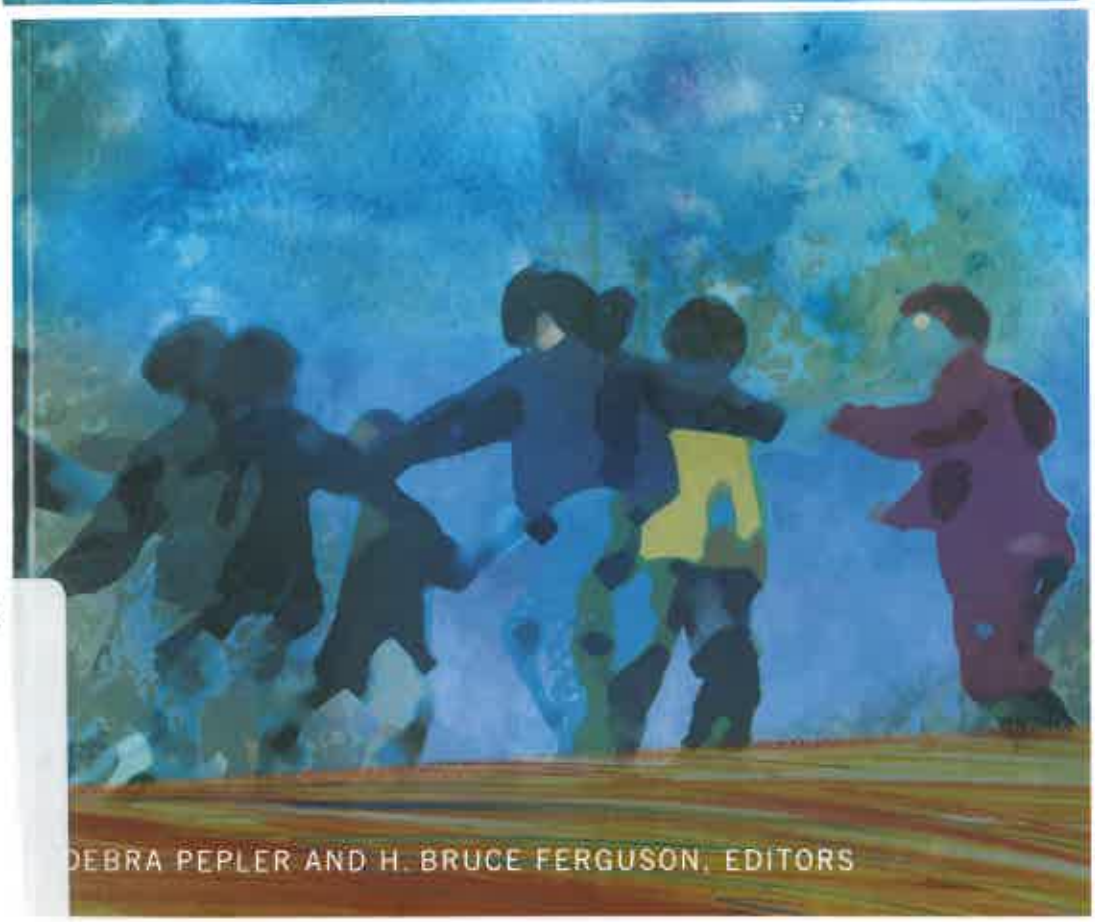
UNDERSTANDING AND ADDRESSING GIRLS' AGGRESSIVE BEHAVIOUR PROBLEMS

A FOCUS ON RELATIONSHIPS



DEBRA PEPLER AND H. BRUCE FERGUSON, EDITORS

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Werner, N.E., & Crick, N.R. (1999). Relational aggression and social psychological adjustment in a college sample. *Journal of Abnormal Psychology, 108*(4), 615–623.

Werner, N.E., & Crick, N.R. (2004). Maladaptive peer relationships and the development of relational and physical aggression during middle school. *Social Development, 13*(4), 495–512.

Xie, H. (1998). The development and functions of social aggression: A narrative analysis of social exchange in interpersonal conflicts. (Unpublished doctoral dissertation). University of North Carolina, Chapel Hill, NC.

Xie, H., Cairns, B., & Cairns, R. (2005). The development of aggressive behaviours among girls: Measurement issues, social functions, and differential trajectories. In D. Pepler, K. Madsen, C. Webster, & K. Leven (Eds.), *Development and treatment of girlhood aggression* (pp. 105–136). Mahwah, NJ: Lawrence Erlbaum Associates.

Xie, H., Cairns, R.B. & Cairns, B.D. (2002). The development of social aggression and physical aggression: A narrative analysis of interpersonal conflicts. *Aggressive Behavior, 28*(5), 341–355.

CHAPTER ELEVEN

REDUCING RISK OF ADOLESCENT AGGRESSION AND VIOLENCE: A BRIEF ATTACHMENT-FOCUSED TREATMENT PROGRAM FOR PARENTS AND CAREGIVERS

MARLENE M. MORETTI

CIHR SENIOR RESEARCH CHAIR, DEPARTMENT OF PSYCHOLOGY, SIMON FRASER UNIVERSITY

AND

INGRID OBSUTH

DEPARTMENT OF PSYCHIATRY, HARVARD MEDICAL SCHOOL, AND DEPARTMENT OF PSYCHOLOGY, SIMON FRASER UNIVERSITY

Rates of aggression and violence in children, teens, and young adults remain a pressing concern in the vast majority of developed countries. Canada is no exception. From 1997 to 2006, violent crime rates among youth in Canada increased by 12%, setting them 30% higher than those recorded in 1991 (Milligan, 2008). Youth charges for assault accounted for the bulk of this increase, representing 80% of apprehensions for violent crime in 2006. Among assault charges, a 21% increase occurred for aggravated assault

and a 40% increase for assault with a weapon. Homicides also increased by 41%; however, they accounted for less than 1% of violent youth crime with fewer than 100 youth charged per year.

Rates of bullying and victimization in school contexts also remain at high levels. In a 2006 survey of Canadian youth in grades 6 to 9 conducted as part of the International Youth Health Survey, students responded to questions about bullying at school, assaults requiring medical assistance, threats of extortion, and being the victim of theft (Savoie, 2007). Over 40% reported victimization in the 12 months preceding the survey, with two thirds of these students reporting repeated victimization. Perpetration of violent behaviours was also high with 13% of students admitting to carrying a weapon. Students reported that they typically began engaging in these behaviours at age 12 or 13. These results are generally consistent with the 2007 Ontario Student Drug Use and Health Survey (Adlaf, Paglia-Boak, Beitchman, & Wolfe, 2007) of students in grades 7 to 12, in which 9% of students reported carrying a weapon in the past 12 months; 11% reported perpetrating an assault; and 5% reported engaging in gang-related violence. Canada is certainly not alone with respect to the problem of youth violence and bullying. In a 2005 report by the United States Center for Disease Control (CDC, 2006), 35.9% of youth in grades 9 to 12 reported being in a physical fight in the preceding 12 months and 18.5% reported carrying a weapon (gun, knife, or club) within the preceding 30 days.

