

THE PRE-TEEN AND TEENAGE YEARS:
NEW FINDINGS; NEW CHALLENGES

POST WORKSHOP SUMMARY

CLARK KERR CONFERENCE CENTER
UNIVERSITY OF CALIFORNIA

Saturday, December 8, 2001, 9:00 AM to 3:30 PM

THE PRE-TEEN AND TEENAGE YEARS: NEW FINDINGS, NEW CHALLENGES
UC BERKELEY CLARK KERR CONFERENCE CENTER
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MORNING PROGRAM

8:30 - 9:00 REGISTRATION: Check in/Parking permits/Coffee, tea, and pastries

9:00 - 9:15 WELCOME and OVERVIEW OF WORKSHOP:

CAROLYN PAPE COWAN, CHAIR, WORKSHOP COMMITTEE, IHD
PHILIP COWAN, DIRECTOR, INSTITUTE OF HUMAN DEVELOPMENT

9:15 - 10:15 PRESENTATIONS (15 minutes each in Krutch Theatre)

STEVE LEE: Antisocial Behavior in Adolescence: Cause for Concern or Normative Development
ELISE CAPPELLA: Manipulation, Gossiping, and Exclusion: Girls' Use of Social Aggression
EMILY OZER: Urban Adolescents' Responses to Violence: Resources and Difficulties
KEN BENAOU: How to Talk to Teens and Parents about Learning and Behavior Challenges

10:15 - 10:45 BREAK

10:45 - 11:45 SMALL GROUPS WITH INDIVIDUAL SPEAKER OF YOUR CHOICE*

11:45 - 12:45 LUNCH (provided)

AFTERNOON PROGRAM

12:45 - 1:45 PRESENTATIONS (15 minutes each in Krutch Theatre)

SUSAN MILLSTEIN: Why do teens take risks?
DARA BLACHMAN: The Teenage Blues: Understanding Risk Factors for Depression
DANIEL PERLSTEIN: Failing at Kindness: Why Fear of Violence Endangers Children
PHILIP COWAN: How Family and Peer Relationships Promote Social Competence

1:45 - 2:00 BREAK

2:00 - 3:00 SMALL GROUPS WITH INDIVIDUAL SPEAKER OF YOUR CHOICE*

3:00 - 3:30 BIG IDEAS AND ISSUES (Krutch Theatre)

PHIL COWAN and GROUP FACILITATORS

3:30 ADJOURN

*Facilitators will work with presenters and attendees in the groups and then report back to the whole audience several key issues from the group discussions.

Facilitators: DARA BLACHMAN ELISE CAPPELLA MIRIAM HERNANDEZ
SALLY LIM PENNY MARSH NICOLE ROBERTS

ANTISOCIAL BEHAVIOR IN ADOLESCENCE: CAUSE FOR CONCERN OR PART OF NORMATIVE DEVELOPMENT.

Steve S. Lee, MA

Background:

Antisocial behavior generally refers to harmful acts towards individuals or property. However, the terminology varies considerably, including aggression, violence, delinquency, and crime. Even with these descriptions, some further distinctions are important.

- (1) Antisocial behavior (ASB) is a complex phenomenon and shows enormous variability in prevalence and manifestation, particularly over time - from childhood to adolescence.
- (2) Rates of ASB have leveled off in the last several years, after decades of increase.
- (3) However, ASB remains an important area of inquiry for many reasons, including:
 - (i) Relative to childhood, adolescence shows sizable increases in both the number of people engaging in delinquency and the overall rates of different types of antisocial acts.
 - (ii) The stability of ASB from childhood through adulthood is distressingly high, suggesting that it is difficult to treat and impairs youth throughout development.
 - (iii) Rates of ASB in the U.S. remain far higher than those of other industrialized nations.

A Dual-Starter Model of ASB:

- (1) Studies show that age of onset of ASB is an important indicator differentiating adolescents.
- (2) A small proportion of adolescents have a childhood history of ASB and other "risk" factors (ADHD, early peer rejection, and difficult temperament). The majority of childhood onset youth (less than 10 years old) exhibit ASB through the life course and into adulthood. They are referred to as early-onset or life-course-persistent (LCP) offenders.
- (3) The majority of adolescents participating in ASB do not have this childhood history. Most typically begin early in adolescence, peak during mid adolescence, and desist in early adulthood. Consequently, they are referred to as adolescent-onset or adolescent-limited (AL) offenders. However, the AL group does not always have a benign outcome.

Overview of Some Possible Mechanisms:

- (1) Influence of Deviant Peers: During adolescence, the influence of deviant peers likely plays a "causal" role in the emergence of ASB among the AL offenders. In fact, the LCP group may function as a source of ASB "socialization." Recent studies also indicate that the LCP group likely "self-selects" into associating with deviant peer networks.
- (2) Hostile Attribution Bias (HAB): Among aggressive youth, a deficit in information processing may underlie their ASB. Compared to non-aggressive youth, they are more likely to underutilize social cues, incorrectly attribute negative intentions to "ambiguous" peer exchanges, and generate fewer prosocial solutions to problems. These distortions are almost exclusive to the domain of children with co-occurring ADHD, which is overrepresented in the LCP group.
- (3) Executive Function (EF) Deficits: EF refers to a series of neuropsychological "skills" that are required for higher ordered cognitive and behavioral tasks. They include cognitive flexibility, inhibiting conditioned responses, and developing strategies for action. These deficits are associated with impulsivity, low school achievement, and erratic emotional responses.

General Indicators of ASB Problems & Severity:

- (1) Impairment? Are behavior patterns compromising school performance, family relations, etc.?
- (2) Is ASB occurring in one or more settings, such as school, home, with peers, etc.?
- (3) Are there different "types" of ASB? A more "diverse" range suggests a worse prognosis. Types may include Covert (theft, substance use/abuse), Overt (assault, fighting with weapons), Destructive (property destruction, fire setting), and Non-destructive (truancy, lying) types.
- (4) When did the ASB begin? Did "relevant behaviors" (excessive irritability and defiance, difficulties with peers, verbal aggression) precede the ASB or did it emerge only in adolescence?

