

DOCUMENT RESUME

ED 361 113

PS 021 719

AUTHOR Woodward, Karla A.
 TITLE Elementary School-Based Adopted Grandparent Programs: Combining Intergenerational Programming with Aging Education.
 PUB DATE 6 Mar 93
 NOTE 22p.; Paper presented at the Annual Meeting of the Association for Gerontology in Higher Education (19th, Louisville, KY, March 6, 1993).
 PUB TYPE Guides - Non-Classroom Use (055) -- Speeches/Conference Papers (150)
 EDRS PRICE MF01/PC01 Plus Postage.
 DESCRIPTORS *Aging Education; Elementary Education; *Elementary School Students; *Intergenerational Programs; *Older Adults; Program Administration; Program Descriptions; Program Design; *Program Development; Program Implementation; *School Community Programs; School Role; Volunteers

ABSTRACT

The Grandpals program at Oak Hill Elementary School in Overland Park, Kansas, meets teachers' needs while providing successful intergenerational programming. The first step in developing a program like Grandpals is to determine program goals, objectives, and theme. A next step is to determine the two populations to be involved. For example, whole schools can adopt entire groups of older adults, or single classrooms can adopt voluntary residents in a long-term care facility. In any case, the population of elders should be able to communicate easily and interact cooperatively with children. The facility chosen must meet criteria related to staff commitment, proximity to the school, and similar socioeconomic status of residents and students. Partner alliances between the facility and school must be collaborative, and a program leader should be designated to act as facilitator and host. Key planning issues include outside funding sources, school and facility liability, parents' awareness and permission, and location of activities. Planners also need to determine how to match the intergenerational partners; and need to make decisions about the type and frequency of activities, taking into account the developmental needs and abilities of the two populations involved. Other aspects of program development are program duration, student and elder orientation and evaluation, advance design of activities, involvement of well elderly to give a balanced view of aging, and the incorporation of aging education into the curriculum. (AC)

 * Reproductions supplied by EDRS are the best that can be made *
 * from the original document. *

ED 361 113

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- This document has been reproduced as received from the person or organization originating it
- Minor changes have been made to improve reproduction quality
-
- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

ELEMENTARY SCHOOL-BASED ADOPTED GRANDPARENT PROGRAMS:

Combining Intergenerational Programming With Aging Education

Karla A. Woodward

A Paper presented at the 1993 Association for Gerontology in Higher
Education 19th Annual Meeting

Louisville, Kentucky

March 6, 1993

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

Karla
Woodward

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

PS 021719

Elementary School-Based Adopted Grandparent Programs: Combining Intergenerational Programming With Aging Education

Educators today are beginning to recognize the value of incorporating intergenerational programming into their elementary school classroom curriculum. Teachers often note students have a positive relationship with their natural grandparents, but due to the prevalence of "ageism" or negative stereotyping of older persons in varied aspects of society (Atchley, 1991), may have a negative view of the aged in general (Fillmer, 1984; Jantz, Seefeldt, Galper, & Serlock, 1977; Miller, Blalock, & Ginsburg, 1984). Teachers witness frequent parental-job transfers of families with school-age children, and acknowledge this mobility may make student's interaction with elders sporadic at best. They also note families with school-age children tend to live in the suburbs which may be devoid of older adults, as well as the tremendous growth in retirement complexes, which further segregate the young and old. (Peacock & Talley, 1984; Pratt, 1984). The net result is that children may have little contact with the elderly; a situation teachers are addressing through school-based intergenerational programming.

Current demographics offer educators credence for their desire to incorporate intergenerational contact into classroom curriculum. Between today and the year 2050, the percentage of persons age 65 and older will rise from the current twelve percent of the total population to 23 percent of the total population (Aging America, 1991, p. 3). Foresight indicates an educator's role in enhancing a positive view of the elderly may become crucial when today's youth are called upon in the future to financially, personally, socially, and governmentally support this large aging cohort. It has been demonstrated that well planned intergenerational programming in the classroom setting can foster a positive view of older adults (Aday, Sims, & Evans 1991; Caspi, 1984; Chapman & Neal, 1990; Dellman-Jenkins, Lambert, & Fruit, 1991).

Elementary school-based adopted grandparent programs are an excellent venue for providing cross-age contact in a supervised and controlled manner, the intent of which is to foster a positive view of aging and the elderly. Unfortunately, educators interested in initiating programs may hesitate to do so due to a perceived lack of aging knowledge or contact with the elderly themselves, a lack of instructional materials, or an absence of proven guidelines for program design (Ausherman, White, & Chenier, 1991; Hoot, 1981). The Grandpals program at Oak Hill Elementary School in Overland Park, KS has been designed to meet the needs of teachers while providing successful intergenerational programming. The following offers guidelines for similar successful program development.

In many cases, teachers seek to establish an adopted grandparent program because they have had a very positive relationship with a grandparent or older adult. Their intent, then, is to instill in their students the notion that older adults are valuable human beings, persons of dignity and worth deserving the utmost respect. Dellman-Jenkins, Lambert, & Fruit (1991, p. 25) further this notion by stating intergenerational programs, especially those which present the reality of the more frail elderly, promote understanding and empathy in children. These qualities would positively serve the involved youth as they themselves age, or as they deal with older adults in the future. Program planners must also believe children can and do make a very positive contribution in the lives of older adults. A helpful first step in program development, then, is for the planners to determine their program goals or objectives. Once accomplished, they should consider stating a program theme. The Grandpals program has two themes: Older adults are valuable people with dignity and worth, and Children are capable of making a positive impact in the lives of older adults. These can be altered to meet the philosophical needs of the individual program planners.

Survival and success of an intergenerational program is often dependent on the initial planning and development phase, as a program will only be as strong as the individual components allow it to be. For this reason, the teachers or other planners must first assess their motivation for initiating such a program. Intergenerational programs are slowly becoming more "popular," but remain novel enough to receive the attention of the press and occasionally garner teacher's awards. Program planners who seek to establish a program for these reasons must remember that a program of this type will ultimately alter countless lives. Interaction between the children and elders will affect both groups, hopefully in positive ways, but change them none the less. If the older population are frail elderly in a long term care facility, the interaction risk for degree of personal involvement becomes even greater. Children in adopted grandparent program will have many other activities they are involved in, and their intergenerational involvement will be a minimal part of their lives. The elders, however, are residing in an institutional setting where the majority of activities are controlled, where interaction with persons outside the institution may be minimal and sporadic. The consistent caring interaction with a concerned child will probably become quite important to them. Therefore, the primary focus of the program must always remain on the children and the elders, and the program leaders must at all times be attuned to protecting the emotional needs of those interacting in the program.

A next step in program design is to determine the two populations to be involved. Adopted grandparent programs can take several forms. Often, whole schools adopt entire long term care facilities, senior centers, retirement complexes, adult day care centers, etc. When this approach is taken, planners must recognize the likelihood that personal level interaction and involvement will be minimal, as will the level of commitment of the elders. Single classrooms may also adopt older adults from a variety of settings, but commonly, independently functioning elderly

hesitate to commit to such a program as they have many other activities at their disposal. For these reasons, single classrooms adopting voluntary residents in a long term care facility provides a basic framework that encourages success for school-based adopted grandparent programs. It is this format that further design suggestions are limited to.

Using single classrooms of students as the youth component in an adopted grandparent program is beneficial for several reasons. First, they are a contained and cohesive group that can function easily as a unit. The teacher can incorporate the program easily into daily curriculum as time and schedules allow. It also becomes a unit the elder participants can identify. Instead of "the school children," as a random group of visitors, it becomes "Mrs. Carnes fourth grade class," which indicates an unchanging, solidified group that will be consistent from meeting to meeting. Single classrooms also self-limit the size of the program. Elementary classroom sizes are usually between twenty and thirty children, which is a manageable size when considering transportation and the size of the rooms in which the two groups will meet. Feroldi (1987) states that "the size of the group must be directly related to the amount of space available in the nursing home's activity room," for when "a group is too large for the space available, the children and residents are unable to mix and mingle the way they should" (p. 6). Participation must be voluntary, however, and if a student does not want to be involved in the program, other arrangements must be made.

By definition, intergenerational programs are "activities that increase cooperation and exchange between any two generations... through which there are shared skills, knowledge and experience" (Newman, 1986, p. 1). They are not merely "service projects," where children provide aid to or perform for elders. Instead, they should be ongoing, interactive, personal, and mutually beneficial planned activities (Prosper, 1987, p. 3). Walz (1988) cautions against instituting intergenerational

programs not meeting these qualifications, for "in the nursing home, elderly residents are too often exploited as some else's audience" (p. 10). The population of elders the planners must seek, then, should be able to function at a level high enough so cooperative interaction with the children may occur. Planners must also once again protect the rights of the elders by seeking persons who can fully participate, and not just a number of elders to fill the program requirement.

Another reason planners should seek an appropriately functioning elder population is that the program will be less successful in reaching it's goals if they do not. Seefeldt (1987a) found that intergenerational programs which are not interactive in nature, ones where the children simply "perform" for elders, may actually result in an increased negative perception of the aged. The facility chosen, thus, must have enough elders who can communicate easily with children and interact in the simple activities planned. The facility chosen must have a large enough population of elders who, according to Hutchinson & Bondy (1990), are "physically present," whose disabilities or illnesses will not prevent them from interacting; "mentally present," or cogitatively aware of what they are doing so as to interact with the child; and "able to see or hear enough to carry on a conversation" (p. 20).

Choosing a long term care facility thus involves many variables. Many schools will have limited or no choice in the facility they use, as the town may support a small number of facilities, or even only one. If this is so, the program will have to be flexible enough to accommodate what is available to work with. If there is a choice, a number of factors should be considered prior to finalizing the choice of an intergenerational partner. Clearly, a prime consideration will be the attitude and enthusiasm of the long term care facility staff. The Activity Director will most likely be the staff member facilitating the incorporation of the intergenerational program into the elder's daily activities, and this director must be a willing participant. Their

attitude, willingness to increase their work load, to help plan, set up and clean up after meetings, and be a positive promoter of the program to the residents will ultimately make or break a program.

