 1999). For instance, some primary schools ban all positive reinforcement because teachers hope to encourage intrinsic motivation (J. McGovern, personal communication, November 29, 2007). The problem with using unproven interventions is that we can waste people's opportunities for assistance (Kauffman, 1999b), and we can do them harm (Rutter, 1982). In working with young people at risk, there may be legitimate criticisms that can be made of empirically-supported therapies but interference with the delivery of sensitive, professional services is not one of them. The United Kingdom Department of Health (2000) states 'The combination of evidence-based practice grounded in knowledge with finely balanced professional judgement is the foundation for effective practice with children and families' (p. 16, quoted by Adcock, 2001, p. 96).

The second major obstacle that is to be discussed is anticipated by *The Inter-agency Plan*, and it is reconciling the competing perspectives of the professional groups that work with young people with conduct disorder/severe antisocial behaviour. The conflicts that are inherent here can run very deep, as they are associated with fundamentally different views of human nature (Walker, Zeller, Close, Webber & Gresham, 1999). Stanley has commented extensively on the debates (Stanley, 2006a, 2006b, 2006c), and it is arguable that the medical/psychiatric interpretations of behaviour have simply not kept up with the advances in developmental theory (Masten & Curtis, 2000). We now utilise new ways of seeing, whereby maladaptation is regarded as a process that extends over time rather than as an entity or outcome (Wyman, Sandler, Wolchik & Nelson, 2000). The contemporary, complexity models of human development (Sameroff, 2000) are concerned with all the domains of development (the "whole child"), the many contexts in which youngsters transact their lives, and the antecedents of personal competence as well as of dysfunction.

CONCLUSION

In the 1970s and 1980s it was recognised that human development studies had relevance for preventive interventions for maladjusted young people (Dishion & Patterson, 2006). What we now know is that the antisocial developmental trajectory is invariably associated with numbers of the following antecedents and outcomes: premature and low-birth-weight deliveries, child maltreatment, learning problems, special education involvements, school dropout, poor physical health, drug abuse, delinquency, violence towards others, social service engagements, depression, early sexual activity, sexually transmitted infections, teenage pregnancy, misuse of motor vehicles, unemployment, incarceration, and higher hospitalisation and mortality rates (Fergusson, Poulton, Horwood, Milne & Swain-Campbell, 2004; Reid & Eddy, 1997; Walker, Ramsey & Gresham, 2004). The costs to individuals, to families, and to our society are colossal. The revolutionary contribution of *The Inter-agency Plan* is the leadership it provides in addressing antisocial behaviour and, specifically, for promoting decisions that are 'truly rational, grounded in solid theory, based on replicable empirical evidence, and ultimately referenced most closely to the creation and adoption of best practices' (Walker, et al., 1999, p. 294).

REFERENCES

Adcock, M. (2001). The core assessment: How to synthesise information and make judgements. In J. Horwath (Ed.), *The child's world: Assessing children in need* (pp. 75-97). London, UK: Jessica Kingsley.

Albee, G. W. (1999). Prevention, not treatment, is the only hope. *Counselling Psychology Quarterly, 12*, 133-146.

Baker, J. A., Terry, T., Bridger, R., & Winsor, A. (1997). Schools as caring communities: A relational approach to school reform. *School Psychology Review, 26*, 586-602.

Belsky, J., & Jaffe, S. R. (2006). The multiple determinants of parenting. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology, Volume three: Risk, disorder, and adaptation*. (2nd ed., pp. 38-85). New York: Wiley.

Bronfenbrenner, U. (1979a). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. (1979b). Contexts of child rearing: Problems and prospects. *American Psychologist, 34*, 844-850.

Coie, J. D. (1996). Prevention of violence and antisocial behavior. In R. D. Peters & R. J. McMahon (Eds.), *Preventing childhood disorders, substance abuse, and delinquency* (pp. 1-18). Thousand Oaks, CA: Sage.