- (5) The ASB of adolescents is more likely to persist if it began early in development and shows multiple "forms" or "types."
- (6) Evaluations of how problematic and severe ASB is must consider multiple areas of functioning (school, family, and peer) along with individual strengths/vulnerabilities.

Steve S. Lee, MA
Clinical Psychology Doctoral Student
Psychology Clinic & Institute of Human Development
University of California, Berkeley
2205 Tolman Hall #1650
Berkeley, CA 94720-1650
Phone: 510-642-2055
FAX: 510-643-1922
Email: stevelee@socrates.berkelev.edu

DISCUSSION GROUP SUMMARY

Issues Discussed:

School-wide intervention

Gender differences in prevalence of Antisocial Behavior (ASB)

The Dual Starter Model and subtypes of ASB

Given the need for school-wide intervention, how can it be implemented?

It's important to note that there needs to be awareness that parental monitoring is a potent predictor of Antisocial Behavior. Additionally, research has shown that the quality of the parents' relationship as a couple and with their children has profound influence on children's behavior. Therefore, intervention needs to be undertaken on multiple fronts, including the home. Implementing an effective ASB intervention program in schools is a difficult endeavor. Research suggests that some aggressive youth demonstrate Hostile Attribution Bias; that is, they are more likely to underutilize social cues or misread "ambiguous" peer exchanges, attributing hostile or negative intentions to "neutral" behavior. Social skills training may be effective in assisting these youth generate prosocial, non-aggressive responses to conflicts. However, given the strong influence of peers during the adolescent years, there is a challenge of how to structure social skills training groups or classes. It is likely that deviant adolescents influence some of their peers, with the life-course-persistent (LCP) offenders possibly influencing their peers and playing a "causal" role in the emergence of ASB among the adolescent-limited (AL) offenders. Furthermore, some recent studies suggest that LCP youth tend to "self-select" into associating with deviant peers. It is a challenging task to group together students so that social skills training is optimally effective and peer socialization is constructive rather than harmful.

What about self-injurious behavior? If these types of behaviors were considered to be under the rubric of antisocial behavior, would the gender difference in the prevalence of ASB change?

The measurement and diagnosis of ASB depends on how it is defined. If sexual promiscuity, self-mutilation or eating disorders were considered, would gender differences in prevalence rate still exist? Should ASB be defined dimensionally or categorically? This brings into question how one defines a complex a phenomenon as ASB. Applying the conventional definition and current diagnostic criteria of ASB, there is a distinct difference in prevalence rates along gender lines, with boys displaying higher rates than girls. It's interesting to note that rates of ASB are higher in the United States than in other industrialized nations, which could also be due to cultural differences in what is considered antisocial behavior. The typical terminology emphasizes externalizing behavior, including aggression, violence, delinquency, and crime, all of which males demonstrate at higher rates than females. If one considers a more diverse range of behaviors such as sexual promiscuity, eating disorders or self-mutilation as possible indicators of ASB, it is conceivable that the prevalence rates for boys and girls would be equal, or perhaps the rate for girls would be higher. And would this necessitate separate diagnostic criteria for females and males?

What about subgroups of ASB and normative behavior?

The Dual Starter Model purports that there are 2 subtypes of ASB: Early-onset or Life-course persistent (LCP) and Late-onset or Adolescent-limited (AL). But is this model limited? And are there "separate"

mechanisms explaining early vs. late-onset conduct problems in children and adolescents? Or are there similar mechanisms or risk factors with the early-onset offenders displaying higher rates or more significant conduct problems than late-onset offenders? Does the Dual Starter Model apply to other cultures? Do certain environmental factors, academic and economic opportunities, family dynamics, etc. influence some AL kids to become LCP offenders? These are unresolved questions that require further inquiry. Unfortunately, the complexity of the mechanisms, manifestation and outcomes of ASB is often overlooked or simplified. For example, the "LCP" term is sometimes used diagnostically by the juvenile delinquency system and this influences the creation and implementation of both prevention and treatment programs, perhaps condemning youth prematurely. It is crucial to keep in mind that there are multiple influences on child "outcome". As for non-relational aggression in girls, research suggests an influence of early menarche and co-ed sex composition of social groups. These girls are more likely to experience sexual pressure and associate with older men.

ASB is an extremely complex phenomenon with variability in its prevalence and manifestation, and involves the interaction of multiple "risk" factors in arenas such as peers, the parent couple, family, school, and neighborhood. Sensitive and nuanced prevention and treatment programs are necessary given the multiple areas of functioning that must be considered along with an individual's strengths and weaknesses.

**MANIPULATION, EXCLUSION, AND GOSSIPING:
SOCIAL AGGRESSION AMONG FIFTH GRADE GIRLS
Elise Cappella, MA**

Social aggression = the infliction of psychological or social pain in such a way that it appears there has been no intention to hurt at all. Some examples include: making up stories to get someone in trouble, criticizing a person behind her back, starting or spreading nasty rumors, and maliciously excluding someone from the group.

Involvement in social aggression predicts social and psychological bruises as painful as physical ones. Children from various ethnic and economic backgrounds use and experience social aggression, but the prevalence and impact are strongest among girls in middle childhood and early adolescence. In fact, involvement in these behaviors is as predictive of later delinquency among girls as involvement in physical aggression is among boys.

Although studies document what teachers, adolescents, and parents have known for years, questions remain. Why do girls use these behaviors more than boys? What makes some youth perpetrators or followers or targets of social aggression? Do some school or classroom contexts limit the prevalence and impact of social aggression whereas others magnify these behaviors? Do these kinds of behaviors play any positive role in girls' lives? How can schools and teachers help prevent and resolve socially aggressive conflicts?

