

Behaviour in the New Zealand context



**Keynote address to the Taumata Whanonga,
Wellington, March, 2009**

**Dr John Langley
Chief Executive
Cognition Education**

What I will and won't do...

- Will...
 - Describe the nature and extent of conduct problems and their implications
 - Propose ways forward based on best evidence for the future
- Won't...
 - Provide any 'quick fix' on 'silver bullets' because there are not any
 - Comment about one-off incidents as though they should drive policy & practice. That is nothing more than hysteria.

Outline

- The problems
- The people
- The past
- The present
- The plan

5

P

The Current Problems

- The naming problem*
- The conceptual problem*
- The intervention confusion problem
- The fragmentation problem
- The evidence problem
- The workforce problem
- The “quick fix” mentality problem
- The impact problem*

The Naming Problem

Various Names have been used to describe those who demonstrate antisocial behaviour over the years.

- They include:
 - Possessed by the Devil;
 - Emotionally handicapped;
 - Emotionally disturbed;
 - Disturbed;
 - Socially maladjusted;
 - Conduct disordered;
 - Antisocial and coercive;
 - Hyperactive;
 - Oppositional – defiant;
 - ADHD;
 - Behaviour disorders
 - Conduct problem

Accepted Names

What happens and how does it develop?

- Two most currently used terms...conduct problems (EAG) and behaviour disorders

The Conceptual Problem

Three types of conceptualisations (causal models) can be found in the literature.

They are:

- Biogenic Models
 - Result of a genetic or biochemical
- Humanistic Models
 - Psycho dynamic, psycho educational, counselling
- Social Learning Models
 - Explanation is in terms of ecological and environmental influences

INTERVENTIONS ARE DERIVED FROM THE WAY THE PROBLEM
ARE CONCEPTUALISED

The Impact Problem

- A large group
- Engage in high rates of adverse behaviour
- Profound impact on those around them
- Ongoing
- Expensive

➔ Prevalence studies vary – 1% -12% (Lahey et. al.), 4% - 7% (Church) and 5-10% (EAG).

If we take 6% of the total population to be close it means we have some 47,000 children and young people in the compulsory school sector alone who demonstrate significant behaviour problems.

The People - Definition of Conduct Problems

“ Childhood conduct problems included a spectrum of antisocial, aggressive, dishonest, delinquent, defiant and disruptive behaviours. These behaviours may vary from one to severe, and may have the following consequences for the child/young person and those around him/her: stress, distress and concern to adult care givers and authority figures; threats to the physical safety of the young people involved and their peers; disruption of home, school or other environments; and involvement of the criminal justice system. ”



Not just what but also the RATE

How do conduct problems develop?

- “Macro” factors
 - social disadvantage
 - Family dysfunction
 - Illnesses
 - Substance abuse and addiction
- “Micro” factors
 - what is learned and from whom - cognitive/behavioural

Cultural and ethnic matters

Origins

- Early Onset
- Adolescent limited

Causes

- Lack of clear rules and guidelines
- Prosocial behaviour not learned
- Lack of consistent and effective positive reinforcement for prosocial behaviour
- Too much negative reinforcement (escape, avoidance) for antisocial behaviour
- Too much physical “punishment”
- The “coercion cycle”
- In late childhood and adolescence association with deviant peer groups

FOR THE CHILD/YOUNG PERSON THE BEHAVIOUR IS RATIONAL

Table 1

Key factors involved in the development of antisocial behaviour in children and youth (from Patterson et al.m, 1989)

	Early Childhood	Middle Childhood	Late Childhood & Adolescence	
<ul style="list-style-type: none"> • Parenting difficulties • Inappropriate monitoring • Behaviour management (discipline) • Reinforcement & problem solving 	Behaviour problems: Defiance, antisocial behaviour, poor social skills	Rejection by normal peers	Selection into deviant peer groups	<ul style="list-style-type: none"> • Delinquency • Experimentation with new forms of deviant behaviour
		Academic failure		

The definition, Diagnosis and Treatment of Children and Youth with Severe Behaviour Difficulties;
 John Church - Education Department, University of Christchurch