The proximity of the facility to the school will also be a consideration. If planners seek to instill a sense of "community" into their program, they should seek a facility near to the school. This proximity also will aid when considering transportation of children or elders. If the facility is close enough to walk to, fund outlays will be decreased considerably. By definition, intergenerational programs involve ongoing, frequent interactions, and the proximity of the two institutions may bear on this, also. The two facilities should be close enough together to promote ease of access; the distance between the two must not be a barrier. Kocarnik & Ponzetti (1991) state that "physical proximity is probably the most salient factor in determining the frequency of visits between children and the elderly. The location of schools or child care centers in relation to nursing homes often determines the feasibility of interaction on a regular basis" (p. 99-100). Nancy Feroldi (1987) does, however, caution against forming intergenerational partnerships simply on the basis of distance. She states that planners should never assume that the "school/nursing home down the street is the best partner for the program" (p. 6). More important is the willingness of the two groups to work cooperatively together.

When assessing facilities, it may also be important to consider the socioeconomic as well as socioeducational status of both groups. A school and long term care facility in close proximity will most likely house similar status persons, but this is not always true. Alford (1978, p. 47) points out that the affluent elderly may require relationships with persons who have a similar economic frame of reference as they do, and who have had (or could have) similar experiences. Kocarnik & Ponzetti (1991) suggest that the "social background of the residents will suggest which activities might be of interest to individual participants. Cultural traditions,

religious beliefs, occupational experiences, educational training, and socioeconomic background will impact the types of programs which seniors and children will be interested in and excited about" (p. 103). Sparling & Rogers (1985) state that the educational level and types of experiences the elders have had may determine how they interact in the program. Conversely, parents will likely be much more willing to support and participate enthusiastically in a program that they feel is combining "like" types of people.

If there is a choice of facilities, the program planners/teacher should assess several before reaching a decision. An on-site visit is imperative, and while there, the planners/teacher should observe the building layout and meeting room size to determine if the facility will physically meet the program needs. The Activity Director or designated representative/partner should be talked to at length to determine their desired level of involvement, their cooperativeness, and whether or not the necessary number of their population will be willing to participate in an adopted grandparent program.

When a facility meeting the needs of the planners has been determined, they once again should determine if the two separate entities are going to be compatible when working together. The partner alliances must be collaborative and able to share effectively in both the activity planning, continued participation, and evaluation of the program (Newman, 1986). It may be quite helpful at this time to designate one specific leader who is clearly to be in charge of the program's future implementation (Seefeldt, 1987b). This leader may be the teacher or primary planner, or whoever they designate. If the long term care facility representative (eg. Activity Director) is not agreeable with the division of power, demands more control, or overruns further planning, it will be best to seek a different facility to work with from the outset. When choosing a long term care facility, it is never better to make do if it can be done better.

It is presumed that the designated program leader will be the teacher. Unfortunately, teachers often have a difficult enough time getting their daily workload completed, which may make the addition of an intergenerational program a prohibitive time consuming difficulty. For those with time restrictions, it may prove "program saving" to designate one specific person who is to be in charge of the day-to-day coordination of the program. Kocarnik & Ponzetti (1991, p. 104) suggest designating a "facilitator," who will be available to initiate and assist with the intergenerational activities, to act as "host" to both groups so conversations can be initiated or extended, and so that questions can be responded to appropriately by all in the program. The designation of this facilitator may prevent the diffusion of power among many, aiding in decreasing the potential for confusion, duplication, and confliction of ideas regarding the direction the activities should be taking. It will also aid in minimizing the number of personal biases inducted into the setting.

Finding someone willing to donate this time to the program may not be so easily remedied, however. A concerned parent or PTO volunteer with an interest in older adults may be recruited to serve in this capacity. As the facilitator will spend at least some of their time in the long term care facility, it would be helpful for this person to have at least a basic understanding of gerontology and special needs of older adults so that they do not inadvertently further the negative stereotyping of elders. It is often found that a program is only as strong as the coordinating powers of the facilitator, as time restrictions of both the teacher and Activity Director may hinder optimal program potential. A good facilitator may be the key component of a successful program.

A second key component that will determine virtually the entire scope of the adopted grandparent program is funding. Ideally, the teacher can work costs of materials and transportation into the classroom budget, but this is highly unlikely. If the school district allows their busses to be used free of charge, and if the long

term care facility has their own bus to transport the elders, then the program cash outlay will be significantly reduced. Most programs will not be this lucky. The majority of programs will have to contract busses for the children, and transportation for the elders may be cost prohibitive. Parental transportation of the children is never recommended for liability reasons. Materials can possibly be absorbed by the regular classroom allotment, but once again, will probably not be adequately available. Materials may also be donated by families, but parents may not be as enthusiastic about an extra-curricular project if they have to fund it. The long term care facility may be willing to donate materials for some of the shared activities, but classroom materials for letter writing, holiday decorations, and shared activity costs will still need to be purchased.

Outside funding may thus be imperative for this type of intergenerational program. To obtain funding, teachers should begin by approaching the School Administrator to determine if District Foundation or Administrative grants are available. Administrators typically also have a listing of available grants from other sources that can be applied for. Local businesses or larger corporations may also be willing to donate funds.

The issue of liability should be considered, as children and possibly elders will be taken out of their regular buildings for the project. Jane Angelis (1990, p. 9) suggests gaining the approval of the Board of Directors of the long term care facility, as well as investigating the school's liability policy to determine coverage for this type of activity. The school superintendent and principal also need to be informed of the program and give their approval. It is imperative that each person in authority formally write a letter stating they are aware of the program and that they assume liability for the people under their jurisdiction.

Angelis (1990) also suggests the planners create an awareness of the program for parents. The Grandpals program offers a Parent Handbook that details the

program, offers general information on long term care facilities, and information on normal aging so they will be informed participants in the program. Parents then sign a release stating they have read the handbook and understand what the program will entail for their child. Parents should be encouraged to participate, as their assistance can be valuable. Parents involved in the Grandpals program also sign releases for general program involvement, transportation for their child, and a release of photographs for use in scrapbooks or by the newsmedia. It is suggested that all programs hold parent orientations and have permission forms signed by parents.

The contact person at the long term care facility should also determine if proper permission for transportation of the elders as well as photograph release exists. This is usually kept on file in the office of the long term care facility, but if it is not, it needs to be obtained in writing. It may also be wise for the elder partner or the facility itself to formally inform family members of participation in a program which may draw them out of the building.

Another consideration to address is where the activities will take place. Ideally, the students and elders would alternate going to each other's sites, but as this program is designed to partner students with institutionalized frail elderly, this may be unrealistic. Planners should take into account the difficulties elders may have adjusting to a new and unfamiliar environment simply on the basis of age and possible disabilities. It has been determined that if the environment is known and comfortable to the elder, it may free those with sensory and physical limitations to concentrate on the interactions and activities themselves instead of on the physical setting demands (Sparling & Rogers, 1985). The long term care facility is hopefully architecturally designed to meet the specific environmental needs of older adults, as handrails, accessible restrooms, and appropriate floor surfaces, lighting, and furniture should be tailored to their needs. (Jordan, 1983-84). The elders may

legitimately need access to their rooms if they tire easily, as well as access to the nursing staff present in the facility.

Pairing of intergenerational partners is a next design step. The Grandpals program formally pairs elders and students one-to-one if the population of voluntary elders will support it, but no more than two-to-one. By doing so, both parties achieve a feeling of "ownership." The child comes to feel their Grandpal is truly "theirs," and conversely the elder can focus their attention on one specific child. Seefeldt (1987b) notes that "interacting with children on a one-to-one basis is intrinsically rewarding. Elders receive the admiration of the child and observe the joy and satisfaction the child receives from their presence and attention. When this type of interaction takes place, both elders and children benefit" (p. 17).

Intimacy versus casual contact is frequently cited as desirable to increase positive relationships between the two intergenerational partners (Amir, 1969; Chapman, & Neal, 1990; Seefeldt, 1987b). If a program goal is to foster a close, bonded relationship, then the planners should plan to hold the majority of activities at the long term care facility. This will ensure that elder disabilities or an inability to travel will not prohibit the two intergenerational partners from meeting when the whole group does.

The form of pairing will also determine the scope of program activities. One-to-one pairing allows for pen-pal letter exchange, life review projects, gift exchange, personal visits and phone calls to a new "friend" outside of school, and the possibility of a continued relationship once the school year ends. Projects become "together" projects, as two designated, paired people of different ages work together to accomplish an enjoyable task. It allows an elder who never have children to say "I have an adopted grandson. Can you believe it? Finally, at my age!" Or when residents see the facilitator in the building they say "How's my Kent? When is he coming to visit?"

The program planners will also need to determine the type of and frequency of activities. It has been demonstrated that the "quality of contact may be at least as important as its quantity" (Knox, Gekoski, & Johnson, 1986, p. 309). Seefeldt (1987b, p. 16) offers program recommendations to promote quality of contact, which include protecting the prestige of elders and children, limiting frustration for both adults and children, planning interaction that has integrity and is functional for both groups, and ensuring that contact is rewarding and pleasant for all.

In order to do so, the program planners should acknowledge the developmental needs and abilities of the two specific populations involved. Once again, there should be an understanding of gerontology as well as child development by those instituting the program (Kocarnik & Ponzetti, 1991). For activities to be interactive, all must be able to participate, and thus will probably be very simple. Hill (1987) suggests allowing the elderly and youth to plan many of the activities themselves to provide a more accurate determination of what the participants are interested in and capable of doing. Planning activities that can be successful will allow for the contact to provide integrity and be pleasant and rewarding.

Walz & Blum (1988) suggest age cohort factors should be considered when planning activities. As the elders residing in a long term care facility today will be primarily of the Pre-World War II cohort, they may share the attitudinal/behavioral characteristics of a work ethic versus a leisure-work ethic, a religious orientation vs. a secular orientation, a family and patriotic orientation, an acceptance of well differentiated sex roles, a respect for food as a basis for survival and not as an abundant consumer commodity, a time reference as seasonal more than clock-bound, a respect for nature, and a belief in individualism (Walz & Blum, 1988, p. 4).

Thus, activity planners may want to consider work-based topics, religiously framed or patriotic activities, food-centered activities, activities favoring tradition, ritual and ceremony, nature based, and family-oriented activities (Walz & Blum, 1988,

p. 5). Furthermore, to promote the elders as persons of value and worth, it may be beneficial for the elders to share their skills and expertise, their memories, and games, music, and creative hobbies of their era. (Walz & Blum, 1988).