Cowen, E. L., Hightower, A. D., Pedro-Carroll, J. L., Work, W. C., Wyman, P. A., & Haffey, W. G. (1996). *School-based prevention for children at risk: The Primary Mental Health Project*. Washington, DC: American Psychological Association.

Curtis, W. J., & Nelson, C. A. (2003).Toward building a better brain: Neurobehavioral outcomes, mechanisms, and processes of environmental enrichment. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 463-488). Cambridge, UK: Cambridge University Press.

Davis, W. E. (1996). *Children and families "at promise": A laudable but potentially dangerous construct*. Paper presented at the 104th Annual Convention of the American Psychological Association, Toronto, Canada.

Dishion, T. J., & Patterson, G. R. (2006). The development and ecology of antisocial behavior in children and adolescents. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology, Volume three: Risk, disorder, and adaptation* (2nd ed., pp. 503-541). New York: Wiley.

Doll, B., & Lyon, M. A. (1998). Risk and resilience: Implications for the delivery of educational and mental health services in the schools. *School Psychology Review, 27*, 348-363.

Falbo, T., & Glover, R. W. (1999). Promoting excellence in American adolescents. In A. J. Reynolds, H. J. Walberg & R. P. Weissberg (Eds.), *Promoting positive outcomes: Issues in children's and families' lives* (pp. 229-251). Washington, DC: CWLA Press.

Fergusson, D., Poulton, R., Horwood, J., Milne, B., & Swain-Campbell, N. (2004). *Comorbidity and coincidence in the Christchurch and Dunedin longitudinal studies*. Wellington, New Zealand: Ministry of Social Development.

Gilligan, R. (2001). Promoting positive outcomes for children in need: The assessment of protective factors. In J. Horwath (Ed.), *The child's world: Assessing children in need* (pp. 180-193). London, UK: Jessica Kinsley.

Hamilton, M. (2005). *The Incredible Years in Tauranga: Practitioner perspectives on purposes, processes and prospects*. Unpublished masters thesis. University of Waikato, Tauranga, New Zealand.

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin, 112*, 64-105.

Hutchings, J., Bywater, T., Daley, D., Gardner, F., Whitaker, C., Jones, K., Eames, C., & Edwards, R. T. (2007). Parenting intervention in Sure Start services for children at risk of developing conduct disorder: Pragmatic randomized controlled trial. Retrieved March 17, 2008, from http://www.incredibleyears.com.

Jack, G. (2001). Ecological perspectives in assessing children and families. In J. Horwath (Ed.), *The child's world: Assessing children in need* (pp. 53-74). London, UK: Jessica Kingsley.

Jaffe, S. R., Moffitt, T. E., Caspi, A., Fombonne, E., Poulton, R., & Martin, J. (2002). Differences in early childhood risk factors for juvenile-onset and adult-onset depression. *Archives of General Psychiatry, 59*, 215-222.

Kalil, A. (2003). *Family resilience and good child outcomes: A review of the literature*. Wellington, New Zealand: Ministry of Social Development.

Katz, M. (1997). Overcoming childhood adversities: Lessons learned from those who have "beat the odds". *Intervention in School and Clinic, 32*, 195-209.

Kauffman, J. M. (1999a). How we prevent the prevention of emotional and behavioral disorders. *Exceptional Children, 65*, 448-468.

Kauffman, J. M. (1999b). The role of science in behavioral disorders. *Behavioral Disorders, 24*, 265-272.

Kauffman, J. M. (2001). *Characteristics of emotional and behavioral disorders of children and youth* (7th ed.). Upper Saddle River, NJ: Merrill.

Kazdin, A. E. (1997). Practitioner review: Psychological treatments for conduct disorder in children. *Journal of Child Psychology and Psychiatry, 38*, 161-178.

Lees, D. (2003). *Parent management training for families of children diagnosed with attention deficit hyperactivity disorder*. Unpublished masters thesis. Massey University, Palmerston North, New Zealand.