In an attempt to answer some of these questions, I developed a small group, school-based program to prevent and resolve socially aggressive conflicts among 5 and 6th grade girls. This program currently is being implemented and evaluated in 6 public schools. The program is designed to alter individual students' behaviors as well as change peer group interactions. The curriculum focuses on multiple perspectives - those of the perpetrator, follower, and target - and emphasizes strengths and positive social leadership. The mixed groups of girls meet once/week for 10 weeks. Trained group leaders use role plays, discussion, games, and modeling to:

- (1) increase knowledge of social aggression
- (2) build understanding of oneself and others
- (3) promote positive peer communication and behavior
- (4) provide opportunities to observe and practice social skills
- (5) teach social problem-solving skills.

This program will shed light on ways to prevent and resolve socially aggressive conflicts among 5th-6th grade girls, as well as help us better understand what leads girls toward socially aggressive behaviors. Future directions for research and intervention need to focus on broader classroom- and school-based awareness and change.

Elise Cappella, MA
Graduate Student in Clinical Psychology
University of California, Berkeley

DISCUSSION GROUP SUMMARY

Discuss more details about your (Elise Cappella's) intervention?

The intervention is directed toward 5th grade girls in the West Contra Costa County District – the participants are representative of diverse backgrounds

Reasons for choosing girls: the experiences of boys and girls are different and this intervention will inform future interventions for boys and girls

The groups in the current study would be one of two: the reading group and the aggression/intervention group

What are the “real-world” applications for the intervention?

Girls often get “passed over” in research studies – interventions mainly focus on boys. This study would help further understand social aggression, which predominantly occurs among girls.

In school, there are “social leaders” and this intervention would elaborate on the roles of “leaders”, “targets”, and “followers”; the intervention, for example, will explore these roles through skits about rumors, exclusion/inclusion, name-calling, teasing, etc.

Issues of inclusion and exclusion often come up during free time (especially in the playground)

There would potentially be “spill-over” intervention effects on non-participating girls and boys in the classroom and/or school

How do you train people in the community to help decrease social aggression?

- There are psychotherapists in the community who are working with individuals and schools
- UC Extension has courses on crisis intervention and there are other workshops in the community as well
- Get the PTA involved in addressing the issue of social aggression
- Apply for grants (“safety money”) to help implement programs
- Graduate students in local universities could collaborate with the community and schools
- Religious affiliation/church (e.g. youth activities)
- The placebo effects of merely being in a group together can be helpful in reducing social aggression

Are there any concrete suggestions to help reduce social aggression?

- Make the most of “teaching moments” (e.g. when children whispering in groups, talk about it)
- Ask children to name something good and bad that has happened during the week; talk more in depth about social aggression when it comes up as a good/bad
- Empathize with children and be active listeners
- Help normalize some of these behaviors – help children understand the roles of “leaders” and “targets” in social aggression situations
- Use role plays to help children learn lessons about social aggression
- Talk to children about confidentiality so they feel comfortable

Where and when does social aggression occur?

- Social aggression most often occurs in high status groups
- Becomes more prominent in middle school
- Specifically known to happen during unstructured times in the school day (e.g. recess time)
- Social aggression can happen both within groups and between groups

What can teachers do about social aggression?

- Make use of “facilitators” already in social groups
- The topic can be used for classroom discussion
- Realize that it is a problem that affects both girls and boys
- Pay attention (praise) those doing the “right thing”
- When calling parents (if needed), make sure to stress the positive as well; make sure you follow up with the parent
- Ask adolescents, “Can you help me?” to get them involved
- Invite input from students (e.g. encourage students to give positive comments to their peers)
- Get parents involved (e.g. just their presence in schools can make a difference)
- Teach breathing techniques

**URBAN ADOLESCENTS' RESPONSES TO VIOLENCE:
RESOURCES AND DIFFICULTIES
Emily J. Ozer, Ph.D.**

We designed a research study to help us learn more about the impact of stress and exposure to violence on urban middle school students' psychological health, as well as what resources students use to help themselves cope and limit the negative impact.

Participants in the study were 349 adolescents attending 7th grade in the SF Unified School district and reflected a roughly representative sample of the district in terms of academic achievement, ethnicity, and gender. The majority of the students were from AsianAmerican, Latino, and African-American ethnic groups.

Students reported about the daily hassles they encountered and their exposure to violence across school, family, peer, and neighborhood aspects of life. Students and teachers were asked about students' psychological well-being: their depressive symptoms, post-traumatic stress symptoms, and competence. Students also shared their coping resources, in particular their feeling of safety in school, support for personal problems, and experiences of support in discussing violent events. Although the majority of adolescents reported that they would be able to find support for a personal problem if they needed it, approximately half reported feeling discouraged from discussing violent events with others because the other person seemed uncomfortable or appeared as if they didn't want to hear about the event.

Consistent with prior research on children and older adolescents, this study found that more exposure to violence was linked to more symptoms of PTSD and depressive symptoms. It also appears, however, that more supportive conditions both within and outside of school helped the adolescents to maintain healthier functioning despite more exposure to violence. Adolescents who reported more support from mothers reported lower PTSD and depressive symptoms, and lower PTSD symptoms were also found for young adolescents who felt freer to discuss violent events with others. Feeling safer at school and receiving more helpful support from fathers, siblings, and teachers also appears to play a role in lowering the risk for psychological problems for adolescents who experience violence. Challenges in addressing the psychological needs of adolescents in economically-strapped, urban public schools are discussed, along with possible intervention strategies that may be appropriate to these school settings.

Emily J. Ozer, Ph.D.

Postdoctoral fellow in health psychology, University of California, San Francisco

Visiting scholar, University of California, Berkeley

DISCUSSION GROUP SUMMARY

In conducting school-based research, in particular this kind of research studying perceptions of violence, it is important to be sensitive to schools' concerns about "looking bad" (e.g., if research reveals reports of violence).