Although many assume that aggression and violence is a problem restricted primarily to boys, the past two decades of research have shown otherwise. Rates of violent offending continue to remain substantially higher for boys, but trends show that female violent offending is increasing disproportionately in Canada, the US, and elsewhere (Adlaf et al., 2007; Snyder & Sickmund, 2006). The shrinking gap between boys and girls in rates of violence is concerning, particularly in conjunction with recent studies of young women's aggressive behaviour in romantic relationships. For example, Straus and Ramirez (2007) found that severe physical attacks toward romantic partners among young adults were comparable for males (11.0%) and females (11.6%). In cases where only one partner reported engaging in severe aggressive acts, it was substantially more likely to be the female (29.8%) rather than male partner (13.7%). These findings concur with Archer's (2000) conclusion based on his meta-analytic review of 82 studies examining sex differences in perpetration of intimate partner violence: women were slightly more likely than men to perpetrate violence toward their partners, but also slightly more likely to be injured in violent partner altercations. In sum, youth violence continues to present a significant challenge nationally and internationally.

The economic costs of youth violence, including social and criminal justice services, are substantial and rising. These costs extend into the future because of long-term social, economic, and health related problems that emerge as high-risk violent youth mature into adulthood (e.g., Trulson, Marquart, Mullings, & Caeti, 2005), and are particularly concerning when one considers associated costs of increased risk for partner and child abuse (e.g., Gebo, 2007; Thornberry, 2005). Prevention is clearly a priority, but risk reduction programs are also important. It is imperative that these programs draw from the most compelling research evidence and target factors with clear concurrent and prospective relations to risk onset and/or exacerbation. Furthermore, given the rising rates of female aggression and violence, intervention programs need to target risk factors that are relevant to both girls and boys. Gender-tailored programs may be necessary in some domains; however, we also emphasize that there are many risk and protective factors in common across girls and boys and these should not be disregarded.

Some factors that increase risk for aggression and violence in children and teens are immutable, such as difficult temperament (van Zeijl et al., 2007), but exposure to socially determined risk factors can be altered. Family influences, including adverse parenting behaviour and exposure to family violence, have garnered much attention in research on the roots of aggression and violence. In this chapter, we discuss the facets of parenting and parent–child relationships that may pose risk for aggression and violence in teens. Our discussion focuses on how parenting behaviours shape children's attachment representations, which in turn regulate children's cognitive, affective, and behavioural functioning, particularly in interpersonal contexts. We move from research to intervention, provide a rationale for a brief manualized program that supports parents and caregivers of high-risk teens, and present evidence of its effectiveness across communities in Canada.

PARENTING AND CHILD AND ADOLESCENT AGGRESSION

Research on parenting styles has consistently revealed key features that either place children at risk or buffer them from adversity with respect to social-psychological health in general, and aggression and violence in particular. Parenting characterized by high warmth, behavioural control, and autonomy promotion—that is, "authoritative parenting"—predicts a range of positive child outcomes (e.g., Dornbusch, Ritter, Leiderman, Roberts, & Fraleigh, 1987; Maccoby & Martin, 1983). In contrast, parenting that

is low in warmth, high in behavioural control, and low in autonomy promotion—that is, "authoritarian parenting"—places children at risk for many negative outcomes, including aggression (Barber, 2002; Grolnick, 2003). Similarly, children suffer when parenting is neglectful or disengaged, low in warmth, and low in behavioural control and autonomy promotion (Baumrind, 1972; Brown & Whiteside, 2008; Gray & Steinberg, 1999; Steinberg, Lamborn, Darling, Mounts, & Dornbush, 1994).

Looking more specifically at the components of general parenting styles, distinct parenting behaviours have been shown to predict child outcomes (Steinberg, Elmen, & Mounts, 1989). The most robust finding in this regard is the central importance of parental warmth as a protective factor across childhood age, sex, and culture (Khaleque & Rohner, 2002; Scaramella, Conger, & Simons, 1999; Stattin & Kerr, 2000). Parental warmth protects youth from developing aggressive behaviours during adolescence and prospectively buffers them from responding to conflict with aggression (Scaramella et al., 1999).

A number of other aspects of parent–child relationships and family functioning have deep and lasting effects on child and adolescent aggression and violence. Most important among these is exposure to family violence. Meta-analytic reviews clearly show that exposure to family violence is concurrently and prospectively related to increased risk for aggression and violence in childhood and adolescence (Kitzmann, Gaylord, Holt, & Kenny, 2003). Of note is the fact that exposure to parental partner violence produces negative effects on par with those found for direct maltreatment, including physical and sexual abuse (e.g., Carroll, 1994; Kitzmann et al., 2003). For example, Maxwell and Maxwell (2003) compared the effects of child physical abuse with observing family violence and found that the latter was the most significant predictor of adolescent aggression. Not only do such studies underscore the profound effects of exposure to family violence on child and youth aggressive behaviour, but they have also led some researchers to argue that exposure to family violence is potentially even more damaging than either direct abuse or neglect alone (Somer & Braunstein, 1999). The strong effects of observing family violence may be due to implicit lessons learned within these emotionally provocative and personally salient contexts, lessons that guide the future use and meaning of aggression within close relationships (Moretti & Obsuth, 2011; Moretti, Penney, Obsuth, & Odgers, 2006). As we discuss later, such experiences can have deep effects on the adolescents' emerging belief systems and interpersonal response patterns.

THE MEDIATING ROLE OF ATTACHMENT REPRESENTATIONS

As research has progressed, interest had moved beyond the mere identification of which specific parenting behaviours increase versus buffer risk, to a search for the *mechanisms* that mediate the impact of parenting behaviours on child adjustment. A number of theoretical models propose that internalized beliefs and expectations exert lasting and substantial influences on adjustment and behaviour over the course of development, and thus are likely at play in mediation processes. Attachment theory focuses on the intrapersonal and interpersonal beliefs and expectations that emerge from parent–child interactions. Over time, beliefs—sometimes referred to as "if-then" interpersonal contingency beliefs (Baldwin & Sinclair, 1996)—consolidate into "internal working models" that embody rich and multifaceted relational information (Bowlby, 1973). These representational structures guide attention, encoding, and interpretation of relational events; they also give rise to affective experiences of emotional arousal and provoke behavioural sequences of approach or avoidance. Although the foundations of internal working models are based on experiences within early caregiving relationships and set the course for navigating subsequent close relationships (Hamilton, 2000; Waters, Merrick, Treboux, Crowell, & Albersheim, 2000), later experiences such as interpersonal loss, adversity, and experiences in intimate relationships also influence attachment representations and interpersonal behaviour (Waters et al., 2000; Weinfield, Sroufe, & Egeland, 2000).

