



Nurturing Children for Violence Prevention and Treatment

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Learning Objectives

- To understand that adverse childhood experiences get under the skin and into unhealthy behaviour patterns.
- To consider mechanisms of nurturing children that promote connection, engagement, and belonging within family, schools, and community
- To recognize the changes at different system levels needed to ensure that children at risk, as well as their families, are supported for healthy development.





Developmental-Relational Perspective on Violence Prevention and Treatment

1. Importance of and strategies for early identification of children at risk;
2. What has developed and what has not developed for children at risk;
3. Strategies for promoting healthy development and healthy developmental relationships.



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Developmental Perspective

Perspective of child

- Typical developmental progression
- Developmental timing
- Developmental lags

Perspective of child's relationships

- Create safe and secure context
- Capacity to support development
- Healthy relationships





What is a healthy relationship?

Healthy relationships are those that:

- help children feel safe and valued,
- support them to learn a wide range of skills,
- do not add stress to their lives, but
- help to buffer the stresses they encounter.



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Healthy Development Depends on Healthy Relationships

*“After decades of forming hypotheses, conducting surveys, crafting and rewriting definitions, analyzing data, and writing journal articles, Search Institute researchers and practitioners have arrived at a surprisingly simple conclusion: **nothing—nothing—has more impact in the life of a child than positive relationships.**”*

- *—Peter L. Benson, creator of the Developmental Asset[®] framework.*



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Early Identification: Which Children are at Risk?

In 2003, Rolf Loeber, David Farrington, and David Petechuk summarized research indicating that there are:

SEVEN YEARS OF WARNING

before a boy moves into delinquency.



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Seven Years of Warning

- The average age of onset of minor problem behavior was 7.0,
- The average age of the first court contact for an Index offence was 14.5.

Seven years during which the adults involved in a boy's life should have

- Been aware of the difficulties that he was experiencing,
- Have worked actively to prevent his journey along the antisocial pathway to crime.



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Understanding the Risks

- Parents, caregivers, teachers, and others involved with children at risk may not always be able to detect the pattern of warning signs.
- Without understanding the risks, they may lack a framework for constructing and applying developmental supports.



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Early Assessment Risk List (EARL) Ages 6 – 11

- Tool to assess explicitly-defined risk factors associated with later criminality
- Assist clinicians in developing treatment plans for at-risk children and their parents and caregivers.
- 9 Family items,
- 9 Child items,
- 3 Responsivity items (family, child, community)

Augimeri, L. K., Smaragdi, A., Walsh, M. & Webster, C.D. (2021). *Early Assessment Risk List – Version 3 (EARL-V3)*. Toronto, ON: Child Development Institute.



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Developmental Perspective

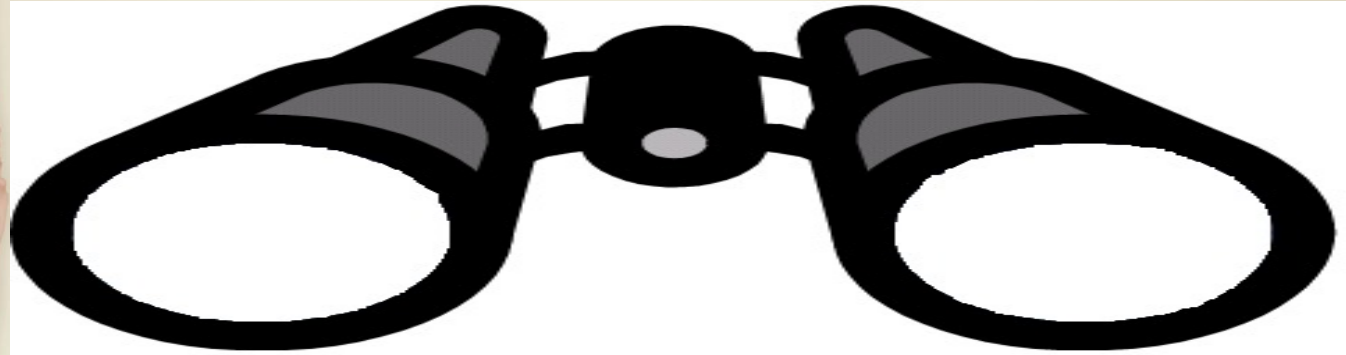
- What has developed that may be adaptive in the moment, but not functional in larger context?
- What has not developed for children that puts them at risk?
- How do children's relationships shape their healthy or unhealthy development?