Besides determining the quality and quantity of interaction, the planners should consider the duration of the program. The Adopted Grandparent Program handbook (1987) states that "six months is minimal for the development of a close relationship, a year is *ideal*" (p. 6). School-based adopted grandparents should run for as much of the school year as possible. From the beginning, however, the planners should note it may be difficult at the end of the year for the two parties to separate. The program has spent much time and effort to build a relationship, and then when school ends, the association between elder and child by definition ceases to exist. Holding voluntary activities during the summer, encouraging letter writing, and encouraging family members to continue to foster the relationship may help in easing the withdrawal. The planners may consider forming an "intergenerational alumnae," where children who have moved to higher grades can continue to help in the program by assisting Grandpals to write their pen-pal letters, etc. Many intergenerational partners continue their relationship outside of school for many years after official involvement in the program.

Other aspects to consider in program development are student and elder orientation and evaluation. Both students and elders must know in advance exactly what is expected of them, and have a means of receiving feedback and factual question answers throughout the program. A formal orientation for students and elders will be essential in easing tension at the beginning of the program for both. Likewise, planners should anticipate in advance offering a written program evaluation for students, elders, long term facility staff, and parents at the conclusion of the school year so as to make any necessary adjustments the following year.

The actual month-to-month design of activities should also be planned in advance so that the program becomes cohesive and continual. The Grandpals program incorporates monthly pen-pal letter exchange, a monthly group activity, a life review project done by the individual students that spans the school year and eventually becomes a written theme, and the making of holiday door decorations for the Grandpals. The teacher can determine the degree and type of activities that will most easily accommodate his/her schedule, but must strive to make the total design one allowing for continued interaction and involvement.

Program planners should also consider their approach in the case of an elder's inability to continue in the program/death, or the transfer of a student. Utilization of school counselors, lifespan discussions, and helpful children's literature may be utilized in the case of death. Re-partnering must be done carefully, and both parties need to know they can discuss their concerns/loss with the program coordinators.

This adopted grandparent portion of an school based intergenerational program will be the central aspect, but many caution against making it the only contact (Dellman-Jenkins, Lambert, & Fruit, 1991, Seefeldt, 1987a). As only five percent of persons over the age of 65 live in long term care facilities at any one time (Johnson & Grant, 1985, p. 3), it may be beneficial to incorporate elderly from the community, as well as natural grandparents, into the classroom to present a more well-rounded view of aging. The utilization of well elderly should be built into the month to month outline developed for program activities.

Another essential component the program planners should consider is the induction of aging education into the classroom curriculum. It has been repeatedly documented that integrating aging education into classroom curriculum is effective in fostering positive attitudes toward the elderly in children (Ausherman, White, & Chenier, 1991; Corbin, Metal-Corbin, & Barg, 1989; Hauwiler & Jennings, 1981;

Murphy-Russell, Die, & Walker, 1986; Rich, Myrick, & Campbell, 1983; & Seefeldt, Jantz, Galper, & Serock, 1981). Aging education becomes a supplement to cross-age contact, offering children factual information on aspects particular to the older population. This information can then be applied to situations encountered in the contact. For example, children who have knowledge of the physiology of strokes can then understand why their senior partner functions as he/she does and adapt accordingly, or they can take factual information on retirement and understand the social and financial ramifications so they can interact effectively.

Unfortunately, studies suggest "teachers are not knowledgeable of important facts about aging, (which) validates their perception that they lack the knowledge to teach it effectively" (Ausherman, White, & Chenier, 1991, p. 398). The teacher with little aging knowledge must use caution to present information free of the stereotypes they hope to counter (Davis & Westbrook, 1981). The Grandpals program utilizes an annotated bibliography of children's literature, teaching aging through picture books. Summaries and aging information applications for each book provide teachers with a knowledge base on many elder-specific subjects they can then share with their students. These picture books are shared throughout the school year to provide continuity and aid teachers with time restrictions. Sharing two to three books a week can easily be worked into a teacher's busy schedule.

Seefeldt et al (1981) states that "Some would argue that schools are not in the business of teaching children attitudes toward aging and the elderly. Yet research does suggest that the school, as a transmitter of the culture and perpetrator of society, must meet its responsibility in terms of attitude formation... (p. 86). Furthermore, Ausherman, White, & Chenier (1991) state "Life satisfaction of both teachers and students may be negatively affected when misinformation and less-than-positive attitudes are held toward the elderly. As the proportion of the aged

continues to grow, life satisfaction may be significantly affected by education that includes accurate information and reflects positive attitudes" (p. 399).

Developing an intergenerational program that includes intimate contact with frail elderly, exposure to well elderly from the community, and a component of accurate aging education may provide a positive framework for both teachers and students resulting in positive and satisfying relationships with elders in the future. As aging is an inevitable event, instilling a positive attitude towards older adults in children today will hopefully serve to foster attitudes of elder worth and dignity when the current middle-aged and children become elders themselves. For this reason alone, it is an effort that teachers can and should make.

Designing Elementary School Based Adopted Grandparent Programs

- *Formulate program goals
- *State program themes
- *Define youth population
- *Locate available long term care facilities
- *Contact Administrator or Activity Director of long term care facility
- *Make on-site visits to interested facilities
- *Determine compatibility with long term care staff
- *Ensure that long term care population will have sufficient voluntary, high functioning elders to support program
- *Designate a program leader
- *Appoint a facilitator
- *Seek funding
- *Determine type of transportation needed plus cost of different options
- *Address liability
- *Determine where activities will take place
- *Decide how intergenerational partners will be paired
- *Determine type and frequency of activities
- *Determine duration of program
- *Plan orientation/evaluation of parents, children, and elders
- *Devise month-to-month schedule
- *Plan incorporation of well elderly/natural grandparents into the classroom
- *Plan for inclusion of aging education into classroom curriculum

REFERENCES

- Aday, R. H. , Sims, C. R. , & Evans, E. (1991). Youth's attitudes toward the elderly: The impact of intergenerational partners. Journal of Applied Gerontology, 10, 372-384.
- Adopted Grandparent Program(The). (1987, February). (Available from Joan K. Carter, District Coordinator of School Volunteers, VIPS Office, EDC, P. O. Box 1910, Daytona Beach, FL 32015-1910).
- Aging America. (1991). DHHS Publication No. (FCoA) 91-28001: U. S. Department of Health and Human Services.
- Alford, D. M. (1978). The affluent elderly: Problems in nursing care. Journal of Gerontological Nursing, 4(2), 44-47.
- Amir, Y. (1969). Contact hypothesis in ethnic relations. Psychological Bulletin, 71, 319-342.
- Angelis, J. (1990). Intergenerational service-learning: Strategies for the future. (Available from the Illinois Intergenerational Initiative, Southern Illinois University at Carbondale, Anthony Hall 218, Carbondale, IL 62901).
- Atchley, R. C. (1991). Social Forces and Aging. Belmont, CA: Wadsworth.
- Ausherman, J. A. , White, D. M. , & Chenier, T. C. (1991). Junior high health teachers' knowledge and attitudes about aging and implementation of aging education. Educational Gerontology, 17, 391-401.
- Caspi, A. (1984). Contact hypothesis and inter-age attitudes: A field study of cross-age contact. Social Psychology Quarterly, 47, 74-80.
- Chapman, N. J. , & Neal, M. B. (1990). The effects of intergenerational experiences on adolescents and older adults. The Gerontologist, 30, 825-832.
- Corbin, D. E. , Metal-Corbin, J. , & Barg, C. (1989). Teaching about aging in the elementary school: A one-year follow-up. Educational Gerontology, 15, 103-110.
- Davis, R. H. , & Westbrook, G. J. (1981). Intergenerational dialogues: A tested educational program for children. Educational Gerontology, 7, 383-396.
- Dellman-Jenkins, M. , Lambert, D. , & Fruit, D. (1991). Fostering preschoolers' prosocial behaviors toward the elderly: The effect of an intergenerational program. Educational Gerontology, 17, 21-32.

- Feroldi, N. (1987). Building Bridges project: Program manual. (Available from the Alliance for Better Nursing Home Care, 1213 Elmwood Avenue, Providence, RI 02907).
- Fillmer, H. T. (1984). Children's descriptions of and attitudes toward the elderly. Educational Gerontology, 10, 99-107.
- Hauwiler, J. G. , & Jennings, R. (1981). Counteracting aging stereotyping with young school children. Educational Gerontology, 7, 183-190.
- Hill, D. (1987). Promoting intergenerational programs: Triads with youth, elderly, and students, A case example. Journal of Gerontological Social Work, 10(3/4), 155-165.
- Hoot, J. L. (1981). Teaching aging in the public schools: Results of an exploratory study. Educational Gerontology, 7, 331-337.
- Hutchinson, S. A. , & Bondy, E. (1990). The Pals program: Intergenerational remotivation. Journal of Gerontological Nursing, 16 (12), 18-26.
- Jantz, R. K. , Seefeldt, C. , Galper, A. , & Serlock, K. (1977). Children's attitudes toward the elderly. Social Education, 41, 518-523.
- Johnson, C. L. , & Grant, L. A. The nursing home in American society. Baltimore, MS: The Johns Hopkins University Press.
- Jordan, J. (1983-1984, December-January). The challenge: Designing buildings for older Americans. Aging, 346, 18-21.
- Knox, V. J. , Gekoski, W. L. , & Johnson, E. A. (1986). Contact with and perceptions of the elderly. The Gerontologist, 26, 309-312.
- Kocarnik, R. A. , & Ponzetti, J. J. (1991). The advantages and challenges of intergenerational programs in long term care facilities. Journal of Gerontological Social Work, 16, 97-106.
- Miller, S. M. , Blalock, J. , & Ginsburg, H. J. (1984). Children and the aged: Attitudes, contact, and discriminative ability. International Journal of Aging and Human Development, 19, 47-53.
- Murphy-Russell, S. , Die, A. H. , & Walter, J. L. (1986). Changing attitudes toward the elderly: The impact of three methods of attitude change. Educational Gerontology, 12, 241-251.
- Newman, S. (1986). Creating effective intergenerational programs. (Available from Generations Together, 811 William Pitt Union, University of Pittsburgh, Pittsburgh, PA. 15260).
- Peacock, E. W. , & Talley, W. M. (1984). Intergenerational contact: A way to counteract ageism. Educational Gerontology, 10, 13-24.