Many of the parenting behaviours associated with aggressive and violent behaviour are similarly associated with insecure attachment in young children and adolescents (Benson, Buehler, & Gerard, 2008; Doyle & Markiewicz, 2005; Karavasilis, Doyle, & Markiewicz, 2003). Exposure to family violence and maltreatment also has deleterious effects on child attachment (e.g., Cicchetti, Toth, & Lynch, 1995; Lyons-Ruth & Jacobvitz, 1999). Research has shown that parenting and attachment style each uniquely predict child adjustment, including aggressive behaviour (Muris, Meesters, Morren, & Moorman, 2004; Muris, Meesters, & van den Berg, 2003; Roelofs, Meesters, ter Huurne, Bamelis, & Muris, 2006), suggesting that once established, attachment representations carry forward—or mediate—the impact of parenting on adjustment.

Given the common pathway between parenting and aggression on the one hand, and parenting and attachment on the other, it is not surprising that studies reveal significant relationships between various types of insecure attachment and aggressive and delinquent behaviour (e.g., Greenberg,

Speltz, DeKlyen, & Endriga, 1991; Greenberg, 1999). For example, Allen et al. (2002) found that anxious-preoccupied attachment at age 16 predicted increasing delinquent behaviour between the ages of 16 to 18 years. Others have shown that avoidant patterns of attachment relate to aggressive and delinquent behaviour as well. For example, early studies revealed that anxious-avoidant attachment was related to non-compliant behaviour in very young children both concurrently and prospectively from infancy to grades 1 to 3 (Greenberg, Speltz, DeKlyen, & Jones, 2001; Renken, Egeland, Marvinney, Mangelsdorf, & Sroufe, 1989; Speltz, DeKlyen, & Greenberg, 1999). Further, Rosenstein and Horowitz (1996) found that avoidant-dismissing attachment was characteristic of male adolescents diagnosed with conduct disorder, substance abuse, and anti-social and narcissistic personality disorders.

Several processes may be related to the mediating role of attachment in the relation between parenting and risk for aggression and violence. First, these effects may be mediated at the cognitive level. As previously noted, beliefs formed on the basis of repeated experiences within the caregiver-child relationship form a working model (i.e., a set of expectations and behaviours to draw upon) for interpersonal relationships within and outside of the family. For example, some children may have learned that their caregivers only respond to their needs when their pleas for attention are amplified through increasingly aggressive and demanding behaviours, as in anxious-preoccupied attachment. Hence, they come to believe that others only respond to dire and demanding expressions of need; for these children aggression and intimacy become interwoven over time. These children learn that aggressive and potentially destructive behaviour has a functional role in attachment relationships and use it to demand and sustain the engagement of others with them. Other children who experience their caregivers as rejecting withdraw from them, as in anxious-avoidant attachment, and come to anticipate similar behaviours from others. They are thus unlikely to seek others for comfort (i.e., high avoidance) and may interpret ambiguous social cues as motivated by hostile and controlling intentions. Aggressive behaviour becomes a way to stave off potential rejection or attack and close relationships offer little in the way of trusted comfort.

Second, attachment may mediate or moderate the relation between parenting and risk through its effects on emotion regulation. A number of researchers have argued that attachment representations are regulatory mechanisms that modulate emotional arousal (e.g., Bowlby, 1973; Cassidy, 1994; Grossman & Grossman, 1993; Zimmermann, 1999). Early in development, these regulatory functions are largely performed by parents, but over time they become consolidated and internalized as a component of the attachment representation, providing a degree of autonomy in self-regulation (Spangler & Zimmerman, 1999). Parenting that optimizes attachment security also optimizes healthy emotion regulation (e.g., Allen, Hauser, Eickholt, Bell, & O'Connor, 1994; Calkins & Bell, 1999; Morris, Silk, Steinberg, Myers, & Robinson, 2007); conversely, parenting that is inconsistent and parenting that is rejecting and controlling is linked to insecure attachment and provides little scaffolding in the development of adaptive emotion regulation. As insecurely attached children move into adolescence and adulthood they are poorly equipped to manage emotionally provocative events often present in increasingly complex social interactions. As a result, they are vulnerable to respond with aggression to challenging situations.

Finally, attachment may mediate the relation between parenting and aggressive behaviour through its relation to children's moral development and development of prosocial values and attitudes (Laible & Thompson, 2000). Parenting that is sensitive and mindful of the psychological world and autonomy of the child provides an ideal context for moral development, empathy, and care and respect for others (e.g., Fonagy, 2000). On the other hand, parenting that disregards the internal psychological world of the child and instead focuses on managing or controlling their behaviour, will miss important opportunities to engage the child in moral reasoning and will limit the internalization of morality and prosocial reasoning. Fonagy (2000) argued that the caregivers' capacity for reflective awareness of their own and their child's internal world increases the likelihood of the child's secure attachment and facilitates the development of mentalization, or reflective function, in the child. Thus, insecure attachment places children at risk for aggression and violence by limiting their exposure to healthy relational experiences that promote a sense of social responsibility, social connection, and empathy.

An important advantage of attachment theory is that it provides an integrated model for understanding the cognitive, emotional, and social effects of parenting on child development over time. It also emphasizes the fact that child development—and most notably, a particular child's relative level of risk and resilience—is dynamically embedded in relational contexts. As a result, an attachment perspective demands a developmental and systemic appreciation of risky behaviour which can be readily applied to the development of treatment programs. Next we briefly note the application of attachment theory to intervention for children and youth, and describe a program specifically developed to reduce teen risk for aggression and violence.

ATTACHMENT-FOCUSED TREATMENT PROGRAMS FOR CHILDREN AND YOUTH

Over the past two decades, a number of attachment focused treatment programs have been developed primarily for mothers of infants or young children. A meta-analytic review of 70 studies of attachment-based interventions revealed a medium effect size for enhancing parental sensitivity and a small effect size for increasing attachment security (Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003). Other programs, with similar results, have been developed and evaluated since this review. For example, van Zeijl et al. (2006) used Video-Feedback Intervention to Promote Positive Parenting and Sensitive Discipline (VIPP-SD) with mothers from highly distressed families and found that it enhanced maternal sensitivity and reduced infant overactive behaviours (e.g., cannot sit still, quickly shifts activity), particularly for infants with a reactive temperament. Comparable findings emerged using VIPP-SD with mothers of seven- to ten-month olds: compared to control mothers, mothers who completed VIPP-SD became more sensitive, particularly if their infants were reactive in temperament (Klein Velderman, Bakermans-Kranenburg, Juffer, & van IJzendoorn, 2006).

The Circle of Security program (COS; Marvin, Cooper, Hoffman, & Powell, 2002) adopts a more tailored approach based on the attachment pattern of each child with his or her mother, the mother's working model of the parent-child relationship, and maternal attachment behaviours toward the child. Parents are encouraged to reflect on their child's needs for attachment and autonomy and to pay attention to the role of anxiety in provoking behaviour. Videotaped feedback is used to help parents identify and reflect on sequences of caregiver-child interaction surrounding problem behaviour and develop alternate parenting strategies. Toddler and preschool children whose parents completed the COS program showed significant increases in attachment organization and security (Hoffman, Marvin, Cooper, & Powell, 2006).