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Developmental-Relationship Perspective



Child or youth's
needs,
strengths,
challenges

Child or youth's
relationships
with family,
peers, adults, &
community

Pepler, 2006



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Video Observation

- A girl identified as aggressive, non-compliant and disruptive by her teacher.
- She was referred to social skills training

Observe:

- Behaviors that she has developed that create difficulties for her and others.
- What are her developmental lags?
- How do others relate to her?



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MAY 23 1953



Behaviors that Indicate Risk

- Antisocial Attitudes and Thinking
- Antisocial Externalizing Behaviour
- Impaired Emotion Recognition
- High Impulsivity/ Poor Self-control
- Trauma
- Sexual Behaviour Problems
- Negative Peer Relationships
- Academic Underperformance
- Perceived as Unlikeable



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Interventions and Development

- Interventions can be best understood as accelerating development (e.g., an 8 year old behaves like a 3 year old).
- Need to identify and target the developmental mechanisms – what promotes development?



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Promoting Healthy Development

Developmental versus a Discipline Perspective

What is going to help children be motivated to learn the behaviours and orientations required for healthy development?

What is going to help children be motivated to relinquish behaviours and orientations that they have learned work for them?



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Discipline vs Development

Generally, discipline strategies punish, marginalize, or exclude students from a safe and caring school context.

Developmental perspective provides consequences that teach and support students in learning the skills, capacities, and understanding they have yet to acquire.

Developmental – also focuses on how children’s relationships promote or fall short in supporting their holistic healthy development.



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Why do At-Risk Children Exhibit Social-Emotional Problems?

If we know what the underlying developmental mechanisms are, we can then design prevention and intervention strategies to promote development.

Bio-Psycho-Social Mechanisms



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What Do Children Need?

- Deep biopsychosocial needs for safety and affection (attachment)
- When children grow up in cumulative adverse circumstances, they suffer as adults in physical, mental, and social health.
- Regulation is at the foundation of development (cognitive, social, physical)
- Children who are aggressive tend to have missed out on relationships in which they were safe, secure, and supported.



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Biological Bases

Some children are at risk because of biological/genetic characteristics.

- Difficult temperament
- Attention deficits/hyperactivity
- Intellectual and social engagement difficulties (e.g., autism)

BUT



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Relationships Can Shape Biology

- Genetic expression changes with relationship experiences (Meaney and colleagues - Epigenetics)
- Children's regulation and brain structure to support regulation develop through co-regulation with regulated adults, starting from birth and ongoing.
- Social skills training (Stop Now and Plan) can shift brain activity