It seems as though there are several differences among schools, even schools within a district. Did you identify areas in which schools differ?

Size of school differed, and there were differences in terms of the kind of stress and school environment that students experienced. Schools differed in their academic performance record (e.g., test scores) and in the amount of support available (e.g., based on student and teacher reports). Importantly, the amount of (emotional) support a school offers is not necessarily related to its academic record!

How much is violence or depression among students is due to the effects of media portrayals of violence?

That question was not addressed in my research so I can't share any data on that topic. I think that viewing violent images in the media may influence youth, but in many urban communities, youth are experiencing actual experiences of violence on a regular basis.

By studying particular ethnic groups, is violence being associated with these specific ethnic groups?

This research does not pinpoint violence on any specific ethnic group. The sample reflects the demographic of public schools in the San Francisco Bay Area. Ethnicity and socioeconomic status are, unfortunately, confounded in this society, in that ethnic minorities are often over represented in low-income urban environments.

What are your opinions about peer education?

Peer education has been shown to be effective in multiple types of prevention programs. If you want to change peer norms about particular kinds of behavior, it makes sense to have peers try to influence those norms, rather than a teacher or other adult. I have done some research on the conditions that help promote successful peer education, and I believe that people developing programs need to think about providing peer educators with support, resources, and expertise to build in those conditions to be most effective.

Given considerations such as mandated reporting, can students really feel safe talking to teachers when they need support? Teachers are often in a tough position because the advice they provide their students might upset some parents, especially where issues of abuse and domestic violence are concerned.

There is a real and important balance between how much teachers should, and can, encourage their students to open up rather than contain their emotions and experiences. It is important to be a good listener and to communicate that we care about what they are experiencing. At the same time, we need to be careful that youth don't feel overwhelmed and "re-traumatized" by sharing experiences when there is no time or space for them to be helped by sharing these experiences. Counselors and other helping professionals receive a great deal of training to deal with understanding this balance, and our hope is that teachers will also receive some basic training in this area so they can be most helpful to their students. Several teachers in the group shared their experiences of having children tell them about traumatic events and other problems in their lives, and this led the discussion to thinking about the kinds of conditions that promote this kind of sharing between teachers and students. Two teachers working in child development centers discussed the special role they have in seeing students year after year, and in interacting with parents on a daily basis.

What do we know works to make teachers feel more supported, especially in times of increased demands and stress?

When outside funding is limited we have to think about how to best utilize resources within the school. Teachers and school psychologists can provide these services. However, teachers already have a great number of demands in their daily lives. An important goal of our efforts is to think about how to best utilize teachers as a support resource, given these constraints. There is great diversity among schools and school districts in terms of the time teachers have to address these concerns. The climate established by administrators (e.g., support, autonomy, respect, issues of confidentiality) is of utmost importance. Some research has shown that fostering relationships and discourse among teachers themselves can help this process.

How do we decide at which age to start implementing these programs?

The suggestion is to start when students are young. Family and environmental factors have an impact on students from a very young age. When we talk about adolescents and their responses to violence, we must recognize that these are issues they have been dealing with for years.

What are your thoughts on "copy cat" acts of violence?

It is important to think about what motivates these behaviors. Are there parts of the system that reinforce these acts? Can we provide more prosocial ways of gaining attention?

Can uniforms in school be helpful?

In my conversations with teachers and administrators, their opinion is that uniforms can be helpful because it avoids the problem of students claiming gang colors in school. One participant raised the issue of the cost of uniforms, and it was clarified that many public schools now decide on a "basic" uniforms such as a white shirt and dark slacks.

Do you think things like cameras in schools can make things safer?

I have not seen data on this topic so I can't tell you if that kind of intervention has been effective. My impression from my conversations with principals is that the most critical issue is how to create a school climate that promotes respect and support among students so as to prevent these kinds of things from happening, rather than just catching students when they do happen. Clearly, accountability for aggression or other breaking of the school rules is important but it can't be the only strategy. One teacher mentioned that school cameras are now in use in her district, but the money for the cameras has taken away funding from programs such as peer education.

HOW TO TALK WITH TEENS AND THEIR PARENTS ABOUT SPECIAL LEARNING AND BEHAVIOR CHALLENGES

Ken Benau, Ph.D.

Teachers to Teens:

- Stay aware of how teens are trying to preserve a sense of their self-worth and develop their identity (usually within a peer group). Notice how their dress and peer group affiliations communicate some things about who they are or want to be. Kids often "self-diagnose" by who they prefer to spend time with (e.g. kids with ADHD or learning problems often find each other).
- Remember that many teens would rather be perceived as "bad" (i.e., misbehaving) than "stupid". Disruptive behavior is often a way the teen can distract their teachers, peers, parents and themselves away from their learning struggles.
- When talking with a teen about their learning problems, assume they have been struggling with this challenge for some time and have developed certain negative self-attributions as a result of their own and their teachers' and parents' "evaluation" of them. Thus, they are coming to you already thinking they are "stupid", "lazy", "spacey", "not living up to their potential" and/or "a loser who is never going to make anything of his/her life", etc. Any conversation about their areas of academic weakness must always include comments about their genuine strengths and the qualities you respect about them, and a recognition that you know it will be hard at first for them to believe you. Never broach these sensitive issues around any of their peers; they are highly prone to humiliation.
- Teens are beginning to think about their future and how they want to live their lives. Never dash their hopes for the future (however unrealistic), and show them concretely how their vision of a better future ties in directly with the daily learning/behavioral challenges they now face. Make sure your feedback pertains to what matters to them, not to you. At the same time, let them know what you see about them that helps you envision a better future for them that they cannot see right now.
- Assume teens often have a good (albeit incomplete) idea of what is problematic for them about their learning or behavior. When they know you are genuinely curious, non judgmental and seek their input about how they understand the problem, they can often tell you a lot that is useful (either about the problem or how it is unwittingly maintained).
- *When giving feedback about behavior that concerns you, be "descriptive" rather than "interpretive". Thus, say what you actually see as a pattern and do not assume you know what it "really means" that they are behaving that way.
- Assume the teen's positive intentions even if the outcome is negative. Thus, approach teens who display behavioral challenges with the attitude of wanting to understand what they were trying to accomplish, and not just with the expectation that their goal is to make your life and theirs miserable. "Solution focused" approaches, i.e. paying attention to what works or goes well and building upon that, are particularly well-received by most teens. Find that one class or teacher that they respond well to and get very curious: "What is it about that class/teacher that makes a positive difference for the teen, and how can I use that understanding in places the teen does less well?"
- Always remember that no person is an island. Thus, when trying to understand a teen's behavior problems, remember that in some context (e.g. within their peer group, at home, in their community, within their subculture, etc.) their "aberrant" behavior makes sense and may even be adaptive in some way. Consider using their peers (a friend, a peer group, their classmates) to address and solve a recurrent behavior problem, as long as you can ensure they genuinely want to help and not just criticize.