Luthar, S. S. (2006). Resilience in development: A synthesis of research across five decades. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology, Volume three: Risk, disorder, and adaptation* (2nd ed., pp. 739-795). New York: Wiley.

Luthar, S. S., & Zelazo, L. B. (2003). Research on resilience: An integrative review. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 510-549). Cambridge, UK: Cambridge University Press.

Masten, A. S., & Curtis, W. J. (2000). Integrating competence and psychopathology: Pathways toward a comprehensive science of adaptation in development. *Development & Psychopathology, 12*, 529-550.

Masten, A. S., & Powell, J. L. (2003). A resilience framework for research, policy, and practice. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 1-25). New York: Cambridge University Press.

Masten, A. S., & Reed, M. J. (2002). Resilience in development. In C. R. Synder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 74-88). New York: Oxford University Press.

Ministry of Social Development et al. (2007). *Inter-agency plan for conduct disorder/severe antisocial behaviour 2007–2012*. Wellington, New Zealand: Ministry of Social Development.

Moffitt, T. E. (1993). Adolescence-limited and life-course-persistent antisocial behaviour: A developmental taxonomy. *Psychological Review, 100*, 674-701.

Offord, D. R. (1996). The state of prevention and early intervention. In R. D. Peters & R. J. McMahon (Eds.), *Preventing childhood disorders, substance abuse, and delinquency* (pp. 329-344). Thousand Oaks, CA: Sage.

Patterson, G. R., DeBaryshe, B. D., & Ramsey, E. (1989). A developmental perspective on antisocial behavior. *American Psychologist, 44*, 329-335.

Patterson, G. R., Reid, J. B., & Dishion, T. J. (1992). *A social interactional approach: Vol. 4: Antisocial boys*. Eugene, OR: Castalia.

Reid, J. B. (1993). Prevention of conduct disorder before and after school entry: Relating interventions to developmental findings. *Development and Psychopathology, 5*, 243-262.

Reid, J. B., & Eddy, J. M. (1997).The prevention of antisocial behavior: Some considerations in the search for effective interventions. In D. M. Stoff, J. Breiling & J. D. Maser (Eds.), *Handbook of antisocial behavior* (pp. 343-356). New York: Wiley.

Reid, J. B., & Eddy, J. M. (2002). Interventions for antisocial behavior: Overview. In J. B. Reid, G. R. Patterson & J. Snyder (Eds.), *Antisocial behavior in children and adolescents: A developmental model for intervention* (pp. 195-201). Washington, DC: American Psychological Association.

Reid, J. B., Patterson, G. R., & Snyder, J. (2002). *Antisocial behavior in children and adolescents: A developmental model for intervention*. Washington, DC: American Psychological Association.

Rich, D. (1999). Building relationships for learning. In A. J. Reynolds, H. J. Walberg & R. P. Weissberg (Eds.), *Promoting positive outcomes: Issues in children's and families' lives* (pp. 73-94). Washington, DC: CWLA Press.

Rutter, M. (1982). Prevention of children's psychosocial disorders: Myths and substance. *Pediatrics, 70*, 883-894.

Rutter, M. (1984). Resilient children: Why some disadvantaged children overcome their environments, and how we can help. *Psychology Today*, 57-65.

Sameroff, A. J. (2000). Developmental systems and psychopathology. *Development and Psychopathology, 12*, 297-312.

Shaw, D. S., Keenan, K., & Vondra, J. I. (1994). Developmental precursors of externalizing behavior: Ages 1 to 3. *Developmental Psychology, 30*, 355-364.

Simpson, R. L. (1999). Children and youth with emotional and behavioral disorders: A concerned look at the present and a hopeful eye for the future. *Behavioral Disorders, 24*, 284-293.

Stanley, P. (1991). The frustrations of the guidance counsellor. Unpublished discussion paper. Lower Hutt, New Zealand: Special Education Service.