Few programs have been developed for adolescents. Apart from the program we describe later in this chapter, only two attachment-based programs for adolescents and their families are evident in the literature to date. Attachment-Based Family Therapy (ABFT; Diamond, Reiss, Diamond, Siqueland, & Isaacs, 2002), originally modelled on Multidimensional Family Therapy (MDFT; Liddle, 2002), helps parents "reframe" problem behaviour in terms of relational issues, strengthen the working alliance between parent and teen, revisit and repair ruptures in the attachment relationship, and help parents provide a secure base for autonomy development in their children. Results have been promising showing decreases in depression, family conflict and other problem behaviors following their family's completion of ABFT (Diamond, Wintersteen, Brown, Diamond, Gallop, Shelef, & Levy, 2010; Diamond, Diamond, Levy, Closs, Ladipo, & Siqueland, 2012).

The Multiple-Family Group Intervention (MFGI; Keiley, 2007) is also a brief manualized program, specifically designed for caregivers of incarcerated adolescents and delivered prior to the teens' release. Keiley (2002) argues that enhancing parent–teen bonds and reducing coercive interaction patterns may promote greater attachment security and in turn reduce risk for anti-social and delinquent behaviour. Through role plays and behavioural coaching during problematic scenarios, caregivers and teens develop skills necessary to avoid the escalation of negative affect and acting-out behaviour. Promising findings emerged from a recent pre- and post-treatment evaluation of MFGI (Keiley, 2007) in a sample of 67 caregivers of 73 incarcerated teens. Six months post-treatment, recidivism was only 44% for the treatment group compared to the national norm of 65% to 85%. Results also showed significant declines in the teens' externalizing behaviour and enhancement of teen–mother attachment.

As promising as these programs appear, further development of attachment-based approaches for adolescents and their families is well overdue. Below we describe a manualized short-term intervention for parents and other caregivers of teens at high risk for aggressive and violent behaviour.

CONNECT©: SUPPORTING PARENTS AND CAREGIVERS OF YOUTH AT RISK FOR AGGRESSION

Connect (Moretti, Braber, & Obsuth, 2009) is a 10-week manualized attachment-focused program for caregivers of teens engaged in aggressive, violent, and anti-social behaviours. It was developed based on evidence of the importance of parent–adolescent attachment in supporting healthy development, specifically in relation to engagement in aggressive and anti-social behaviour, and builds on the success of attachment-focused treatments for younger children. Connect focuses on the enhancement of the core components of secure attachment: parental sensitivity, parental reflective function and mindfulness, and dyadic affect regulation. Rather than simply teach parents a set of parenting techniques, it provides guidance in considering the parent–teen relationship and the growing autonomy of their child, so basic parenting strategies can be tailored and used constructively to support the relationship and provide structure and safety.

Each session begins with the introduction of an attachment principle geared to capture key aspects of the parent–teen relationship and common

parenting challenges. The program coaches parents to attend to attachment issues related to their adolescent's behaviour; to reflect on these issues as they relate to their child's state of mind and life experiences; to be mindful of their own emotional and cognitive reactions to their child's behaviour; and to respond, rather than react, with empathy and clear limit-setting. Experiential activities, including role plays and reflection exercises are utilized to illustrate each principle. For example, one session focuses on conflict in relationships. In this session, parents are encouraged to reframe conflict as a natural part of all relationships that is particularly acute during periods of transition, such as adolescence. The message is clearly not to accept any degree of conflict or aggressive behaviour by their teen; however, parents are asked to: (a) "step back" in emotionally charged situations; (b) consider their teen's behaviour in relation to his or her psychological world and attachment needs; (c) reflect on their own psychological experience and emotional response; (d) weigh different response options in terms of their impact on their current and future relationship with their teen, their teen's receptivity to feedback, and maximizing the development of healthy autonomy for their teen; and (e) think about how they can set appropriate limits with empathy and support. By anticipating domains of conflict and proactively navigating these hot spots in a shared partnership with their teen, parents are better equipped to sidestep coercive interaction patterns that spin out of control. Being mindful of their own emotional response to their youth's problem behaviour and the need to balance their own needs with those of their teen helps parents to move from a stance of anger, frustration, and blame to one of greater self- and mutual understanding and proactive choice in parenting.

Our first evaluation of the effectiveness of Connect was based on a wait-list control study with 20 caregivers (17 females and 3 males) and their teens (7 females and 13 males, mean ages 15 and 14 years old, respectively) with follow-up at one year post-treatment (Moretti & Obsuth, 2009). Caregivers completed measures of parenting and youth externalizing and internalizing problems at four time-points: at the beginning of their wait-list placement (approximately 4–6 months prior to treatment), at the beginning of treatment, at the end of treatment, and at one year following treatment.

Analyses revealed a small but insignificant decline in parent reports of teen problem behaviour during the wait-list period. In contrast, parent ratings of youth behaviour problems pre- and post-treatment on the *Child Behaviour Checklist (CBCL*; Achenbach & Edelbrock, 1981) revealed significant declines in youths' externalizing and internalizing problems. Specifically, caregivers reported significant reductions in youths' anxiety/depression, social problems, rule-breaking behaviour, aggressive behaviour, oppositional defiant problems, and conduct problems. Further, caregivers reported significant increases in their sense of parenting satisfaction and efficacy as measured by the *Parenting Sense of Competence Scale* (PSOC; Johnston & Mash, 1989). Not only were all post-treatment gains maintained one year later at follow-up, but caregivers also reported additional decreases in youths' total problems, including anxiety and depression, social problems, rule-breaking behaviours, and conduct problems. Results confirmed that the program was equally effective with youth who scored above the 70th percentile on the CBCL as rated by their caregivers prior to treatment, thus ruling out the concern that the program was only effective for those with less severe aggressive, violent, and anti-social behaviour and not for youth in the clinical range on these indicators.

In response to the increasing demand for evidence-based, cost-effective, and accessible programs for caregivers and parents of at-risk youth, a standardized training program was developed to train mental health professionals to lead Connect groups across the province of British Columbia (for more information about Connect© research, training, and implementation see: http://adolescenthealth.ca/connect). Mandatory program evaluation, with standardized measures included in the treatment manual, was integrated into program delivery. Over the course of a two-year trial, 50 leaders in 17 communities were trained to deliver Connect. Results based on pre-post-treatment reports from 309 parents and caregivers (279 females and 30 males) of 309 adolescents (135 females and 174 males, mean ages 13.73 and 15.53 years old, respectively) replicated our initial findings confirming treatment effectiveness (Moretti & Obsuth, 2009). Based on the *Brief Child and Family Phone Interview* (BCFPI; Cunningham, Pettingill, & Boyle, 2000), significant pre-post-treatment reductions were found in youths' externalizing and internalizing problems. In addition, significant increases were reported in youths' social participation, quality of relationships, school participation, and global functioning. Following treatment, parents also reported significant decreases in youths' suppression of affect as well as significant increases in youths' ability to regulate their affect and reflect on their emotional experiences as measured by the *Affect Regulation Checklist* (ARC; Moretti, 2003). Further, based on an adapted version of the *Conflict Tactics Scale* (Straus, 1979) parents reported that after treatment their teens were significantly less verbally and physically aggressive toward them and they were significantly less verbally and physically aggressive toward their teens.