Teachers to Parents of Teens:

- Make a concerted and sustained effort to talk with both parents, whether in person or by phone. Fathers often get left out of the loop, in part by their own doing and in part by how schools are sometimes more welcoming (unconsciously) of mothers than fathers.
- Assume that this is not the first time someone has spoken to them about their teen's learning and/or behavior problem. Assume their history with other professionals has likely been unhelpful or worse (and thus the problems persist). In addition, consider that the parents likely have some experience of their own with a learning and/or

behavior problems (either with themselves or another family member) that may have been rather negative. Be sure to invite parents to say what has been their experience with teachers, with other school personnel as well as with outside professionals as pertains to the specified concerns. Listen for what has and has not worked in the past to guide your comments and recommendations.

- Assume that the parents' intentions are positive even if their actions are not always effective or are even harmful. Try to find out what the parents are trying to accomplish with their teen even if it is not working. Provide information about what is developmentally the norm for teens so that the parents don't over or under react to specific leaning and/or behavioral challenges.
- Be curious about whether the parent perceives the learning/behavioral challenge as a problem or not. Do not assume they necessarily do or don't care about the problem. If they don't seem to care, try and discover what does matter to them, i.e. what are their hopes, dreams, goals for their child. Use those goals, etc. to bring about a shared effort on behalf of the teen. Also, be curious about what other demands (financial, familial, psychological, etc.) they have that interfere with their ability to care more.
- As with teens, be "descriptive" rather than "diagnostic" or "interpretive" about the teen's problematic academic performance and/or behavior. Show work samples, attendance/tardy records, homework assignments outstanding, etc. Describe a typical pattern of problematic behavior or interaction between the teen and teacher(s) and/or peers, and invite the parent to help you understand what you are seeing. (E.g. "Is this new information for you or not?"; "Have you seen anything similar at home or is this unique to school?"; "How do you account for this learning/behavioral concern?"; "What have you tried to improve/correct it? How well have those interventions worked?"; etc.)
- If you have an area of expertise (e.g. writing), do not be afraid to make that known to parents so that they can determine the value of your input. At the same time, don't make comments outside your domain of expertise (e.g. "I think he may be depressed" or "I think he has ADHD").
- Present yourself as the teen's advocate. Help the parent see that despite the particular learning and/or behavior problems you are raising with them, you believe there are concrete steps that can be taken to help the teen. Thus, this is intended to be the start of a useful collaboration and not a destructive inquisition. Help parents hold on to a realistic vision of things getting better in the future if you and they work together on behalf of the teen. For parents who are "burnt out" on their teen, you might have to go the extra mile for awhile to enable the parents or teen to rekindle some hope that things will improve.
- Empower parents by helping them learn the "system" and its workings well enough (including inevitable roadblocks) so they can get what their teen needs. Remind them of their rights (e.g. via special education or 504 plans) so that they don't give up too quickly or assume nothing can be done. Assume many parents have many years of experience not getting the school system (or the legal, economic or social system) to work for them, so be sure that you let them know you understand they may be feeling defeated even before they start.
- Know about useful resources within the school and the teen's/parent's community (or find someone within the school who does) so that you can help parents find the appropriate and affordable help for their teen. Referrals to learning specialists, tutors, therapists, behavioral pediatricians, parent education/support groups, etc. may prove very useful.

Ken Benau, Ph.D.
Assistant Clinical Professor, UC Berkeley
Clinical Psychologist, Private Practice

DISCUSSION GROUP SUMMARY

The main message that emerged from this discussion period was the importance of approaching any problem as a process to be understood by all involved in a collaborative way, so that creative and successful solutions can be developed. This requires respecting students' and parents' perspectives and engaging them in the problem solving process. For example, you can get students who are contributing to each other's negative behavior involved in a discussion where you point out patterns that you have noticed and ask them for their perspective on what is going on in those interactions and what's behind it. Similarly, you can involve students in the development of a classroom

behavior management program by allowing them to help come up with the rules, the consequences when rules are broken, and appropriate rewards or choices. This involvement provides them with a sense of ownership and investment in the system and builds on the idea that incentives to follow rules are sometimes more powerful when coming from peers than from adults.

This collaborative approach can also be useful when talking with a student who appears to lack “insight” into a learning difficulty. Starting by discussing what they think the problem is and then being curious with them about it or pointing out things that they might not see (i.e., learning style, strengths) can break down their defensiveness and allow them to problem solve with you to develop creative intervention strategies.