- Pratt, F. (1984). Teaching today's kids - Tomorrow's elders. Aging, 346, 19-26.
- Prosper, V. (1987). Intergenerational programming: Overview and Sample Programs. (Available from the Division of Program Development & Evaluation, Program Initiatives Unit, New York State Office for the Aging, New York: NY).
- Rich, P. E. , Myrick, R. D. , & Campbell, C. (1983). Changing children's perceptions of the elderly. Educational Gerontology, 9, 483-491.
- Seefeldt, C. (1987a). The effects of preschoolers' visits to a nursing home. The Gerontologist, 27, 228-232.
- Seefeldt, C. (1987b). Intergenerational Program: Making them work. Childhood Education, 64, 14-18.
- Seefeldt, C. , Jantz, R. K. , Galper, A. , & Serock, K. (1981). Healthy, happy, and old: Children learn about the elderly. Educational Gerontology, 7, 79-87.
- Sparling, J. W. , & Rogers, J. C. (1985). Intergenerational intervention: A reciprocal service delivery system for preschoolers, adolescents, and older persons. Educational Gerontology, 11, 41-55.
- Walz, T. H. , & Blum, N. S. (1988). The age cohort factor in activities programming for the elderly. Activities, Adaptation, & Aging, 12, 1-11.

ED 361 115

PS 021 727

AUTHOR Shaw, Daniel S.; And Others
 TITLE Developmental Precursors of Externalizing Behavior: Ages 1 to 3.
 PUB DATE Feb 93
 NOTE 49p.; Portions of this paper were presented at the Meeting of the Society for Research in Child and Adolescent Psychopathology (February, 1993) and at the Biennial Meeting of the Society for Research in Child Development (60th, New Orleans, LA, March 25-27, 1993).
 PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)
 EDRS PRICE MF01/PC02 Plus Postage.
 DESCRIPTORS Age Differences; *Aggression; Antisocial Behavior; *Behavior Problems; Behavior Rating Scales; *Infant Behavior; Infants; Obedience; *Parent Child Relationship; *Predictor Variables; Sex Differences; *Toddlers
 IDENTIFIERS *Maternal Responsiveness

ABSTRACT

Despite previous research indicating that early negative child behavior and the quality of parent-child relationships are predictive of later externalizing problems, few investigators have attempted to trace these antecedents back to infancy. In a sample of 100 infants from low-income families, infant persistence and maternal responsiveness were measured at 12 months, infant noncompliance and aggression were measured at 18 and 24 months, and child externalizing behavior was assessed at 36 months. Three videotaped laboratory assessments were conducted at 12, 18, and 24 months; a home visit was conducted at 15 months; and mothers were sent the Achenbach Child Behavior Checklist. Each laboratory assessment lasted approximately 2 hours, and was purposely varied in stress level to observe parent and infant behavior across a broad spectrum of contexts (e.g., free play versus the Strange Situation Test). It was possible to identify developmental sequences leading from infant persistence and lack of maternal responsiveness to later child disruptive, aggressive behavior at ages 2 and 3. Gender differences were found with respect to the range and type of variables that showed continuity in predicting disruptive behavior. For boys, salient predictors were maternal unresponsiveness, infant attention-seeking, aggression, and noncompliance. For girls, infant noncompliance was related to both age 3 externalizing and internalizing behavior problems. (Author/AC)

 * Reproductions supplied by EDRS are the best that can be made *
 * from the original document. *

ED 361 115

U S DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- This document has been reproduced as received from the person or organization originating it
- Minor changes have been made to improve reproduction quality
-
- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

Developmental Precursors of Externalizing Behavior: Ages 1 to 3

Daniel S. Shaw

Kate Keenan

Joan I. Vondra

University of Pittsburgh

PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

Daniel Shaw

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)

Portions of this paper were presented at the meetings of the Society for Research in Child and Adolescent Psychopathology (February, 1993) and the Society for Research in Child Development (March, 1993).

PS 021227

Abstract

Despite previous research indicating that early negative child behavior and the quality of the parent-child relationship are predictive of later externalizing problems, few investigators have attempted to trace these antecedents back to infancy. In a sample of 100 infants from low income families, infant persistence and maternal responsiveness were measured at 12 months, infant noncompliance and aggression were measured at 18 and 24 months, and child externalizing behavior was assessed at 36 months. It was possible to identify developmental sequences leading from infant persistence and lack of maternal responsiveness to later child disruptive, aggressive child behavior at ages 2 and 3. Gender differences were found with respect to the range and type of variables that showed continuity in predicting disruptive behavior. For boys, salient predictors were maternal unresponsiveness, infant attention-seeking, aggression, and noncompliance. While for girls, infant noncompliance was related to both age 3 externalizing and internalizing behavior problems.

Introduction

Antisocial behavior in childhood is important because of its direct cost to society in terms of damaged property and disruption of normal patterns of living, but also because of the difficulty of treating delinquent youth, and the likely emergence of later adult criminality and many other serious disorders (Loeber, 1982). Although there are many contributing factors, such as low income, large family size, parental conflict, and parental criminality, two reviews (Loeber & Dishion, 1983; Loeber & Stouthamer-Loeber, 1986) have come to the conclusion that harsh, inconsistent discipline, inadequate supervision, parental rejection, and lack of involvement with the child are important factors across a broad range of studies. Thus family factors involving discipline practices and the quality of the parent-child relationship are at the forefront of results from meta-analyses, although effects of peer relations were not assessed due to lack of prediction studies available at that time. Additionally, from one of the same reviews, Loeber and Dishion (1983) found the second most predictive factor to be previous child behavior problems. As Olweus (1979) has demonstrated, from the early school years until adolescence, the stability of aggression for boys is comparable to that of intelligence. Thus, as a result of parenting practices and children's own contributions to the process, those who are difficult to manage in the early school years have been found to show high rates of later antisocial behavior.

Since the reviews by Loeber et al., results from a growing body of

longitudinal studies indicate that, beginning as early as ages 2 or 3, the stability of aggression and externalizing behaviors is high, particularly among males (Campbell, Ewing, Breaux, & Szumowski, 1986; Cummings, Iannotti, & Zahn-Waxler, 1989; Fagot, 1984; Rose, Rose, & Feldman, 1989; Zahn-Waxler, Iannotti, Cummings, & Denham, 1990). Thus, beginning as early as the toddler period, there is evidence to support the importance of the child's own contribution to the development of later externalizing behavior problems (Lytton, 1990).

However, if the development of disruptive behavior is to be studied during infancy, it is questionable whether using the term "aggressive" or limiting research to aggressive-like behavior would be most prudent. If aggression is defined as actions directed toward an individual that are intended to hurt or frighten, then infant behavior cannot be considered aggressive (Maccoby, 1980). However, during the second and third years, as children attain mobility, self-recognition, object permanence, and show directed, retaliatory aggression (24 to 36 months), it may be possible to measure aggressive-like behavior and extend the window through which the behavioral precursors of externalizing behavior can be seen. Thus, behavioral precursors of externalizing behaviors during the toddler period may include behaviors that are aversive as well as those that are experienced as to caregivers. Infant noncompliance, fussiness, and attention-seeking may promote the development of coercive parent-child interaction sequences that have been associated with externalizing behavior problems at school-age (Patterson, Reid,

Dishion, 1989).

Other investigators have examined parenting factors during infancy that may be developmental precursors of some of the school-age parenting correlates of externalizing problems identified by Loeber and colleagues. These factors can be subsumed under the broad category of parental unresponsiveness and lack of sensitivity to the child's needs (Shaw & Bell, in press). Parental unresponsiveness has been conceptualized by attachment theorists as being most critical to the development of self-regulation skills. These theorists have hypothesized that differences in caregiver sensitivity, and the resultant bond between parent and infant, are important factors in later behavior patterns of the child (Bowlby, 1980; Sroufe, 1983). Theoretically, insecurely attached children have less to lose by disobeying parental requests (i.e., loss of love), and would have a less trusting view of adult's behavior, given the previous lack of contingent parental responsiveness. Such children would be less likely to function harmoniously in compliance situations and would be more likely to interpret neutral or even friendly behavior as hostile. Later in the preschool years the same insecurely attached children may act in a disruptive or aggressive manner in order to engage an unresponsive caregiver (Greenberg & Speltz, 1988), leading to coercive cycles of parent-child interaction.

The proposed outcomes of attachment theory have been operationalized and studied with a sample from low-income families (Minnesota Mother-Child

Project), using assessments of attachment at 12 and 18 months to predict later externalizing behaviors (Erickson, Sroufe, & Egeland, 1985; Renken, Egeland, Marvinney, Mangelsdorf, & Sroufe, 1989). Results from the Minnesota study demonstrated an association between early insecure avoidant attachments and externalizing problem behaviors at ages 5 and 7-8 for boys only. Studies of attachment from middle class families are less consistent, as are relations for girls versus boys (Bates, Maslin, & Frankel, 1985; Fagot & Kavanagh, 1990; Lewis, Feiring, McGuffog, & Jaskir, 1984). It is unfortunate that only one longitudinal study of low income children exists in which externalizing behaviors in later childhood served as dependent measures and in which the sample size permits an examination of sex differences (Renken et al., 1989).

Why would children from low SES backgrounds, particularly boys, be more prone to show later externalizing problem behavior from unresponsive caregiving during infancy? The buffers of the middle class child's ecosystem may prevent the behavior of the insecurely attached child from becoming dysfunctional. However, in low SES families characterized by greater economic challenges and poorer alternative child care resources, the primary caregiver-child relationship may take on greater importance (Shaw & Bell, in press). The child's sex may further increase the likelihood of externalizing versus internalizing types of behaviors, given parents' greater tolerance for externalizing behavior among boys, and boys' greater propensity for demonstrating externalizing behaviors, particularly in the

face of ongoing stressors and in mother-headed, single-parent families. This latter finding has been demonstrated repeatedly in the divorce literature. Boys living with mothers have shown high rates of disruptive behavior in the initial years following divorce (Hetherington, Cox, & Cox, 1982; Emery, 1988).