Results also revealed changes in parenting experiences: parents reported significantly greater satisfaction and competence in parenting their teens as measured by the PSOC (Johnston & Mash, 1989) and significantly less

objective and subjective strain (e.g., anger, resentment, embarrassment, missing work or neglecting other duties, interruption of personal time, feelings of sadness, guilt, and fatigue) as measured by the *Caregiver Strain Questionnaire* (CGSQ; Brannan, Heflinger, & Bickman, 1997).

Regular attendance and satisfaction with programs is essential to their success. Attendance in both trials was excellent, with low dropout rates of 14% and with 84% of participants (excluding those who dropped out) attending at least 70% of Connect sessions. Our community sample of 309 caregivers uniformly reported high levels of satisfaction with the program. All participants reported that the program was helpful or very helpful, 97% felt that Connect helped them to understand their child a great deal better, and 86% noted a positive change in their relationship with their child as a result of applying what they learned in the program. Similar findings were reported in the wait-list control study.

It is not yet clear what processes promote change in attachment. Investigating these questions offers an unparalleled opportunity to learn more about the basic process of attachment. Thus, intervention trials are valuable beyond demonstrating treatment effectiveness—they offer unique opportunities to manipulate conditions and processes that we believe are critical to secure attachment. Research on intervention and attachment change thus far has suggested that caregiver sensitivity, or the ability of caregivers to cognitively represent the relation of their child's behaviour to attachment needs and to respond appropriately, is central to moving children toward attachment security. However, other studies suggest that there may be more at play than just caregiver sensitivity (e.g., van IJzendoorn, 1995).

Fonagy and others (Fonagy, Gergely, Jurist, & Target, 2002; Slade, Grienenberger, Bernbach, Levy, & Locker, 2005) believe that the capacity of the caregiver to mentalize and reflect on the child's emotional state, that is the capacity for "reflective function," is crucial to attachment security. When caregivers can understand their child's behaviour in relation to their child's feelings and needs, this gives meaning to the child's affective experience and provides opportunities for the caregiver to modulate these states with the child, thereby providing optimal conditions for the development of attachment security and emergent autonomy. However, in order for this process to unfold successfully, caregivers must themselves be able to access and modulate their own emotional experiences in relation to their own attachment experiences and feelings. This perspective suggests that the processes underlying change be deeper than simply changing caregiver behaviour. Changes in caregiver "state of mind" may also be critical to

treatment success. Our current research looks precisely at these issues with the hope that we might soon be able to understand why some caregivers, but not others, benefit from treatment.

In two recent studies (Moretti & Obsuth, under review; Moretti, Obsuth, Mayseless, & Scharf, 2012), we investigated the importance of parenting representations, attachment insecurity (anxiety and avoidance), and affect regulation as key targets of intervention and essential mechanisms in the change process. In the first study (Moretti & Obsuth, under review), we examined change processes in a sample of 784 caregivers who attended the Connect Program and completed pre- and post-treatment questionnaires of adolescent parent attachment (*The Comprehensive Adolescent-Parent Attachment Inventory*, CAPAI; Moretti, McKay, & Holland, 2000), youth affect regulation (*Affect Regulation Checklisk*, ARC; Moretti, 2003), and youth externalizing and internalizing problems (*The Brief Child and Family Phone Interview*, BCFPI; Cunningham, Pettingill, & Boyle, 2000). Analyses revealed that decreases in attachment avoidance (i.e., fear of intimacy and discomfort with closeness and/or dependence) were related to decreases in externalizing problems while decreases in attachment anxiety (i.e., dependence and fear of rejection and/or abandonment) were related to decreases in internalizing problems. Furthermore, decreases in youth affect dysregulation were related to decreases in youth externalizing and internalizing problems following treatment.

In the second study (Moretti et al., 2012), 31 caregivers completed the Parenting Representations Interview–Adolescence (PRI-A; Scharf & Mayseless, 1997, 2000, cited in Mayseless & Scharf, 2006, 2007) prior to and following their completion of the Connect program. The PRI-A is a semi-structured interview that assesses parental representations of the child, the parent, and the child–parent relationship. Interviews are coded along dimensions related to attachment security and parenting behaviours. Following completion of the program, parents viewed their relationships with their adolescents as more secure across a number of dimensions. They reported fewer conflicts and increased levels of mutuality, reciprocity, and open communication in their relationships. Interestingly, they reported increased levels of monitoring of their adolescents coupled with increased autonomy-granting and their teens' increased acceptance of parental authority, suggesting that their capacity for a shared partnership (between parents and teens) was enhanced through treatment. In the interviews following treatment, parents also conveyed a significantly greater self-understanding, understanding of their child, as well as a more elaborate perception of their child currently and going into the future.

Furthermore, they viewed their relationship with their child more positively, with less idealization and role-reversal. Overall, parents' narratives following treatment were more secure and less anxious-preoccupied or dismissing. Importantly, changes in parental representations were related to changes in youth behaviour following treatment. Specifically, decreases in youth externalizing problems were related to increases in partnership and mutuality between parents and adolescents and increases in parents' positive feelings about their relationship. Decreases in youth externalizing problems were also related to increases in youths' acceptance of parental authority, and decreases in conflicts and power struggles in the parent-teen relationship. Similarly, decreases in youth internalizing problems were related to: increases in positive feelings and youths' acceptance of parental authority; decreases in conflicts and power struggles in the parent–teen relationship; decreases in parent-reported experiences of pain and difficulties in their relationship with their teen; and decreases in parental self-sacrifice.

SUMMARY AND FUTURE DIRECTIONS

Attachment theory offers a perspective that helps us to understand the development and function of aggression and violence. It is inherently a developmental perspective and therefore provides an understanding of how behaviour patterns unfold over time and in relation to a wide range of cognitive, social, and emotional risk and protective factors embedded in relational contexts. Furthermore, because it does not preclude other levels of analysis, it provides a framework for integrating seemingly diverse models. For example, an attachment perspective is not necessarily in opposition with coercion theory, which argues that aggressive behaviour is shaped by parental responses to child behaviour and the relational consequences of such action (van Zeijl et al., 2006).

The findings reported in this chapter are promising, particularly given the serious and long-standing nature of aggressive and violent behaviour in these teens and the stress and difficulties experienced by their caregivers. Aggression and violence of this nature and magnitude often provokes strong reactions in caregivers and clinicians to contain, control, and eradicate such behaviour. Yet such efforts often escalate the very problems they seek to diminish. Paradoxically, an attachment-focused approach that guides parents away from increasing control and toward connection with their teens reduces aggression in teens and their caregivers.