Finally, such an approach can help you to keep perspective and compassion, despite feeling constantly in “battle” with certain students, particularly those who may not automatically show deference to teachers and their authority. Critical to gaining such perspective is being able to notice patterns of interaction that are repeatedly enacted (i.e., I do this, he does that, then this happens), understanding what it is the student is trying to communicate and respecting that perspective, and knowing when your own “buttons” are getting pushed. This allows you to reframe the problem as something that is created in interaction—instead of something that resides in the student—and to work to change such interaction patterns by doing something differently.

It can be helpful to model this approach to considering the complex interaction patterns involved in maintaining certain behaviors in discussions with parents. It may be particularly useful with parents who blame teachers for their child’s problems at school, as you non-defensively engage them in this curiosity-driven, collaborative approach to understanding and intervening around a problem.

Discussion can center around resources that can help make schools more “psychologically healthy.” Participants seemed eager for such information, but the complexity of the issues and the difficulties in actually implementing such programs were mentioned. Suggestions included James Comer’s School Development Program (see <http://www.info.med.yale.edu/comer>), the Museum of Tolerance in Los Angeles, the Southern Poverty Law Center, and the TRIBES curriculum.

The importance of having administrative support for any attempts at intervention was highlighted. It was suggested that an important first step is to begin a dialogue about what needs to happen and then actually develop and follow through on small, but concrete, plans of action. Possible components of such programs included parent and community involvement, teacher education, peer support, and the recognition of the importance of physical exercise.

There was some discussion of concerns regarding current versus past rates of learning and behavioral problems, particularly Attention Deficit Hyperactivity Disorder (ADHD). The important point was made that although a thorough and careful assessment is necessary to diagnose such difficulties, not all evaluations meet these criteria. Thus, although diagnostic labels can be quite helpful in developing appropriate interventions, care must be taken that receipt of such a label does not end the process of observation and monitoring of behavior, nor should it be an explanation for all aspects of a child’s functioning. Similarly, there are many reasons why a child may be displaying a certain behavior (i.e., distractibility) and therefore proper assessment is needed to avoid premature and incorrect labels.

Finally, attendees raised concern about labeling and stigma with respect to singling out certain students for accommodations in the classroom. The point was made that many such students have often already “labeled” themselves based on years of feeling different or stupid. Acknowledging their beliefs while at the same time working to address them (providing needed support, focusing on strengths) can begin to facilitate a stronger sense of self. Suggestions were made of things that can be done in classrooms to make students feel less stigmatized, such as providing an environment that is supportive of individual uniqueness, strengths and weaknesses, and different learning needs, as well as developing relationships with individual students so that they realize your comments are to help, not to criticize. Mel Levine’s book *All Kinds of Minds* (1992) (see www.allkindsofminds.org) was recommended as a helpful resource for understanding information processing and learning differences. The point was also raised that “behavior” problems are often a way to divert attention from an underlying learning problem, as a student might rather be seen as “bad” than as “stupid.”

Adolescent Risk Taking: Challenging the Myths
Susan G. Millstein, Ph.D.

- I. Adolescent Morbidity and Mortality
- II. Preventable
- III. Related to adolescents' behaviors
- IV. Do Adolescents Take Lots of Risks?
- V. How do they compare to other age groups?
- VI. Do Adolescents Recognize the Risks?
 - a. The myth of adolescent invulnerability
 - b. The world as a risky place
- VII. How Risky are Risk Behaviors?
- VIII. Outcomes can be very serious
- IX. Probability that they will occur is often quite low
- X. Do We Know Why Adolescents Take Risks?
- XI. Theoretical explanations
- XII. Common sense explanation
- XIII. Probability that they will occur is often quite low
- XIV. Is Risk Taking Bad?

Susan G. Millstein, Ph.D.
Professor of Pediatrics
University of California
Division of Adolescent Medicine
3333 California Street, Suite 245, Box 0503
San Francisco, CA 94143-0503

DISCUSSION GROUP SUMMARY

What are the risk factors for alcohol and drug use/abuse?

Familial/ genetic factors
Individual factors (e.g., social competence, academic competence, etc.)

Are Extreme Sports or imitating risk-taking behaviors seen in the media “normal”?

Sometimes adolescents emulate what they see in the media/popular culture as a way to search for their own identity
Most importantly, adolescents should understand what risks they are taking and why

What should adults keep in mind regarding risks and why?

It is important to consider the skill level of the child – there are different levels of competency in different domains
In general, children will need autonomy; although, permitting a “graduated” autonomy is more helpful

How can the community help with regard to risk-taking behavior?

Creating collaborative partnerships between parents and institutions to provide structure and enrichment for teens may help prevent inappropriate risk-taking behavior
There are often both individual and institutional barriers in community interventions; organizations need to support parents and parents need to work with organizations

How can adults honor children and adolescents' need for risk?

This "need" is not talked about generally and should be more open for discussion

Sometimes, the perceived benefits of risk motivates risky behavior; therefore, discussions with children should focus on minimizing risks (e.g., is it drinking alcohol that is "risky" or drinking and driving that's more risky?)

Children are often fearful of the risks in which they engage

Discuss strategies of dealing with risky situations (harm reduction) to help children gain mastery

How can you begin early in understanding risk-taking behaviors in children?

Know your child – is your child risk tolerant or risk averse? For example, risk averse children may be fearful of potentially good things, such as taking challenging classes

Many of our discussions of risky behavior (more specifically, sexual behavior) illustrate that it is perceived in a negative way

Prevention is often easier to discuss than promotion (especially in regards to sexual behavior)

One can question whether education is meeting the developmental needs of children/adolescents in terms of encouraging/discouraging risk-taking behaviors – how can we organize appropriate settings?

What does the research show on the emotional effects of early sexual activity?

Some studies have shown that those who engaged in sexual activity early on (both male and female) did so reluctantly

There are many negative outcomes associated with early sexual activity

Concluding thought:

How people think about risk and whether or not they take risk are different issues -- that is we can take a risk or a risk vs. benefit perception.