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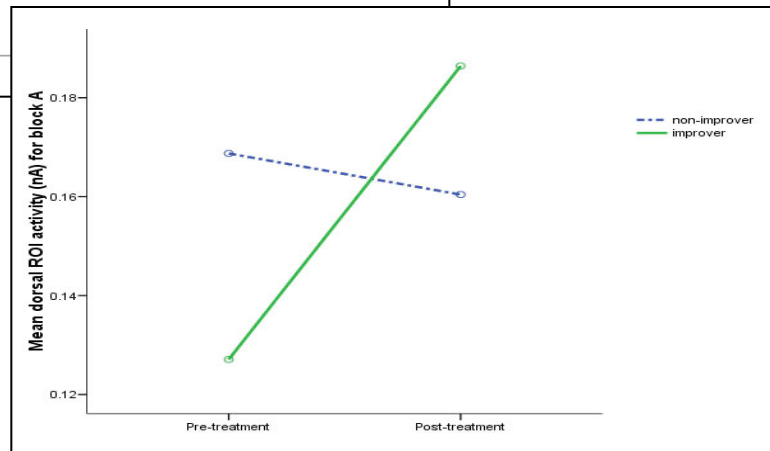
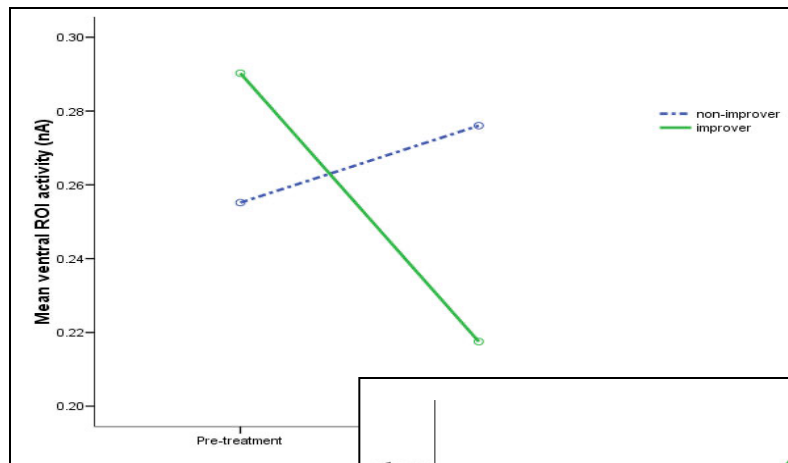
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BEHAVIOURAL & BRAIN CHANGES ASSOCIATED WITH TREATMENT OUTCOMES: VENTRAL & DORSAL TREATMENT EFFECTS (PRE TO POST)

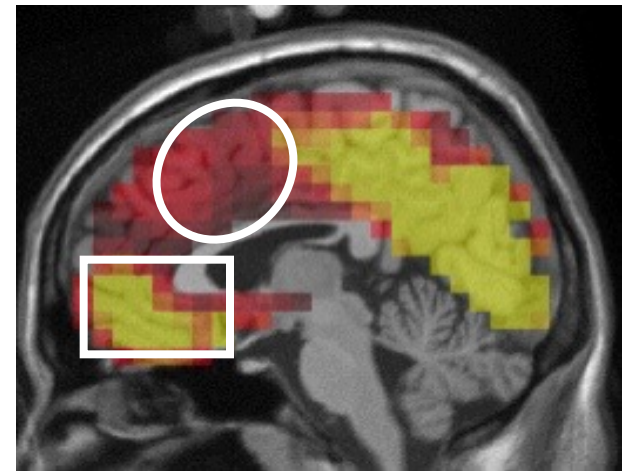
M. Lewis et al., 2008

HYPOTHESIS:

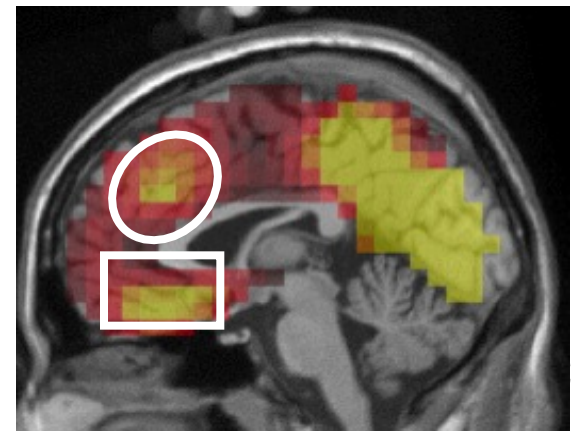
With treatment, we should see a decrease in activity in the ventral brain regions and an increase in activity in the dorsal brain regions implicated in emotional self-regulation and deliberate cognitive control!