Given that negative early behavior and early maternal unresponsiveness have each been shown to be predictive of later externalizing behavior problems, particularly among males and children from low SES backgrounds, it seems important to conceptualize the interaction of child and parent behavior as reciprocal as well as transactional in order to formulate meaningful hypotheses. A transactional approach allows researchers to consider the development of externalizing behavior problems as an *ongoing* and constantly changing reciprocal process between children and their caretaking environment (Sameroff, 1990). Development should then be studied in short segments to avoid losing the traces of the rapidly evolving process of growth, especially during infancy and toddlerhood (Bell, 1992).

The transactional perspective provides us with a general orientation, but no specific hypotheses. To our knowledge, only one study has translated this approach into testable hypotheses in this area of inquiry. Martin (1981) applied a transactional perspective in a study tracing the origins of coercive cycles among a sample of well-educated, middle-class families. Based upon Patterson's (1982) model of coercive family interactions in school-age children, Martin provided

evidence for the development of coercive child behavior using an intensity-matching model of mother and infant interaction. High values of intensity indicated a high level of maternal attention-giving and infant attention-seeking, respectively. Accordingly, mothers who are responsive to their infant's needs adjust their attention-giving based on the infant's level of attention-seeking. The infant is assumed to lower attention-seeking whenever the mother responds in an appropriate manner. Later child noncompliant and coercive behavior is believed to be the result of the asynchronous interactions between unresponsive caregiving and demanding infant behavior.

Martin found that for boys only, the development of noncompliant child behavior at 22 months and coercive child behavior at 42 months was predicted by (1) a lack of contingent maternal attention-giving, (2) a high level of child attention-seeking, and (3) an interaction term involving the two variables, all measured at 10 months. Though attention-seeking in the face of maternal unresponsiveness (i.e., persistence) may not appear to be a maladaptive behavior for infants (i.e., infants who never persist might in fact be described as depressed), over the long term such infant behavior may be perceived as aversive by parents who, either by choice or lack of sensitivity to the infant's cues, do not respond.

Beginning at 12 months, we applied Martin's reciprocal, transactional approach to the development of noncompliant and aggressive behavior at 24 months and externalizing behavior at 36 months in a sample of low-income

children. Additionally, by assessing different forms of early aversive child behavior (e.g., noncompliance, aggression) at two time points, changes in the rates of such behaviors across time and by gender could be examined. With respect to the first objective, it was hypothesized that associations between early maternal unresponsiveness, aversive child behavior, and later externalizing problems would be found despite a difference in sample characteristics. Martin's data came from a highly educated, middle-class sample. Statistically, maternal responsiveness, infant aversive behavior, and the interaction term of the two variables were expected to contribute independent variance to the prediction of aggressive behavior at age 2 and externalizing problems at age 3. Based on Martin's findings, and research on maternal responsiveness and later externalizing behavior problems from studies of low income families (Erickson et al., 1985; Renken et al. 1989), results were expected to be stronger for boys than girls. Three different measures of infant aversive behavior were used: persistent seeking of maternal attention at 12 months, noncompliance at 18 and 24 months, and aggression at 18 and 24 months. Internalizing behaviors also were examined at age 3, given their strong relation to externalizing problems ($r = .71$ in the present sample) and the need to examine the specificity of the associations of infant and parent behavior with externalizing behavior, as indicated by Renken, Egeland, Marvinney, Mangelsdorf, and Sroufe (1989).

MethodSubjects

Subjects originally included 100 mother-child dyads (59 males and 41 females) recruited from the Women, Infants, and Children (WIC) Nutritional Supplement Program of Allegheny County as part of a larger longitudinal study of child development. WIC provides financial support to purchase nutritionally-sound food items for low income families. At the time of the infant's birth, mothers ranged in age from 17 to 36 years, with a mean age of 25. Sampling of marital status was not restricted due to the considerable relationship instability within the sample. Forty-six percent were either married or living together, whereas 54% were either divorced (8%) or separated (9%), or single (37%). The majority of families were Caucasian (61%) and the remainder were African-American (39%). The mean family income in the sample was between \$500-1,000 per month, with 72.5% of the families having yearly earnings equal to or less than \$12,000. Mothers' average level of education was 12 years, with 73.5% having a high-school degree or less.

Mothers of infants 6-11 months of age were recruited in two WIC waiting rooms by one of the principal investigators. Mothers were informed that the study was a project examining child development and mother-child interaction patterns, and that they would be paid \$15.00 for each lab visit, plus an additional \$10.00 for transportation costs. Upon agreeing to participate, informed consent

was sought and the first lab visit was scheduled within two weeks of the infant's first birthday. Mothers were contacted two weeks before the assessment by mail, and one week before by phone, to confirm the appointment. Of the 144 women who were asked to take part in the study, 129 (89.6% of the 144) agreed to participate, but only 100 completed the 12-month assessment. Of those 100 subjects seen when infants were 12 months old, 89 participated in the 18- and 24-month laboratory assessments months); however, due to errors in the videotaping of assessments, sample sizes for specific videotapes measures are slightly less than the total N at different assessment points, particularly at the 12-month assessments when there were problems with equipment and its operation. At age 3, 82 mothers returned completed questionnaire reports on their children's behavior problems. No significant or appreciable differences were found when demographic characteristics of families who completed all assessments (82 of the 100) and those who did not (18 of the 100) were compared. A similar comparison was made between families who completed two of the three laboratory assessments (e.g., 12- and 18-month, but not 24-month assessments) versus those who completed all three, with no appreciable differences found between groups on demographic variables.

Procedures

Three videotaped laboratory assessments were conducted at ages 12, 18, and 24 months, a home visit was conducted at 15 months, and mothers were sent the

Achenbach Child Behavior Checklist (CBCL) when the child was 36 months. Different laboratories were used at adjacent assessments (i.e., at 12 and 18 months, and at 18 and 24 months), both of which were equipped with a one-way mirror through which the assessment was videotaped. Upon entering the laboratory, the mother was requested to set her infant down in front of a standard set of toys arranged on the floor, and sit at a table with the examiner to complete questionnaires. Unless otherwise specified, mothers were instructed to attend to their infants as they normally would.

Each laboratory assessment lasted approximately two hours, and was purposefully varied in stress level in order to observe parent and infant behavior across a broad spectrum of contexts (i.e., free play versus the Strange Situation Test). At each age, all laboratory procedures were conducted in the same order; however, across ages, there was some variation among procedures. At all ages (12, 18, and 24 months), assessments began with a 15-minute free play situation. At 12 months, free play was followed by the high-chair task (described below), while at 18 and 24 months, free play was followed by a clean-up task. These tasks were then followed by a situation with no toys in the room (Martin, 1981), and three mother-child problem-solving tasks (based on the work of Matas, Arend, & Sroufe, 1978). After a 10-minute break, lab visits continued with an assessment of mother-infant attachment and another 5-minute free play situation for the infant, during which time the examiner continued to administer questionnaires to the

mother.

Measures

High-Chair Task. Mother and infant were observed in a high-chair task at 12 months only, designed to evaluate maternal responsiveness and infant persistence (Martin, 1981). In this situation, the infant is placed in a high chair facing away from the mother with nothing to do for three minutes, while the mother completes a questionnaire. The mother is instructed to complete the questionnaire but also to attend to her infant in whatever way she deems appropriate. The one restriction is that the infant cannot be removed from the high-chair. This procedure was adapted from Martin (1981) in order to (1) make detailed observations about the sequences of behavior, (2) preserve the time frame of the interaction, (3) operationalize the measurement of the process of interaction as an interdependent flow of behavior involving both self and partner influences, and (4) record quantitative shifts of all of the partner-directed behavior of each person (Martin, 1981). In using this method, it is assumed that each individual is affected both by her own prior behavior and the behavior of the other person, taking into account bidirectional components of measurement.

First, behavioral frequencies were coded in one-second intervals and scores were derived for the following variables: (1) Mother behaviors -- look at infant, smile, vocalize, and touch or hold infant; (2) Infant behaviors -- look at mother, smile, vocalize, touch mother, and fuss/cry. Behavioral frequencies were coded

from videotapes by a team of undergraduate research assistants who were blind to the study's hypotheses. The coders used a computer program that allowed mother and infant behaviors to be coded on separate viewings. After 9 months of training, during which two teams of coders were trained, reliability was computed to assess whether a behavior was coded during 5-second intervals. Based on 14 randomly-selected tapes, kappas ranged from .84 (infant smile) to .96 (infant look) with a mean of .91.

Prior to the time series analysis being computed, Martin's original weights for mother and infant behaviors were applied to the raw data to create "intensity" scales for each partner. Martin's original weights were retained since he had previously cross-validated this scaling. Two scores were derived, one based on maternal behavior, the other on the infant's. First, a score for maternal responsiveness was computed, reflecting the extent mothers increase their attention-giving as a function of the level of infant attention-seeking. Second, a score for infant persistence was calculated, reflecting the extent to which the infant intensifies the level of attention-seeking following non-contingent maternal attention-giving. Data transformation initially involved converting the original behavioral frequencies to weighted scores (see Table 1). Using this system, an infant vocalization would receive a score of 25 and maternal touching would receive a score of 105. Weighted scores were then derived based on the interaction of maternal and infant behavior. Thus, the maternal responsiveness

score reflects how much the mother's score approaches the intensity of the infant, including the same second as the infant's behavior occurs and up to two seconds following the initial infant behavior. Higher scores indicate that the mother's intensity of response is closer to matching the infant's intensity of attention-seeking behavior. The infant persistence score was derived by computing increases in the infant behavior when initial infant behavior is not responded to within the two-second interval. Higher scores indicate greater intensity in the face of unresponsive maternal behavior.

Insert Table 1 about here

We used a modification of Martin's method to estimate his original parameters of maternal and infant behavior given he had made no attempt to remove serial correlation from each mother-infant series and auto-regressive effects could affect maternal responsiveness scores. The data were initially pre-whitened, and then a second-order auto-regression model was computed for each series. This had the effect of simplifying several of Martin's differential equations. A Durbin-Watson coefficient was then computed to ensure the adequacy of the pre-whitening procedure, and the second-order auto-regression model was found to be adequate. Because serial correlation can confound estimates of interpersonal influence, serial correlation must be either accounted for within the

time-series regression or removed prior to the analysis of interpersonal influence. Martin used both approaches by differencing each time series and including a coefficient of serial correlation in all time series regressions. Because differencing may introduce spurious effects (McCleary & Hay, 1980), we followed more recent practice and statistically removed serial correlation prior to conducting time series regressions (Cohn & Tronick, 1988). This procedure simplified Martin's ordinal equations and produced estimates of parameters identified by Martin.