The Teenage Blues: Understanding Risk Factors for Depression*

Dara R Blachman, MA

Depression is a serious condition affecting anywhere from 2-8% of all adolescents. It is more than an occasional bad mood or feeling "blue" and not something that a person can willfully "snap out of." Depression affects all aspects of life including how one acts, thinks, and feels, as well as eating and sleeping patterns (i.e., weight gain or loss, insomnia, sleeping too much). Depression often has a significant negative impact on one's interpersonal relationships (i.e., friends, family) and academic performance. Teenagers who experience one or more episodes of clinical depression are likely to have continued interpersonal difficulties even after their depression has lifted. In addition, they are more likely to suffer from depression as adults and are at increased risk for suicide (the third leading cause of death among youth aged 15-24) and substance abuse. A large percentage of teenagers experience significant numbers of depressive symptoms without meeting diagnostic criteria for the disorder. Many of these teens are likely to experience some adjustment difficulties and to be at increased risk for future development of depression or other psychiatric disorders.

In this talk I aim to do the following:

- Briefly discuss the basic facts about adolescent depression, including what it looks like, who is likely to be affected and when, and the developmental impact of teenage depression. I pay particular attention to the fact that depression in childhood is rare and affects boys and girls equally, but in adolescence, overall rates increase substantially and girls are twice as likely as boys to be affected.
- Summarize what is known about factors that may put certain teens at greater risk for depression than others, including co-existing disorders (ADHD, learning disabilities, conduct disorders, anxiety disorders, and chronic physical conditions); family history of depression (i.e., depressed mother); the experience of abuse, major trauma, or significant loss; and a lack of perceived competence in key domains (i.e., academic, social). There will also be some discussion of certain negative thought patterns and family interactions that are often associated with depression.
- Highlight recent studies in our lab that have documented some of the factors involved in the increased risk for depression among children with attention deficit hyperactivity disorder (ADHD), namely peer rejection and academic failure.
- Provide information about possible warning signs for depression, including: changes in school attendance or performance; vague and nonspecific physical complaints; decrease of interest/pleasure in activities previously enjoyed; difficulty making decisions or concentrating; increased irritability, hostility, and mood swings; restlessness; social isolation or relationship difficulties; fatigue and lack of energy; feelings of guilt and worthlessness; drug or alcohol use; sensitivity to failure or rejection; and recurrent thoughts of death and/or suicide. Discussion will include consideration of the fact that some of these behaviors may be relatively normative in adolescence and the subsequent difficulty of determining when they may be cause for concern.

*For more information: <http://www.athealth.com/consumer/disorders/ChildDepression.html>

Dara R. Blachman, MA, Department of Psychology and
Institute of Human Development University of California, Berkeley

DISCUSSION GROUP SUMMARY

Where does anger have a place with depression?

The traditional psychodynamic view of depression is that it is anger turned inward towards the self. This is in contrast to conduct problems, which are viewed as anger turned outwards to others. It has been shown that anger and depression are not necessarily mutually exclusive as many people experience both. Anger is sometimes a companion to the feelings of helplessness and hopelessness seen among people who are depressed, particularly among those who also experience conduct related problems.

If medications have no effect does that mean that it is not depression?

Whether we are discussing medication or therapy, no one treatment is going to work for every individual. Some individuals who are depressed simply do not respond to antidepressant medications. By the same logic, just because someone feels better after taking an anti-depressant, that does not necessarily mean that he or she is depressed.

What measure can you use to assess if someone is depressed?

There is a variety of assessment instruments for depression. There are many self-report questionnaires, in which people are asked to rate different feelings, thoughts, and behaviors they have experienced recently. There are also more in-depth clinical interviews. Self-report measures can be useful screening devices for large groups of people, as they are quick measurement instruments. However, the problem here is that they will typically lead to an over-diagnosis of depression. Thus, for a proper individual diagnosis, more in depth instruments are crucial.

Why are females more likely to be diagnosed with depression? Why does depression peak in adolescence?

There are diverse theories surrounding these issues, and all are probably true to some extent. Social norms probably play some role. Stereotypically, men are more likely than women to express anger, while women are more likely to hold in their anger and get depressed. It is also less socially acceptable for men to express their feelings, and admit they are feeling depressed. One theory is that higher rates of alcoholism seen in males are equivalent to depression seen in females, as this is a more socially acceptable way for men to take care of their feelings of depression.

There are two general ways of thinking about why the base rates of depression increases for girls around adolescence. It might be that females have more latent foundations for depression, and that those factors come to the forefront during adolescence. One other possibility is that the foundations for depression may develop during the adolescent transition, as girls enter puberty. However, purely biological (hormonal) explanations cannot be sufficient since not every girl, and not every adolescent becomes depressed, despite the fact that they all go through puberty. Our goal is to understand why that might be.

How can we package the information to give to students as prevention efforts?

There are many possible approaches. One goal would be to help kids to develop the skills to recognize signs of depression in themselves and their peers so that they can help one another. Other more preventative efforts might build on the factors identified by research as predisposing adolescents to depression, such as certain cognitive tendencies, and to intervene in a way that targets those tendencies early on. Such interventions have been found to be beneficial in many cases.

What causes the correlation between ADHD and depression?

This is a challenging question. We know that a large number of adolescents who have ADHD are also depressed. There are potentially many causes: biological, social, and developmental. ADHD typically precedes depression and there is some evidence that such children become depressed as a result of their failures in several significant domains in their lives (i.e., academic and social). However, once again, it is important to remember that not all children with ADHD become depressed, and to begin to ask what is different about the kids who experience similar failures but do not become depressed. There is a line of research beginning to investigate this type of resiliency

Failing at Kindness: Why Fear of Violence Endangers Children
Daniel Perlstein, Ph.D.

- I discuss both why punitive approaches to student misbehavior fail and why they enjoy an enduring, if ambivalent, appeal among Americans.
- Based on this research, I suggest that conceptualizing school safety as a curricular problem rather than a disciplinary one offers a more promising approach to American educators.