Table 2

Behaviours and achievements (outcomes) which distinguish normally developing adolescents from antisocial adolescents

Outcomes which need to be achieved during the teenage years	Adverse outcomes which need to be avoided during the teenage years
Maintenance of family relationships	Rejection of parents
A functional level of literacy	Exclusion from school
Completion of school	Exclusion from normal peer groups
School qualifications sufficient to ensure employment	Selection into a gang or other deviant peer group
Friendships/relationships with normally developing peers	Dangerous driving
A level of social development sufficient to gain and hold down a job, to establish and maintain intimate relationships and so on	Hard Drugs or polydrug use
Stable employment of tertiary study	Criminal activity, arrest, imprisonment
A sense of identity and self-esteem	Premature or unplanned fatherhood/pregnancy
	Repeated terminations of employment
	Feelings of worthlessness

The definition, Diagnosis and Treatment of Children and Youth with Severe Behaviour Difficulties;
John Church - Education Department, University of Christchurch

Interface between “Macro” and “Micro” factors

- Ethnic and cultural matters
- Treaty issues – what do they mean and how?
- Application of scientific principles and practices in relevant and appropriate ways
- What we can do something about and what we can't

Why intervene

Those with conduct problems are:

- A danger to themselves and others
- In the education system prevent others learning
- Lead miserable lives
- May cause considerable damage
- Are very cost intensive throughout their lives

**WITHOUT EFFECTIVE INTERVENTION AT THE EARLIEST
POSSIBLE STAGE – NOTHING WILL CHANGE**

Intervention Success

- 0-8 yrs Can be up to 80%
- 9-13 yrs Drops to 45-50%
- 13 and older Varies, but tends to fall away as the behaviour is more entrenched and interventions more complex

(Walker 1987)

The Past (and Present)

- Workforce deficits
 - Conceptualisation problem
 - Generated education and training
 - Specialist educational training
 - Centre/School versus specialist balance
- } Balance
- Current training – piece meal, response to “incidents”, short-term, on the cheap
 - Lack of systematic identification and screening
 - Provision of within institution and additional support
 - The roles of general/specialist facilities – transaction
 - Fragmentation – home, school, community, health, justice all deal with “bits” – NO ONE IN CHARGE
 - Lack of willingness to address family and community responsibility – programme in centres and schools not enough
 - Acknowledging and funding what works

The Plan

Common elements of programmes that work...

- Focus on “new learning” not intrapsychic understanding
- Interventions are in multiple contexts
- Highly structured – environmental responses
- Positive relationships between those running the intervention and the child/young person essential
- Undertaken by highly trained and experienced people
- Tightly supervised by highly qualified case supervisors
- Evidence based

Education and Training Requirements

- The 95% - 5% balance
- Need for much greater emphasis in behaviour management in initial teacher education programmes (for the 95%)
- Need to significantly increase the number of specialists at post-graduate and master level (for the 5%)
- Specialist programmes must encompass both “social work” and “psychological” knowledge and skills
- All involved should be suitably rewarded for improved performance

Proposed Portfolio of Interventions

Proposed Portfolio of Interventions

Intervention	Age		
	3-7	8-12	12+
Parent Management Training	✓	✓	–
Teacher Management Training	✓	✓	✓
Combined Parent/Teacher Programmes	✓	✓	–
Classroom Based Intervention	✓	✓	–
Cognitive Behaviour Therapy	–	✓	✓
Multi-Systemic Therapy	–	✓	✓
Functional Family Therapy	–	✓	✓
Treatment Foster Care	✓	✓	✓

The Plan

Where to from here...

- Understand the causes and what interventions work
- Plan for a preventative science model – early intervention
- Address the training issues – teacher education, professional and specialist training
- Be clear about how many specialists are needed, how they will work and where – small clusters of centres, schools
- Once workforce issues are being met introduce comprehensive screening – not before
- All interventions must included multiple environments
- Be clear about what success looks like and how we monitor it
- Need for cohesive intervention and resourcing

“If it were easy it wouldn’t be worth doing”
- John F Kennedy