The evaluation of behavioural and other outcomes associated with treatment is important, but in-depth and careful evaluation of the underlying processes is equally important. Building on solid theoretical roots, attachment-based interventions not only offer an effective evidence-based treatment but also allow for the examination of theoretically predicted change processes. Understanding these processes will help to refine basic theory and to hone our intervention strategies to better prevent and reduce the burden of suffering in children and families.

KEY MESSAGES:

1. Parenting behaviours shape children's attachment representations, which in turn regulate children's cognitive, affective, and behavioural functioning.
2. Secure parent–child relationships play a key role in child and adolescent development—they serve as major protective factors and can buffer teens from newly emerging or continued engagement in risky behaviours.
3. Effective treatment programs focusing on parent-teen relationships are key to maintaining and enhancing healthy adolescent development and supporting youth through the transition to young adulthood.
4. Over the past two decades, evidence has grown for the effectiveness of attachment-based programs in reducing the severity of emotional and behavioural problems in young children. Brief, manualized treatment programs that target parent–teen attachment, such as the Connect program, also offer promise in reducing youth problem behaviours and enhancing caregivers' experiences of parenting.
5. More research is required to understand which treatment components and underlying change processes are most significant in accounting for and maintaining treatment effects.

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NOTE

For further information, contact Dr. Moretti at moretti@sfu.ca or at Department of Psychology, Simon Fraser University, 8888 University Drive, Burnaby, BC, Canada V5A 1S6 (Phone: 778-782-3604).

REFERENCES

Achenbach, T.M., & Edelbrock, C.S. (1981). Behavioral problems and competencies reported by parents of normal and disturbed children aged four through sixteen. *Monographs of the Society for Research in Child Development, 46*, 1–78.

Adlaf, E.M., Paglia-Boak, A., Beitchman, J.H., & Wolfe, D. (2007). *OSDUH Highlights: The mental health and well-being of Ontario students 1991–2007* (Centre for Addiction and Mental Health [CAMH] Research Document Series No. 23). Toronto: CAMH.

Allen, J.P., Hauser, S.T., Eickholt, C., Bell, K.L., & O'Connor, T.G. (1994). Autonomy and relatedness in family interactions as predictors of expressions of negative adolescent affect. *Journal of Research on Adolescence, 4*, 535–552.

Allen, J.P., Marsh, P., McFarland, C., McElhaney, K., Land, D.J., Jodl, K.M., & Peck, S. (2002). Attachment and autonomy as predictors of the development of social skills and delinquency during midadolescence. *Journal of Consulting and Clinical Psychology, 70*(1), 56–66.

Archer, J. (2000). Sex differences in aggression between heterosexual partners: A meta-analytic review. *Psychological Bulletin, 126*(5), 651–680.

Bakermans-Kranenburg, M.J., van IJzendoorn, M.H., & Juffer, F. (2003). Less is more: Meta-analysis of sensitivity and attachment interventions in early childhood. *Psychological Bulletin, 129*(2), 195–215.

Baldwin, M.W., & Sinclair, L. (1996). Self-esteem and "if ... then" contingencies of interpersonal acceptance. *Journal of Personality and Social Psychology, 71*(6), 1130–1141.

Barber, B.K. (2002). Reintroducing parental psychological control. In B.K. Barber (Ed.), *Intrusive parenting: How psychological control affects children and adolescents* (pp. 3–14). Washington, DC: American Psychological Association.

Baumrind, D. (1972). An exploratory study of socialization effects on Black children: Some Black-White comparisons. *Child Development, 43*, 261–267.

Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation, anxiety, and anger.* New York: Basic Books.

Boyle, M.H., Cunningham, C.E., Georgiades, K., Cullen, J., Racine, Y., & Pettingill, P. (2009). The Brief Child and Family Phone Interview (BCFPI): 2. Usefulness in screening for child and adolescent psychopathology. *Journal of Child Psychology and Psychiatry, 50*(4), 424–431.

Brannan, A.M., Heflinger, C.A., & Bickman, L. (1997). The caregiver strain questionnaire: Measuring the impact on the family of living with a child with serious emotional disturbance. *Journal of Emotional and Behaviour Disorders, 4*, 212–222.

Brown, A.M., & Whiteside, S.P. (2008). Relations among perceived parental rearing behaviors, attachment style, and worry in anxious children. *Anxiety Disorders, 22*, 263–272.

Calkins, S.D., & Bell, K.L. (1999). Developmental transitions as windows to parental socialization of emotion. *Psychological Inquiry, 10*, 368–372.

Carroll, J. (1994). The protection of children exposed to marital violence. *Child Abuse Review, 3*(1), 6–14.

Cassidy, J. (1994). Emotion regulation: Influences of attachment relationships. *Monographs of the Society for Research in Child Development, 59*(2–3), 228–249.

Centers for Disease Control and Prevention. (2006). Youth risk behavioral surveillance—United States, 2005. *Morbidity and Mortality Weekly Report (MMWR), Surveillance Summaries, 55*(no. SS-5).

Cicchetti, D., Toth, S.L., & Lynch, M. (1995). Bowlby's dream comes full circle: The application of attachment theory to risk and psychopathology. *Advances in Clinical Child Psychology, 17*, 1–75.

Cunningham, C.E., Pettingill, P., & Boyle, M. (2000). *The Brief Child and Family Phone Interview.* Hamilton, ON: Canadian Centre for the Study of Children at Risk, Hamilton Health Sciences Corporation, McMaster University.

Diamond, G.M., Diamond, G.S., Levy, S., Closs, C., Lapido, T., & Siqueland, L. (2012). Attachment-based family therapy for suicidal lesbian, gay, and bisexual adolescents: A treatment development study and open trial with preliminary findings. *Psychotherapy, 49*(1), 62–71.

Diamond, G.S., Reiss, B., Diamond, G.M., Siqueland, L., & Isaacs, L. (2002). Attachment-based family therapy for depressed adolescents: A treatment development study. *Journal of the American Academy of Child and Adolescent Psychiatry, 41*, 1190–1196.

Diamond, G.S., Wintersteen, M.B., Brown, G.K., Diamond, G.M., Gallop, R., Shelef, K., & Levy, S. (2010). Attachment-based family therapy for adolescents with suicidal ideation: A randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry, 49*, 122–131.

Dornbusch, S.M., Ritter, P.L., Leiderman, P.H., Roberts, D.F., & Fraleigh, M.L. (1987). The relation of parenting style to adolescent school performance [Special issue: Schools and development]. *Child Development, 58*(5), 1244–1257.

Doyle, A.B., & Markiewicz, D. (2005). Parenting, marital conflict and adjustment from early- to mid-adolescence: Mediated by adolescent attachment style? *Journal of Youth and Adolescence, 34*(2), 97–110.

Fonagy, P. (2000). Attachment and borderline personality disorder. *Journal of the American Psychoanalytic Association, 48*, 1129–1146.