Stanley, P. (2003a). Risk and resilience: Part 1, theory. *Kairaranga, The Journal of New Zealand Resource Teachers of Learning and Behaviour, 4*(1), 4-7.

Stanley, P. (2003b). Risk and resilience: Part 2, applications. *Kairaranga, The Journal of New Zealand Resource Teachers of Learning and Behaviour, 4*(2), 25-32.

Stanley, P. (2006a). A case against the categorisation of children and youth: Part 1: Theoretical perspectives. *Kairaranga,7*(1), 36-41.

Stanley, P. (2006b). A case against the categorisation of children and youth: Part 2: Professional perspectives. *Kairaranga, 7*(2), 36-40.

Stanley, P. (2006c). The problem of seeing the same thing differently. *Social Work Review, 18*(3), 92-93.

Stanley, P., & Stanley, L. (2005). Prevention through parent training: Making more of a difference. *Kairaranga, 6*(1), 47-54.

Sugai, G. M. (2003). Mike is right: Lessons learned from reflections. *Behavioral Disorders, 28*, 217-220.

Walker, H. M., Horner, R. H., Sugai, G., Bullis, M., Sprague, J. R., Bricker, D., & Kaufman, M. J. (1996). Integrated approaches to preventing antisocial behavior patterns among school-age children and youth. *Journal of Emotional and Behavioral Disorders, 4*, 194-209.

Walker, H. M., & Sprague, J. R. (1999). The path to school failure, delinquency, and violence: Causal factors and some potential solutions. *Intervention in School and Clinic, 35*(2), 67-73.

Walker, H. M., Zeller, R. W., Close, D. W., Webber, J., & Gresham, F. (1999). The present unwrapped: Change and challenge in the field of behavioral disorders. *Behavioral Disorders, 24*, 293-304.

Walker, H. M., Ramsey, E., & Gresham, F. M. (2004). *Antisocial behavior in school: Evidenced-based practices* (2nd ed.). Belmont, CA: Wadsworth/Thomson.

Webster-Stratton, C. (2004). Quality training, supervision, ongoing monitoring, and agency support: Key ingredients to implementing the Incredible Years programs with fidelity. Retrieved March 17, 2008, from http://www.incredibleyears.com.

Werner, E. E., & Smith, R. S. (1989). *Vulnerable but invincible: A longitudinal study of resilient children and youth*. New York: Adams, Banister, Cox.

Wyman, P. A., Sandler, I., Wolchik, S., & Nelson, K. (2000). Resilience as cumulative competence promotion and stress protection: Theory and intervention. In D. Cicchetti, J. Rapport, I. Sandler & R. P. Weissberg (Eds.), *The promotion of wellness in children and adolescents* (pp. 133-184). Washington, DC: Child Welfare League of America Press.

Zigler, E., Taussig, C., & Black, K. (1992). Early childhood intervention: A promising preventative for juvenile delinquency. *American Psychologist, 47*, 997-1006.

RELEVANT WEBSITES

The **Oregon Social Learning Centre** website lists the Centre's current and completed research assignments, and included there are many fascinating projects that address the details of children's functioning and development (http://www.oslc.org).

The **Incredible Years** website describes the parent, child and teacher programmes, it outlines the process for becoming a trainer, and it has articles and research on the programmes (http://www.incredibleyears.com).

The **Werry Centre** website lists local Basic Parent Training Days, and Consultation Days (for those who have received training) (http://www.werrycentre.org.nz).

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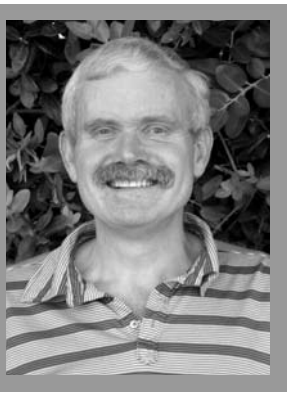

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