Aggression. Aggressive behavior was coded during selected intervals of the 18- and 24-month assessments based on three rationales: (1) the probability of the elicitation of aggression, which was thought to be more likely when the infant was experiencing stress; (2) ecological validity, that is, using situations that routinely occur in most infants' lives, such as having toys taken away from them and being left with other caretakers; and (3) creating a variety of situations in order to examine Loeber's (1982) hypothesis that pervasiveness of aggression (i.e., aggression manifested in a variety of situations) should correlate with stability.

Aggression was coded during the clean-up task, the situation with no toys in the room, and during specific segments of the Strange Situation Test (when the stranger initially plays with the infant, the first separation, the second separation, and the reunion with the stranger), and during the free play situation at the end of the assessment. The total coding time was 23 minutes. During the clean-up task, the mother was instructed to have the infant put all the toys in a basket.

She was permitted to say anything she wished to her child, but was not allowed to clean up the toys herself. After 5 minutes, the mother was signaled with a knock to clean up any remaining toys, place the basket outside the lab, and close the door. The "no toys situation" began as soon as the basket was placed outside the door. In this task the infant had no toys to play with for three minutes while the mother was instructed to work on two questionnaires and attend to her child as she normally would (see Smith & Pederson, 1988). The Strange Situation Test was administered in the standard format (see Ainsworth & Wittig, 1969), and the free play situation consisted of unstructured infant play while the mother and examiner completed the remaining questionnaires.

The behavioral codes for aggression were developed by the authors, based on previous investigations of disruptive behavior in the preschool period. The five measures of aggressive behavior were coded simultaneously during the four selected intervals of the 18- and 24-month assessments. The first four codes included: (1) throwing toys at mother; (2) throwing toys at the examiner; (3) hitting, biting, or kicking mother; and (4) hitting or kicking the examiner. The fifth code assessed aggression directed at the toys or objects in the room (e.g., hammering the mirror, pounding or stepping on toys, kicking the door).

Undergraduate research assistants who were blind to maternal responsiveness and noncompliance scores, comprised the aggression coding team. Team members were trained for four months, during which they attended weekly meetings and

completed homework assignments of coding tapes. In order to establish adequate reliability, each five-second interval was reviewed for the presence or absence of codes. Inter-rater reliabilities, using kappas, were at or above 85% for all five aggression codes based on 25 tapes. Counts of aggression were collapsed across situations and types to form one variable: summed aggression (see Keenan & Shaw, 1992, for analyses of aggressive behavior in different settings and against different target:).

In addition to coding specific aggressive behaviors, the coders provided a global rating to characterize the behavior of the child throughout the coded segments of the assessment. The global rating took into consideration all of the aforementioned codes, but also instances of socially-appropriate aggression; that is, aggressive-like behavior that was considered to be on-task and not codeable according to the molecular scoring criteria (e.g., throwing a toy in the basket during the clean-up task, playing a game with a toy roughly). The four-point global scale, (1) unaggressive, (2) mildly aggressive, (3) moderately aggressive, or (4) severely aggressive, was adapted from Cummings et al. (1989). The kappa reliability for the global scale was .90. In the present analysis, only the global aggression scores were used given their high intercorrelation with the summed scores; $r = .73$, $p < .001$ at 18 months, and $r = .65$, $p < .001$ at 24 months.

Noncompliance. Following a system devised by Martin (1981), the following behaviors were coded as noncompliant at both 18- and 24-month assessments:

walking away, changing the task, and struggling or resisting. Noncompliance was coded during three intervals: a 5-minute clean-up task, and two 3-minute problem-solving tasks. During the problem-solving tasks the mother was instructed to spend three minutes working with her child on each of two toys. At 18 months, the tasks were putting a puzzle together, and fitting colored blocks and animal shapes in a gazebo toy. At 24 months, the same puzzle task was used along with a toy mailbox task, in which plastic letters were placed in the mailbox and retrieved. The total coding time for noncompliant behavior at both 18 and 24 months was 11 minutes.

Similar means for establishing reliability for the coding of aggression were employed in the coding of noncompliance. A separate group of undergraduate research assistants who were blind to the aggression and maternal responsiveness scores comprised the noncompliance coding team. Since a composite measure of noncompliant behavior representing all types of noncompliance was used in the present analyses, kappas also are based on agreements across the three types of noncompliant behavior: walking away, changing the task, and struggling/resisting. After six months of training, with supervision comparable to that received by the aggression team, the kappa for noncompliance was .71 using 5-second intervals based on 15 tapes. Since agreement for specific codes was relatively low (i.e., walking away, changing the task), coders were instructed to question behaviors that were unclear, and jointly discuss and code them at weekly meetings (see

Crockenberg and Litman, 1989).

Child Behavior Checklist for Ages 2-3 (CBCL) (Achenbach, Edelbrock & Howell, 1987). The CBCL is a one hundred item questionnaire designed to assess behavioral and emotional problems in children ages 2-3. The questionnaire generates two broad band factors, Externalizing and Internalizing Problems, which were used for analyses in this study. Unlike the CBCL for older children, there are no sex specific scales on the 2-3 year old version, so that the Externalizing and Internalizing factors consist of the same items for boys and girls. The mean test-retest reliability is reported by the authors to be .87. Discriminative validity between nonreferred children and children referred to mental health services is strong, and divergent validity has been demonstrated by a lack of significant correlations between the CBCL and standard cognitive measures.

Results

Results are presented in three stages: (1) descriptive statistics for all independent and dependent variables; (2) correlations among and between independent and dependent variables; and (3) regression analyses to predict age 2 and 3 problem behavior. For the second and third set of analyses, results were computed separately by gender based on previous research demonstrating different predictors of later problem behavior (Martin, 1981; Renken et al., 1989).

Preliminary Analyses

First, means and standard deviations are presented in Table 2 for all subjects

for all independent and dependent variables. The number of cases for each variable differs due to attrition at the 18- and 24-month assessments and errors in videotaping at the 12-month assessment. The distribution of scores for two variables was markedly wide, namely 12-month maternal responsiveness and 24-month noncompliance. The variability in maternal responsiveness scores reflects the diversity of maternal behavior during the high-chair task (i.e., Some mothers did not look at or speak to their crying infants for 2-3 minutes of the procedure, while others responded to infant attention-seeking by smiling, looking at, talking to, or touching contingently.). The variation in the distribution of infant noncompliant behavior reflects in part the range of onset of developmental precursors that make noncompliance possible (self-concept, etc.) in children 18-24 months old. The relative decrease in noncompliance from 18- to 24-months is also notable, and was significant ($t = 6.27, p < .001$). Aggression and noncompliance scores were then examined by gender over time. For aggression and noncompliance, MANOVAs indicated no significant gender effects.

Insert Table 2 about here

Correlational Analyses

Pearson product moment correlations among predictor and dependent variables are presented separately by gender in Tables 3A and 3B. Relations

among family income, maternal age and education, and dependent variables also were examined, but are not shown because only one of 24 correlations attained statistical significance. Maternal education was negatively related to girls' noncompliance at 24 months ($r = -.35, p < .05$). This finding should be interpreted with caution given that 1.2 tests would be expected to be significant by chance using a 5% significance level. Some correlations are omitted in Tables 3A and 3B due to the interdependence of measurement (e.g., noncompliance and aggression scores were measured during the same lab components). Variation in sample size is due to differential loss of cases at separate assessment periods.

For boys, maternal responsiveness was negatively related to 24-month aggression and 36-month externalizing problems. The 12-month infant persistence measure also was significantly associated with 24-month aggression and non-significantly related to 18-month aggression and noncompliance ($p < .10$). Eighteen-month noncompliance was positively related to 24-month aggression which, in turn, was related to 36-month CBCL Externalizing problems ($p < .01$).

In contrast, for girls the only predictor of continued disruptive behavior was noncompliance. Eighteen-month noncompliance was significantly predictive of 24-month noncompliance, which in turn, was associated with 36-month CBCL Externalizing and Internalizing problems. Both 12-month infant persistence and maternal responsiveness measures were poor indicators of later disruptive behavior for girls; in fact, there was a trend for 12-month infant persistence to be

negatively related to 24-month noncompliance.

Insert Tables 3A and 3B about here

Hierarchical Regression Analyses

Finally, based on Martin's (1981) findings, it was hypothesized that maternal and infant behavior, and interaction terms based on both, would best predict early disruptive behavior at 24 and 36 months, particularly for boys. Hierarchical multiple regression procedures were computed to construct models of boys' and girls' early aggression and externalizing behavior based on the hypothesized relations among maternal responsiveness, child aversive behavior, the first two variable's interaction term, and later externalizing behaviors. The most recent child behavior terms were entered first in the regressions to account for autoregressive effects.

Developmental Models for Boys

For boys, based on the work of Martin (1981), it was hypothesized that both maternal and child components, and their interaction terms would add unique variance to the prediction of age 2 and 3 disruptive behavior. Aggression was selected as the disruptive behavior of choice at age 2 based on previous research documenting strong stability between age 2 and age 5 for males (Cummings et al., 1989). Twelve-month infant persistence, and 18-month noncompliance were

placed in the regression equation first (child terms entered in chronological order) followed by 12-month maternal responsiveness. Interaction terms based on infant persistence and maternal responsiveness, and noncompliance and maternal responsiveness, respectively were entered, but added insignificant variance to the equation. With infant persistence, noncompliance, and maternal responsiveness entered, the equation accounted for 23% of the variance in age 2 aggression ($F = 4.09, p < .02$). Results are presented in Table 4A.

To examine predictors of boys' 36-month CBCL Externalizing scores, 24-month global aggression and 12-month maternal responsiveness were selected based on the aforementioned stability of aggression in males and findings from Martin (1981), Erickson et al. (1985), and Renken et al. (1989) demonstrating a relation between early maternal unresponsiveness and later externalizing child behavior. Though the effects of 12-month maternal responsiveness on age 3 CBCL Externalizing scores were largely accounted for by 24-month global aggression, the addition of the responsiveness/24-month aggression interaction term added marginally significant variance to the prediction of age 3 CBCL Externalizing scores. Results are presented in Table 4B.