Daniel Perlstein, Ph.D.
Policy, Organization, Measurement & Evaluation
Graduate School of Education
3525 Tolman Hall -1670
University of California
Berkeley, CA 94720-1670
(510) 643-8042
FAX (510) 642-4803

DISCUSSION GROUP SUMMARY

The small group discussion began with a few talking points from Daniel Perlstein:

tracking students into classes represents a form of bureaucratic "violence"
institutions find it difficult not to be swept into punishment as a means of "control"
punishment often confirms social biases

Participants then began a discussion of ways to engage in constructive discipline and teaching, rather than punishment, and mentioned the following:

one can reinforce positive actions rather than punish negative ones
(humiliation is a bad motivator of students)
one must be creative in discipline (students can devise alternate strategies, teachers can have students take on their roles)
one can instigate logical or natural consequences (called "positive discipline"), but these opportunities must be recognized or created
discipline = consistency and investment; punishment is often inconsistent, disorganized, and controlling
a school can ask the question: "What are we punishing that other schools are not? Why are we doing so? Is this the fight we should be fighting?"

Several points in the discussion revolved around the importance of having an ordered, safe, respectful classroom environment with high expectations for students:

students must "earn the right" to be in a teacher's class, but the teacher (and others in the school system) must create a respectful environment for students
a teacher must answer powerful questions his/her students have, remain flexible in classroom lessons and management, and hold onto high expectations for student achievement
teachers have an intellectual obligation to believe passionately in what they are teaching

It became clear that teachers exist within broader organizations and institutions, which creates both problems and opportunities:

children are embedded in families and in classrooms; classrooms are in schools, which are in communities
we need to think more broadly about how we measure education and include such areas as social and emotional competence, process/effort, and intellectual goals

Finally, there is no one magic solution, but we must constantly re-imagine interventions at the individual child, classroom, and school levels.

How Family and Peer Relationships Promote Social Competence

Philip A. Cowan, Ph.D.

I am going to be talking about families with children ranging in age from preschoolers (45) to adolescents (entering high school). In part, I'll be drawing on research that I have been conducting in collaboration with Carolyn Pape Cowan, and in part I'll be drawing on a rather large body of research conducted over the past 20 years by other investigators.

A number of points illustrate the general message: There is a great deal of correspondence between the quality of relationships inside families and the quality of relationships that children and adolescents establish outside the family - with peers, teachers, and others.

- It's a two-way street. Family relationships affect children's development, but children's social competence and peer relationships affect family relationships. The two-way proposition is increasingly true as children become adolescents.
- Although there are many exceptions, how children get along with their peers, and whether they're liked, accepted, or rejected tends to be predictable over time. If a young child is having social difficulties in kindergarten and first grade, he or she is more likely to have difficulties later on.
- Children learn a great deal about social relationships outside the family from their relationships with their parents, even without direct teaching (e.g., of social skills or "manners"). When fathers or mothers are warm, responsive, structuring, and limitsetting, and encourage a developmentally appropriate level of autonomy, their children are more likely to see themselves as socially competent, and their teachers and classmates see them that way too. What constitutes optimal parenting differs for different families, and the characteristics of optimal parenting styles change as children grow older.
- Children learn a great deal about social relationships outside the family from their parents' relationship with each other inside the family. Whether parents are married or divorced, those who are able to resolve their disagreements and arguments without (a) going into a "deep freeze" or (b) escalating their conflict out of control, are more likely to have children who are socially competent.
- Relationship patterns tend to be repeated across the generations. For those in families doing well, this is good news. For those in families with a history of relationship difficulties, breaking the intergenerational cycle may require special effort.
- Rejection by peers in kindergarten and first grade seems to have long-lasting effects. An intervention with parents as couples before their children enter school can have positive effects on children's academic and social competence and help to decrease the probability of peer rejection.

I discuss how teachers might use this information in dealing with students and their families.

Philip A. Cowan

Director, Institute of Human Development; Psychology Professor, UCB pcowan@socrates.berkeley.edu

DISCUSSION GROUP SUMMARY

Given the importance of the family in helping children develop social competence, what can be done to help children develop social competence when they have poor models of social competence in their family?

What can be done when children receive mixed messages or models of behavior from family members, extended family, or foster families, especially when they have made transitions from living with one family or type of family to another?

How can we promote social competence and facilitate parent-teacher communication when different languages are spoken in the child's home and at school?

How do children negotiate different expectations at home and at school, including expectations based on their culture of origin when those common to mainstream American culture are different?

How do you intervene to promote social competence? Can you—and if so, how—intervene later in a child's life, or course of development, or is it too late?

Is it possible to integrate interventions (e.g., teaching teachers to practice “authoritative” behavior; facilitating parent-teacher interactions) into school settings?

Responses generated by Phil Cowan and by group participants:

Some kids thrive despite poor family role models. More research needs to be done to understand what these children or families are doing that is helpful. One possibility is that children are able to find role models outside of the family, perhaps in a neighbor or teacher.

Even the most economically advantaged families who have participated in research studies have difficulties (e.g., communication) and often are not getting the help they need. This indicates that a large number of families in the population may be in trouble and are underserved. It is possible to identify troubled families early on, even based on brief systematic observation.

Although there is consistency over time in terms of a child's social competence (i.e., behavior in kindergarten can predict behavior throughout middle school and high school), change is possible at any age. Interventions can be targeted at any point in a child's development. Parents typically are most receptive at times of transition, such as when their child makes the transition from pre-school to kindergarten or when their child begins a new school.

To institute change, teachers need to feel empowered, and to be treated as professionals. Teachers would benefit from skill-building in the area of working with parents. An incentive to motivate parents to participate in interventions conducted by researchers or teachers is the potential improved success and well-being of their child.