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**Predicting Youth Aggression during Inpatient
Psychiatric Treatment:
An Examination of the Developmental-
Ecological Framework**

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Developmental-ecological theory maintains that aggression results from both individual and contextual risk factors. This theory often has been tested in normative samples of youth, but seldom applied to understanding aggression in atypical, very high-risk youth. This is a significant gap in the aggression literature, as studies of atypical populations are critical for a fuller picture of both normal and abnormal development. One under-studied group is the population of youth admitted for inpatient psychiatric treatment. These youth are characterized by high rates of aggression and psychiatric disorder as well as multiple risk factors. Most research on aggression with these youth has been limited to simple demographic or diagnostic prediction of critical incidents (e.g., assaults) and largely has been atheoretical. Such exploratory approaches have limited utility for advancing theory on the development of aggression.

This paper reports on data from 484 adolescents (ages 10-17; 53% male; 56% ethnic minority) admitted to inpatient psychiatric treatment in a public facility. Data are prospective and multiple-source, and were collected from complete case files. Predictors describe individual and contextual risk. Outcomes indicate aggression in various forms observed through the full course of treatment. Analyses support the prediction of aggression by both individual and contextual risk factors. Controlling for length of stay, sex, and age, a history of aggression towards adults ($p < .02$) and substantiated parental neglect ($p < .01$) predicted involvement in any critical incident during treatment ($R^2=.33$). Using the same controls, histories of aggression towards peers ($p < .001$), animals ($p < .02$), and property ($p < .03$) and sexual aggression ($p < .02$), along with neglect ($p < .02$), predicted average engagement in sub-critical incidents of aggression during the first, middle, and last weeks of treatment ($R^2=.25$). Elaborated results and discussion will emphasize developmental-ecological theory in understanding aggression in this high-risk population.

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