PRE



POST





Developmental-Relationship Perspective

Developmental perspective – Scaffolding

- What has not developed that we know should be promoted for a healthy, happy and productive life course (e.g., self regulation)?
- What has developed that is interfering with successful adaptation and relationships (e.g., hostile attributional bias, aggression as a problem solving strategy, attention-seeking behaviour)



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Support for Those Who Scaffold

The adults in a child's life engage in scaffolding every day in formal and informal ways.

- Support for parents – mothers' levels of stress moderated children's anxiety following victimization (Weiss et al., 2015)
- Teachers are often overwhelmed with pressures of curriculum and accommodating needs of all students in the class.



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Developmental-Relationship Perspective

Relationship Perspective – Social Architecture

- How do we organize children's social experiences to promote positive development and buffer stress?
- What do healthy minute-to-minute interactions need to be like to positively shape a child's experience and development?



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Social Architecture

With social architecture, marginalized children who are vulnerable to victimization (and perhaps aggression) are protected and social inclusion is maximized.

- Assign project groups
- Assign teams
- Consider seating plans
- Integrate special education and regular classrooms whenever possible





Promoting Child and Youth Mental Health

- Depends on the quality of all relationships at home, school, community
- What about parents who lacked nurturing for healthy development? Whose responsibility it is to support them in becoming the best parent that they can be?
- Ours as a society because we failed to protect their rights as children



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Nurturing Environments

Healthy development depends on healthy relationships (Pepler et al., 2010)

“Nearly all problems of human behavior stem from our failure to ensure that people live in environments that nurture their well-being” (Biglan, 2015, p. 3)



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Reimagine Preventing and Treating Violence Among Children and Youth

- Education as a relational process in which teacher–student relationships are nurtured and valued
- Fostering peer relationships in recognition of their critical role in learning about life
- Reach to the margins to support marginalized, racialized and disadvantaged students, both academically and with their social-emotional wellbeing
- Understanding and responding to children and youths' antisocial behaviour from a developmental, rather than a discipline perspective



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A photograph of a woman with blonde hair and glasses looking down at a young child with light hair. The child is in profile, looking towards the woman. They are outdoors, with trees and a house in the background. The text is overlaid on the image.

Growing Healthy Children

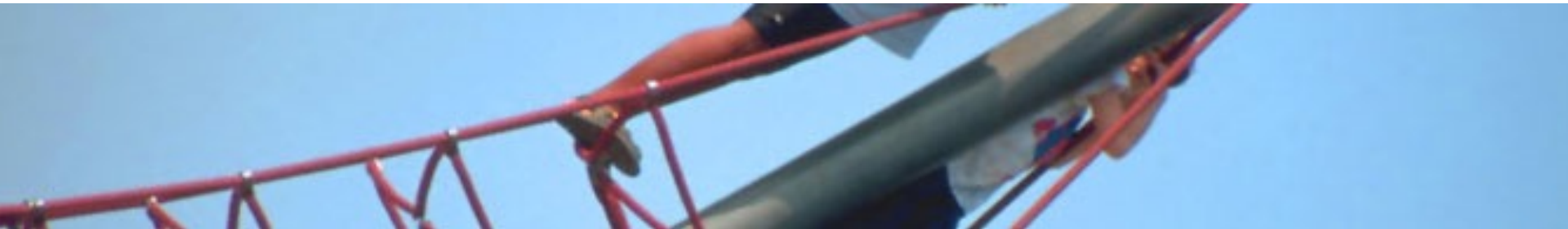
Healthy development depends on healthy relationships



THANK YOU!



For Helping Bridge Research and Practice
to Promote Healthy Development and Relationships



www.growinghealthychildrenblog.wordpress.com

www.prevnet.ca



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Search Institute: <https://www.search-institute.org/new-research-report/>