Fonagy, P., Gergely, G., Jurist, E., & Target, M. (2002). *Affect regulation, mentalization, and the development of the self.* New York: Other Books.

Gebo, E. (2007). A family affair: The juvenile court and family violence cases. *Journal of Family Violence, 22*(7), 501–509.

Gray, M.R., & Steinberg, L. (1999). Unpacking authoritative parenting: Reassessing a multidimensional construct. *Journal of Marriage and the Family, 61*(3), 574–587.

Greenberg, M.T. (1999). Attachment and psychopathology in childhood. In J. Cassidy & P.R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 469–496). New York: Guilford Press.

Greenberg, M.T., Speltz, M.L., DeKlyen, M., & Endriga, M.C. (1991). Attachment security in preschoolers with and without externalizing problems: A replication. *Development and Psychopathology, 3*, 413–430.

Greenberg, M.T., Speltz, M.L., DeKlyen, M., & Jones, K. (2001). Correlates of clinic referral for early conduct problems: Variable- and person-oriented approaches. *Development and Psychopathology, 13(2)*, 255–276.

Grolnick, W.S. (2003). *The psychology of parental control: How well-meant parenting backfires.* Mahwah, NJ: Lawrence Erlbaum Associates.

Grossmann, K.E., & Grossmann, K. (1993). Emotional organization and concentration on reality from an attachment theory perspective. *International Journal of Educational Research, 19*, 541–554.

Hamilton, C.E. (2000). Continuity and discontinuity of attachment from infancy through adolescence. *Child Development, 71*(3), 690–694.

Hoffman, K.T., Marvin, R.S., Cooper, G., & Powell, B. (2006). Changing toddlers' and preschoolers' attachment classifications: The Circle of Security intervention. *Journal of Consulting and Clinical Psychology, 74*(6), 1017–1026.

Johnston, C., & Mash, E.J. (1989). A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology, 18*, 167–175.

Karavasilis, L., Doyle, A.B., & Markiewicz, D. (2003). Associations between parenting style and attachment to mother in middle childhood and adolescence. *International Journal of Behavioral Development, 27*(2), 153–164.

Keiley, M.K. (2002). The development and implementation of an affect regulation and attachment intervention for incarcerated adolescents and their parents. *The Family Journal: Counseling and Therapy for Couples and Families, 10*(2), 177–189.

Keiley, M.K. (2007). Multiple-family group intervention for incarcerated adolescents and their families: A pilot project. *Journal of Marital and Family Therapy, 33*(1), 106–124.

Khaleque, A., & Rohner, R.P. (2002). Perceived parental acceptance-rejection and psychological adjustment: A meta-analysis of cross-cultural and intracultural studies. *Journal of Marriage and Family, 64*(1), 54–64.

Kitzmann, K.M., Gaylord, N.K., Holt, A.R., & Kenny, E.D. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 71*, 339–352.

Klein Velderman, M., Bakermans-Kranenburg, M.J., Juffer, F., & van IJzendoorn, M.H. (2006). Effects of attachment-based interventions on maternal sensitivity and infant attachment: Differential susceptibility of highly reactive infants. *Journal of Family Psychology, 20*(2), 266–274.

Laible, D.J., & Thompson, R.A. (2000). Mother–child discourse, attachment security, shared positive affect and early conscience development. *Child Development, 71*, 1424–1440.

Liddle, H.A. (2002). *Multidimensional family therapy for adolescent cannabis users: Cannabis youth treatment series (Vol. 5)* (Publications No. [SMA] 02-3660). Rockville, MD: United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

Lyons-Ruth, K., & Jacobvitz, D. (1999). Attachment disorganization: Unresolved loss, relational violence, and lapses in behavioral and attentional strategies. In J. Cassidy & P.R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 520–554). New York: Guilford Press.

Maccoby, E.E., & Martin, J. (1983). Socialization in the context of the family: Parent-child interactions. In E.M. Hetherington & P.H. Mussen (Series Eds.), *Handbook of child psychology: Vol. 4. Socialization, personality, and social development* (pp. 1–101). New York: Wiley.

Marvin, R., Cooper, G., Hoffman, K., Powell, B. (2002). The Circle of Security project: Attachment-based intervention with caregiver–preschool child dyads. *Attachment and Human Development, 4*(1), 107–124.

Maxwell, C.D., & Maxwell, S.R. (2003). Experiencing and witnessing familial aggression and their relationship to physically aggressive behaviors among Filipino adolescents. *Journal of Interpersonal Violence, 18*, 1432–1451.

Mayseless, O., & Scharf, M. (2006). Maternal representations of parenting in adolescence and psychosocial functioning of mothers and adolescents. In O. Mayseless (Ed.), *Parenting representations: Theory, research, and clinical implications* (pp. 208–238). New York: Cambridge University Press.

Mayseless, O., & Scharf, M. (2007). Adolescents' attachment representations and their capacity for intimacy in close relationships. *Journal of Research on Adolescence, 17*(1), 23–50.

Milligan, S. (2008). Youth custody and community services in Canada, 2005/2006. *Juristat, 28*(8). (Cat. No. 85-002-X). Ottawa, ON: Statistics Canada. Retrieved from the Statistics Canada website: http://www.statcan.gc.ca/pub/85-002-x/85-002-x2008008-eng.pdf

Moretti, M.M. (2003). Affect regulation checklist. Unpublished research measure, Simon Fraser University, Burnaby, BC, Canada.

Moretti, M.M., Braber, K., & Obsuth, I. (2009). *Connect: An attachment focused treatment group for parents and caregivers—A principle based manual.* British Columbia: Simon Fraser University.

Moretti, M.M., McKay, S., & Holland, R. (2000). The Comprehensive Adolescent-Parent Attachment Inventory (CAPAI). Unpublished measure and data, Simon Fraser University, Burnaby, BC.

Moretti, M.M., & Obsuth, I. (2009). Effectiveness of an attachment-focused manualized intervention for parents of teens at risk for aggressive behaviour: The Connect program. *Journal of Adolescence, 32*, 1347–1357.

Moretti, M.M., & Obsuth, I. (2011). Attachment and aggression: From paradox to principles of intervention to reduce risk of violence in teens. In M. Kerr, H. Stattin, R.C.M.E. Engels, G. Overbeek, & A.K. Andershed (Eds.), *Understanding girls' problem behaviour: How girls' delinquency develops in the context of maturity and health, co-occuring problems and relationships* (pp. 185–205). UK: John Wiley & Sons.

Moretti, M.M., & Obsuth, I. An attachment-based intervention for parents of adolescents at risk: Exploring mechanisms of change. Manuscript under review.

Moretti, M.M., Obsuth, I., Mayseless, O., & Scharf, M. (in press). Shifting internal parent–child representations among caregivers of teens with serious behaviour problems: An attachment based approach. *Journal of Child and Adolescent Trauma*.