Insert Tables 4A and 4B about here

Developmental Models for Girls

Since maternal responsiveness was unrelated to girls' age 2 and 3 disruptive behavior, and few indices of 18- or 24-month disruptive behavior were related to age 2 and 3 disruptive behavior (i.e., only 18- and 24-month noncompliance were related to age 2 and 3 disruptive behavior, respectively), it was apparent that regression procedures using these variables would be insignificant. However, based on the results from the correlational analyses, a series of stepwise regressions were computed using maternal education and the noncompliance scores to predict 24-month noncompliance and age 3 CBCL Externalizing and Internalizing scores, respectively. However, in all cases the resulting regression coefficients were not significant.

Discussion

The results from the present study provide preliminary evidence for the existence of precursors in infancy of later externalizing problems. As in previous studies examining the stability of disruptive behaviors and the relation between early maternal responsiveness and later behavior problems, gender differences were the rule rather than the exception. Despite few significant sex differences in the means of predictor and outcome variables, boys showed a greater number and range of correlates that displayed continuity in predicting age 2 and age 3 disruptive behavior. For boys, 12-month maternal unresponsiveness and three types of disruptive infant behavior, most notably 18-month noncompliance, were

all predictive of 24-month aggression which, in turn, was associated with 36-month externalizing problem behavior. In contrast, for girls, maternal education and 18-month child noncompliance were related to 24-month noncompliance which, in turn, was associated with both 36-month externalizing and internalizing behavior problems.

Results regarding the prediction of aggression at age 2 and externalizing behavior at age 3 are consistent with the findings of Martin (1981) and attachment theorists that maternal responsiveness is salient in the formation of preschool and school-age behavior problems (Greenberg & Speltz, 1988; Renken et al.; 1989; Shaw & Bell, in press). In Martin's longitudinal study of 10- to 42-month well-educated, middle class mother-infant dyads, noncompliance at 22 months was accounted for by the independent influences of 10-month indices of maternal unresponsiveness, infant demandingness, and their interaction term. At 42 months, 10-month maternal and 22-month infant characteristics were still predictive of child coercive behavior. In two follow-ups of the Minnesota poverty sample, Erickson et al. (1985) and Renken et al. (1989) found that insecure-avoidant attachments at 18 months were associated with significantly higher rates of externalizing problems at ages 5 and 7-8. In both the Martin and Minnesota poverty sample studies, these associations were found only for boys. In the present study of low-income mother-infant dyads, a similar pattern of relations between lack of maternal responsiveness and externalizing behavior emerged at

ages 2 and 3, but again only for boys. At 24 months, 12-month maternal responsiveness and two types of aversive infant behavior, 12-month infant persistence and 18-month noncompliance, were predictive of 24-month aggression, with each adding unique variance when placed in a regression equation. At 36-months, 24-month aggression appeared to account for much of the variance in CBCL Externalizing scores; however, the interaction term involving 24-month aggression and 12-month responsiveness contributed near-significant additional variance in the prediction of age 3 externalizing problems after the individual variables were entered.

The study's findings also highlight the utility of studying the development of behavior problems beginning in infancy. Interestingly, if the present investigation had begun when children were age 2, it is questionable whether the effects of maternal unresponsiveness would have emerged, given that its individual effects were accounted for by age 2 global aggression scores. However, since maternal responsiveness was not assessed after 12 months, the answer to this question remains unclear.

For girls, though early noncompliance was associated with later noncompliance and with externalizing and internalizing problem behaviors, the present findings raise more questions than they answer regarding the influence of early parenting practices on emerging problem behavior among girls. Maternal responsiveness at one year, a robust predictor of boys' later disruptive behavior,

was unrelated to behavior problems for girls. However, maternal education was negatively related to noncompliance, suggesting that mothers with higher educational attainment were using different parenting strategies than their less-educated peers. This finding is reinforced by correlations between maternal education and age, and 18-month aggression and noncompliance, all significant in the same direction. These showed that more educated and older mothers had daughters with lower rates of early aggressive and noncompliant behavior. If older and more educated mothers employ different parenting practices to produce lower rates of aggressive and noncompliant behavior among their daughters, our present assessment strategies were not attuned to detect such differences.

The study also highlights the importance of taking a transformational perspective in constructing models of children's disruptive behavior. Shaw and Bell (in press) have suggested that the most flexible theories of developmental psychopathology will be transformational or epigenetic, meaning that developmental changes arising from parent-child interaction as well as other sources (e.g., stability of individual differences in child characteristics) may take on forms not previously shown. In the present study, the best pathway of early disruptive behavior was found by examining different forms of early aversive child behavior at different ages. For example, boys' 24-month aggression was better predicted by 18-month noncompliance rather than 18-month aggression, though 24-month aggression was significantly more related to age 3 externalizing

problems than 24-month noncompliance. For girls, though 18-month noncompliance was strongly related to 24-month noncompliance and to age 3 externalizing behaviors, 24-month noncompliance also was related to age 3 internalizing problems. The transformational perspective appears particularly appropriate for the exploration of psychopathology during infancy and the preschool period, given the rapidity of developmental change during these stages.

The transformational perspective also accommodates the relations between maternal unresponsiveness and boys' later aggression and externalizing behaviors. Though research on school-age children has identified consistency of discipline practices and parental involvement as important correlates of antisocial behavior (Loeber & Dishion, 1983), the present study suggests that, for boys, a precursor of such later parental involvement and consistent discipline practices may be the responsiveness of the parent to the infant's needs. A parent who is not responsive to an infant's request for attention may only provoke the infant into escalating the intensity of demands, and into making appropriate parental responses more difficult. This would lead to higher rates of parent-child coercive interactions and less parental involvement, due to the increasing aversive quality of the parent-child interactions.

The study is not without its limitations. First, though the sample is more than twice the size of Martin's original cohort, it is relatively small when gender differences are examined. In particular, results regarding the smaller subset of

girls should be interpreted with caution. Second, it is important to discuss the generalizability of these findings to other populations. On the favorable side, mothers who continued in the study through the age 3 assessment showed no demographic differences with those who terminated. Though it is a low income sample, in which rates of psychopathology are generally elevated, the authors believe that our study participants do not represent a clinical sample. This view is reinforced by mean CBCL t-scores (49 for Internalizing and 50 for Externalizing), which are extremely close to those obtained for community-based samples of middle-class children of the same age (Achenbach et al., 1987). It is further reinforced by our initial sample selection process. By recruiting families from WIC, the range of family dysfunction was most likely restricted, as all subject families were involved in a program designed to improve the quality of their children's nutritional needs. In sum, the mean CBCL scores, the involvement in WIC, and our own clinical impressions lead us to believe the generalizability of our results may be limited to relatively high functioning low SES families.

Finally, from the perspective of a transactional model, parental variables should have been measured at later assessment points, and each assessment should have tapped some new features of parenting that had evolved out of reactions to changing child behavior. However, Martin (1981) found that assessment of parental teaching strategies at 22 months added insignificant variance to the prediction of 22-month child compliance or 42-month coercive

child behavior, in contrast with prediction based on the 10-month measure of maternal responsiveness. In planning the present study it was assumed that Martin's 10-month assessment had struck a "tap root" of parental behavior. Future longitudinal studies might improve upon the present model by attempting to identify new facets of parent behavior that are developmentally appropriate to 24 and 36 months and that show prospective or concurrent prediction.

In sum, aside from the singular predictive power of the assessment of parent behavior near the end of the first year, the present results indicate that a transactional perspective provides a useful guide to the identification of event sequences over the first three years of life. Precursors to the development of externalizing behavior can be identified from infancy to the preschool period using independent sources of reporting and the longitudinal results are consistent with a transformational or epigenetic model. However, the gender differences suggest that different models are needed to capture developmental pathways leading to problem behavior for boys and girls. Other maternal childrearing variables associated with maternal education and age, and not measured in the Martin procedure, need to be explored in studies of girls.

For boys, the finding on the predictive utility of early disruptive behavior and maternal unresponsiveness to later externalizing behavior problems at age 3 may eventually provide a foundation for the development of intervention efforts. The data on girls suggest that early disruptive behavior is salient, but later may be

manifested in the form of both externalizing and internalizing behavior. Both sets of findings are in need of replication, particularly with young children from other low SES populations who are at greater risk than children from middle-class samples for developing all types of child adjustment difficulties. Future research also should be aimed at refining the model presented here for the development of externalizing behavior in boys, and to understand the effects of gender differences and socialization practices on the changing manifestations of child behavior problems.

References

- Achenbach, T.M., Edelbrock, C., & Howell, C. (1987). Empirically-based assessment of the behavioral/emotional problems of 2-3 year old children. Journal of Abnormal Child Psychology, 15(4), 629-650.
- Ainsworth, M.D.S., & Wittig, B.A. (1969). Attachment and the exploratory behavior of one-year olds in a strange situation. In B.M. Foss (Ed.), Determinants of infant behavior (vol 4). London: Methuen.
- Bates, J.E., Maslin, C.A., & Frankel, K.A. (1985). Attachment security, mother-child interaction, and temperament as predictors of behavior-problem ratings at age three years. In I. Bretherton & E. Waters (Eds.), Growing points of attachment theory and research. Monographs of the Society for Research in Child Development, 50 (1-2, Serial No. 209, pp. 167-193). Chicago: University of Chicago Press.
- Bell, R.Q. (1992). Multiple-risk cohorts and segmenting risk as solutions to the problem of false positives in risk for the major psychoses. Psychiatry, 55, 370-381.
- Bell, R.Q., & Harper, L.V. (1977). Child effects on adults. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Campbell, S. B., Ewing, L.J., Breaux, A.M., & Szumowski, E.K. (1986). Parent-referred problem three year olds: Follow-up at school entry. Journal of Child Psychology and Psychiatry, 27, 473-488.