Moretti, M.M., Penney, S., Obsuth, I., & Odgers, C. (2006). Family lessons in attachment and aggression: The impact of interparental violence on adolescent adjustment. In J. Hamel & T. Nicholls (Eds.), *Family therapy for domestic violence: A practitioner's guide to gender-inclusive research and treatment* (pp. 191–214). New York: Springer.

Morris, A.S., Silk, J., Steinberg, L., Myers, S., & Robinson, L.R. (2007). The role of the family context in the development of emotion regulation. *Social Development, 16*(2), 361–388.

Muris, P., Meesters, C., Morren, M., & Moorman, L. (2004). Anger and hostility in adolescents: Relationships with self-reported attachment styles and perceived parenting rearing styles. *Journal of Psychosomatic Research, 57*, 257–264.

Muris, P., Meesters, C., & van den Berg, S. (2003). Internalizing and externalizing problems as correlates of self-reported attachment style and perceived parental rearing in normal adolescents. *Journal of Child and Family Studies, 12*(2), 171–183.

Renken, B., Egeland, B., Marvinney, D., Mangelsdorf, S., & Sroufe, L.A. (1989). Early childhood antecedents of aggression and passive-withdrawal in early elementary school [Special issue]. *Journal of Personality, 57*(2), 257–281.

Roelofs, J., Meesters, C., ter Huurne, M., Bamelis, L., & Muris, P. (2006). On the links between attachment style, parental rearing behaviors, and internalizing and externalizing problems in non-clinical children. *Journal of Child and Family Studies, 15*(3), 331–344.

Rosenstein, D.S., & Horowitz, H.A. (1996). Adolescent attachment and psychopathology. *Journal of Consulting and Clinical Psychology, 64*(2), 244–253.

Savoie, J. (2007). *Youth self-reported delinquency, Toronto, 2006*. (Statistics Canada Catalogue No. 85-002-XPE, Vol. 27, no. 6). Ottawa: Statistics Canada, Canadian Centre for Justice Statistics.

Scaramella, L.V., Conger, R.D., & Simons, R.L. (1999). Parental protective influences and gender-specific increases in adolescent internalizing and externalizing problems. *Journal of Research on Adolescence, 9*(2), 111–141.

Slade, A., Grienenberger, J., Bernbach, E., Levy, D., & Locker, A. (2005). Maternal reflective functioning, attachment, and the transmission gap: A preliminary study. *Attachment and Human Development, 7*(3), 283–298.

Snyder, H., & Sickmund, M. (2006). *Juvenile offenders and victims: 2006 National Report*. Washington, DC: US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Somer, E., & Braunstein, A. (1999). Are children exposed to interparental violence being psychologically maltreated? *Aggression and Violent Behavior, 4*(4), 449–456.

Spangler, G., & Zimmermann, P. (1999). Attachment representation and emotion regulation in adolescence: A psycho-biological perspective on internal working models. *Attachment and Human Development, 1*, 32–46.

Speltz, M.L., DeKlyen, M., & Greenberg, M.T. (1999). Attachment in boys with early onset conduct problems. *Development and Psychopathology, 11*(2), 269–285.

Stattin, H., & Kerr, M. (2000). Parental monitoring: A reinterpretation. *Child Development, 71*(4), 1072–1085.

Steinberg, L., Elmen, J.D., & Mounts, N.S. (1989). Authoritative parenting, psychosocial maturity, and academic success among adolescents. *Child Development, 60*(6), 1424–1436.

Steinberg, L., Lamborn, S.D., Darling, N., Mounts, N.S., & Dornbush, S.M. (1994). Over-time changes in adjustment and competence among adolescents from authoritative, authoritarian, indulgent, and neglectful families. *Child Development, 65*, 754–770.

Straus, M.A. (1979). Measuring intrafamily conflict and violence: The conflict tactics scales. *Journal of Marriage and the Family, 41*, 75–81.

Straus, M.A., & Ramirez, I.L. (2007). Gender symmetry in prevalence, severity, and chronicity of physical aggression against dating partners by university students in Mexico and USA. *Aggressive Behaviour, 33*(4), 281–290.

Thornberry, T.P. (2005). Explaining multiple patterns of offending across the life course and across generations. *Annals of the American Academy of Political and Social Science, 602*, 156–195.

Trulson, C.R., Marquart, J.W., Mullings, J.L., & Caeti, T.J. (2005). In between adolescence and adulthood: Recidivism outcomes of a cohort of state delinquents. *Youth Violence and Juvenile Justice, 3*(4), 355–387.

van IJzendoorn, M.H. (1995). Of the way we were: On temperament, attachment, and the transmission gap: A rejoinder to Fox. *Psychological Bulletin, 117*(3), 411–415.

van Zeijl, J., Mesman, J., Stolk, M.N., Alink, L.R.A., van IJzendoorn, M.H., Bakermans-Kranenburg, M.J.,...Koot, H.M. (2007). Differential susceptibility to discipline: The moderating effect of child temperament on the association between maternal discipline and early childhood externalizing problems. *Journal of Family Psychology, 21*(4), 626–636.

van Zeijl, J., Mesman, J., van IJzendoorn, M.H., Bakermans-Kranenburg, M.J., Juffer, F., Stolk, M. N.,...Alink, L. R. A. (2006). Attachment-based intervention for enhancing sensitive discipline in mothers of 1- to 3-year-old children at risk for externalizing behaviour problems: A randomized controlled trial. *Journal of Consulting and Clinical Psychology, 74*(6), 994–1005.

Waters, E., Merrick, S., Treboux, D., Crowell, J., & Albersheim, L. (2000). Attachment security in infancy and early adulthood: A twenty-year longitudinal study. *Child Development, 71*(3), 684–689.

Weinfield, N.S., Sroufe, L.A., & Egeland, B. (2000). Attachment from infancy to early adulthood in a high-risk sample: Continuity, discontinuity, and their correlates. *Child Development, 71*(3), 695–702.

Zimmermann, P. (1999). Structure and functioning of internal working models of attachment and their role for emotion regulation. *Attachment and Human Development, 1*, 55–71.

CHAPTER TWELVE

COMMON AND UNIQUE INTERVENTION TARGETS FOR GIRLS' AGGRESSION

COMMENTARY BY
ISABELA GRANIC

ON
UNDERSTANDING RELATIONAL AGGRESSION IN ELEMENTARY SCHOOL GIRLS: IMPLICATIONS FOR INTERVENTION
T. DANIELS AND D. QUIGLEY

AND
REDUCING RISK OF ADOLESCENT AGGRESSION AND VIOLENCE: A BRIEF ATTACHMENT-FOCUSED TREATMENT PROGRAM FOR PARENTS AND CAREGIVERS
M.M. MORETTI AND I. OBSUTH

Over the last decade, major strides have been made in identifying the risk factors associated with girls' aggression. As the contributors to this volume have documented, a great deal has also been learned about the processes and mechanisms that underlie the development of aggression in girls. The essential next step is to apply our developmental findings to the task of tailoring and implementing prevention and intervention strategies that will effectively target troubled girls' problem behaviours. The authors of the previous two chapters have taken up this challenge and pushed us to