- Cohn, J.F., & Tronnick, E.Z. (1988). Mother-infant face-to-face interaction: Influence is bidirectional and unrelated to periodic cycles in either partner's behavior. Developmental Psychology, 24, 386-392.
- Crockenberg, S., & Litman, C. (1990). Autonomy as competence in 2-year-olds: Maternal correlates of child defiance, compliance, and self-assertion. Developmental Psychology, 26, 961-971.
- Cummings, E.M., Iannotti, R.J., & Zahn-Waxler, C. (1989). Aggression between peers in early childhood: Individual continuity and developmental change. Child Development, 69, 887-895.
- Fagot, B.I. (1984). The consequences of problem behaviors in toddler children. Journal of Abnormal Child Psychology, 12, 385-395.
- Fagot, B. I., & Kavanagh, K. (1990). The prediction of antisocial behavior from avoidant attachment classifications. Child Development, 61, 864-873.
- Greenberg, M.T., & Speltz, M.L. (1988). Contributions of attachment theory to the understanding of conduct problems during the preschool years. J. Belsky & T. Negworski (Eds.), Clinical implications of attachment (pp. 177-218). Hillsdale, New Jersey: Earlbaum.
- Keenan, K., & Shaw, D.S. (1992, April). The development and stability of aggression and externalizing behaviors from infancy to preschool age. Paper presented at the meeting for Life History Research, Philadelphia, PA.
- Lewis, M., Feiring, C., McGuffog, C., & Jaskir, J. (1984). Predicting psychopathology in six-year-olds from early social relations. Child Development, 55, 123-136.

- Loeber, R. (1982). The stability of antisocial and delinquent child behavior: A review. Child Development, 53, 1431-1446.
- Loeber R., & Dishion, T. (1983). Early predictors of male delinquency: A review. Psychological Bulletin, 94, 68-99.
- Loeber, R. & Stouthamer-Loeber, M. (1986). Family factors as correlates and predictors of juvenile conduct problems and delinquency. In M. Tonry and N. Morris (Eds.) Crime and Justice: A review of research (Vol. 7, pp. 29-149). Chicago: University of Chicago Press.
- Lytton, H. (1990). Child and parent effects in boys' conduct disorder: A reinterpretation. Developmental Psychology, 26, 683-697.
- Martin, J. (1981). A longitudinal study of the consequence of early mother-infant interaction: A microanalytic approach. Monographs for the Society for Research in Child Development, 46.
- Maccoby, E.E. (1980). Social development: Psychological growth and the parent-child relationship. New York: Harcourt Brace Jovanovich.
- Matas, L., Arend, R., & Sroufe, L.A. (1978). Continuity of adaption in the second year: The relationship between attachment and later competence. Child Development, 49, 547-556.
- McCleary, R., & Hay, R.A. (1980). Applied time series analysis. Beverly Hills, CA: Sage.
- Olweus, D. (1979). Stability of aggressive patterns in males: A review. Psychological Bulletin, 86, 852-875.
- Patterson, G. R. (1982). Coercive family process, Eugene, Oregon: Castalia Publishing Company.

- Patterson, G.R., Reid, J.B., & Dishion, T.J. (1989). Antisocial boys. Eugene, OR: Castalia Publishing Company.
- Renken, B., Egeland, B., Marvinney, D., Mangelsdorf, S., & Sroufe, L. A. (1989). Early childhood antecedents of aggression and passive-withdrawal in early elementary school. Journal of Personality, *57*, 257-281.
- Rose, S. L., Rose, S. A., & Feldman, J. F. (1989). Stability of behavior problems in very young children. Development and Psychopathology, *1*, 5-19.
- Sameroff, A. J. (1990). Prevention of developmental psychopathology using the transactional model: Perspectives on host, risk agent, and environment interactions. Paper presented at the Conference on the Present Status and Future Needs of Research on Prevention of Mental Disorders.
- Shaw, D.S., & Bell, R.Q. (in press). Developmental Theories of Parental Contributors to Antisocial Behavior. Journal of Abnormal Child Psychology.
- Smith, P.B., & Pederson, D.R. (1988). Maternal sensitivity and patterns of infant-mother attachment. Child Development, *59*, 1097-1101.
- Sroufe, A. (1983). Infant-caregiver attachment and patterns of adaptation in preschool. In M. Perlmutter (Ed.), Development and policy concerning children with special needs: Minnesota symposium on child psychology (Vol. 16). Hillsdale, NJ: Erlbaum.
- Stayton, D.J., Hogan, R., & Ainsworth, M.D.S. (1971). Infant obedience and maternal behavior: the origins of socialization reconsidered. Child Development, *42*, 1057-1069.

Developmental Precursors
37

Zahn-Waxler, C., Iannotti, R.J., Cummings, E.M., & Denham, S. (1990). Antecedents of problem behaviors in children of depressed mothers. Development and Psychopathology, 2, 271-291.

Footnotes

The authors are indebted to Jeffrey Cohn for his invaluable assistance in data analysis, Richard Bell for reading drafts of the manuscript, and the many graduate and undergraduate staff members who assisted in data collection. The study was supported by grants to Daniel Shaw and Joan Vondra from the following organizations within the University of Pittsburgh: the Mental Health Clinical Research Center for Affective Disorders, the Central Research Development Fund, the Office of Child Development, the School of Education in conjunction with the Buhl Foundation, and the Faculty of Arts and Sciences. Requests for reprints should be sent to the first author at the Department of Psychology, Clinical Psychology Center, 604 OEH, 4015 O'Hara Street, University of Pittsburgh, Pittsburgh, PA, 15260. Portions of this paper were presented in Keenan, K. & Shaw, D.S. (May, 1992), The Development and Stability of Aggression and Externalizing Behaviors from Infancy to Preschool Age, at the Conference for Life History Research, Coercion and Punishment in Long-Term Perspectives, Philadelphia, PA, and in Shaw, D.S. (March, 1993), Developmental Precursors of Antisocial Behavior: Ages 1 to 3, at the Society for Research in Child Development, New Orleans, LA.

Table 1

Intensity Values for Mother and Infant Behaviors: Adapted from Martin (1981)

<u>Behavior</u>	<u>Infant Intensity</u>	<u>Mother Intensity</u>
No behavior.....	5	0
Touch.....	100	105
Touch + vocalize.....	120	125
Touch + smile.....	105	105
Touch + look.....	110	110
Touch + fuss/cry.....	135	---
Touch + vocalize + smile.....	130	135
Touch + vocalize + look.....	120	130
Touch + smile + look.....	120	120
Touch + look + fuss/cry.....	140	---
Vocalize.....	25	25
Vocalize + smile.....	30	30
Vocalize + look.....	35	35
Vocalize + smile + look.....	40	40
Smile.....	10	10
Smile + look.....	20	20
Look.....	15	15
Look + fuss/cry.....	130	---
Look + vocalize + fuss/cry.....	130	---
Fuss/cry + smile +	80	---
Fuss/cry.....	125	---

Table 2

Descriptive Statistics for Study Variables

<u>Variable</u>	<u>N</u>	<u>Mean</u>	<u>Standard Deviation</u>	<u>Range</u>
Maternal Responsiveness (12 mo.)	90	.03	.03	-.04 - .21
Infant Persistence (12 mo.)	91	.34	.25	-.49 - 1.64
Noncompliance (18 mo.)	89	103.67	64.23	0 - 316
Noncompliance (24 mo.)	92	51.75	49.63	0 - 278
Global Aggression (18 mo.)	93	2.10	.80	1 - 4
Global Aggression (24 mo.)	94	2.16	.82	1 - 4
CBCL Internalizing (36 mo.)	81	49.12	8.31	29 - 76
CBCL Externalizing (36 mo.)	81	50.77	9.26	30 - 68

Table 3A
Correlates of Early Disruptive Child Behavior: Boys

	<u>18 Month</u>	<u>18 Month</u>	<u>24 Month</u>	<u>24 Month</u>	<u>36 Month Child</u>
	<u>Aggression</u>	<u>Noncompliance</u>	<u>Aggression</u>	<u>Noncompliance</u>	<u>Behavior Checklist</u>
<u>Sample Size Range</u>	(45-46)	(45-46)	(45-54)	(45-51)	(43-47)
Maternal Responsiveness	-.01	.04	-.32*	-.02	-.29*
(12 Months)					-.17
Infant Persistence (12 mo.)	.21x	.21x	.25*	.00	-.11
Noncompliance (18 mo.)	.	.	.35**	.01	.19
Noncompliance (24 mo.)	.	.	.	.	.20x
Global Aggression (18 mo.)	.	.	.22x	-.03	-.06
Global Aggression (24 mo.)	.	.	.	.	.34**
					.22x

x p<.10, * p<.05, ** p<.01

Table 3B continued

Correlates of Early Disruptive Child Behavior: Girls

<u>Sample Size Range</u>	<u>18 Month</u>	<u>18 Month</u>	<u>24 Month</u>	<u>24 Month</u>	<u>36 Month Child</u>
	<u>Aggression</u> (30-32)	<u>Noncompliance</u> (30-32)	<u>Aggression</u> (32-40)	<u>Noncompliance</u> (33-36)	<u>Behavior Checklist</u> (27-30)
Maternal Responsiveness (12 Months)	.14	.01	.04	-.05	-.05
Infant Persistence (12 mo.)	-.18	.01	.14	-.28x	.23
Noncompliance (18 mo.)	-	-	.09	.41**	.29x
Noncompliance (24 mo.)	-	-	-	-	.37*
Global Aggression (18 mo.)	-	-	.35*	.18	-.22
Global Aggression (24 mo.)	-	-	-	-	-.01

Externalizing Internalizing

x p<.10, * p<.05, ** p<.01

Table 4A

Prediction of Age 2 Aggression and Age 3 CBCL Externalizing

Behaviors: Hierarchical Multiple Regressions for Boys

Dependent Variable: Global Aggression at 24 Months

Overall F = 4.09, p < .02

<u>Independent Variable</u>	<u>Multiple R</u>	<u>R Square</u>	<u>R Square Change</u>	<u>F</u>	<u>Significance of F Change</u>
Infant Persistence (12 months)	.26	.07	.07	3.10	.08
Infant Noncompliance (18 months)	.38	.14	.07	3.57	.04
Maternal Responsiveness (12 months)	.48	.23	.09	4.09	.04

Table 4B

Prediction of Age 3 CBCL Externalizing

Behaviors: Hierarchical Multiple Regressions for Boys

Dependent Variable: CBCL Externalizing Problems at 36 Months

Overall F = 4.85, $p < .007$

<u>Independent Variable</u>	<u>Multiple R</u>	<u>R Square</u>	<u>R Square Change</u>	<u>F</u>	<u>Significance of F Change</u>
Global Aggression (24 months)	.44	.20	.20	8.88	.005
Maternal Responsiveness (12 months)	.48	.23	.03	5.26	.23
Global Aggression x Maternal Responsiveness Interaction	.55	.30	.07	4.85	.08