

The At-risk Adolescent in the Orthodox Jewish Community: Implications and Interventions for Educators

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Preface

In recent years there has been an unfortunate increase in the number of adolescents from observant Jewish families who have been seriously disruptive, rebellious and defiant. This essay will summarize the current literature on the nature and scope of the problem, some hypothesized causes for such difficulties, as well as provide a summary of recommended interventions for educators..

Definition

Since the term “at-risk” adolescent has been widely used, this we will continue its use. However, it should be noted that there are a number of difficulties with this terminology; it is overly vague and has different meanings based on the setting, observer and context. Keeping that caveat in mind, the term, “at-risk” as it will be used in this paper, refers to a set of difficulties with parents and/or school that an adolescent may experience in complying with the rules of home, school and community. Using the common yardstick typically employed in the field of child mental health these difficulties will be defined as meeting the criteria for “at-risk” only when the adolescent crosses the threshold into behavior that causes significant distress in the adolescent or his/her family, and is also accompanied by significant levels of impairment in the adolescent’s functioning. Specific examples may include:

- A reduction or absence of religious observance relative to the accepted norm of observance expected by home and school
- Drug or alcohol use or abuse
- Defiance of parental rules that leads to significant parent-adolescent conflict
- School truancy

In light of the almost complete absence of empirically based information on the at-risk problem in the Orthodox Jewish population, this review will rely heavily on the general research literature regarding the etiology, prevention and treatment of serious behavioral

difficulties in adolescents. This literature generally falls into two categories: research on juvenile delinquents and studies of conduct disordered adolescents. The literature on juvenile delinquency typically defines delinquency either in legal terms based on records of arrests or adjudication or on adolescent self-report of illegal behavior (Mulvey, Arthur & Reppuci, 1993). Conduct disorder, which overlaps to a considerable degree with delinquency, is a psychiatric disorder which the mental health diagnostic system (DSM-IV, American Psychiatric Association, 1994) defines as including a wide array of aggressive and antisocial behaviors including "a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated." The assumption of this review is that although cultural differences between adolescents living in the secular world and those living as Orthodox Jews will lead to subtle differences in etiology, prevention, and intervention, the basic knowledge garnered from decades of research in the general population will help inform conclusions about Orthodox youth as well.

Scope of the Problem

The insular nature of the Orthodox community, as well as the sense of shame that typically accompanies this problem, makes it very difficult to get a handle on the true scope of the at-risk problem. In the most comprehensive survey of the incidence of at-risk behavior in the Orthodox community, the Metropolitan New York Coordinating Council on Jewish Poverty conducted a study of the scope of the problem in the Brooklyn Orthodox Jewish community. Their methodology was a survey of 25 Brooklyn based organizations that work with Orthodox youth, including schools, hot lines, and mental health professionals who work with adolescents in the community. Based on this approach, the researchers concluded that Brooklyn's 23,000-student yeshiva system includes approximately 1,500 at-risk 14-17 year-old youths. These adolescents were found to be engaging in "serious" at-risk behavior including theft, substance abuse, truancy, and running away from home. The study's authors acknowledge that limitations of their methodology would bias their results in a manner that significantly underestimated the

scope of the problem. They estimate that an additional 2,500 adolescents are engaged in similar behavior but have not been identified. It is important to note that while the conclusions of the study reflect a higher than expected incidence of at-risk adolescents in the Brooklyn Orthodox community, the estimates are noted by the survey's authors to be less than the incidence of similar difficulties reported in the general population of Brooklyn.

Clinical Presentation

Dr. James Garbarino, a noted expert on adolescent psychology, describes a study that he conducted a number of years ago (J. Garbarino, Personal communication, September 26, 2002). In an attempt to understand the different faces that adolescent rebellion might take in diverse cultures he interviewed adolescents in different parts of the world. In an Amish community, a group of adolescents described a rebel in their community as a boy who wore a pink handkerchief in his suit jacket. The most "extreme" case of rebellion they could think of was a teen from a neighboring Amish town who hitched a ride on a tractor. In contrast, a group of Lebanese adolescents he interviewed at the height of the civil war in Lebanon, said that the only way to rebel in their society was to open fire on members of their own clan. Garbarino concluded that while the content of adolescent rebelliousness differed drastically in different cultures and different parts of the world the process was essentially similar, i.e. a need of certain adolescents to push against whatever limits are set by their family and community.

Where in the Orthodox Jewish world is this "line" crossed into at-risk behavior? Nefesh, an international organization of Orthodox mental health professionals held three two day conferences to arrive at a consensus on how to define and approach the problem of at-risk adolescents (Blumenthal & Russell, 1999, Russel & Blumenthal, 2000 and Russel & Blumenthal, 2003). Each of these conferences was attended by approximately 70 invited "experts"- rabbis, educators, outreach workers, and psychotherapists who worked with this population in the United States, Canada, England and Israel. The conferences resulted in three editions of a manual that outlined the consensus of the

attendees regarding identification, prevention and intervention for the troubled adolescents and their families. Although subject to the obvious bias inherent in any definition of a problem arrived at by consensus, the following expert consensus definition emerged regarding the clinical presentation of the at-risk adolescent in the Orthodox community:

SOFT SIGNS: Generally in a Thirteen to Fourteen Year Old

Changes from typical behavior within his/her community group

- The music listened to is changed.
- Not learning well; showing great impatience with academics.
- Language is changing with greater usage of slang.

MEDIUM SIGNS: Generally in a Fifteen to Sixteen Year Old

- She/he will be in their second *yeshiva* by their sophomore year.
- Smoking cigarettes.
- Beginning to have family conflict.
- Symptoms of sexuality are out of the norm for his/her community.
- Change in clothing and hairstyles
- May not have used marijuana but knows the language of the drug culture.
- Consistently downs a few shots of whisky or beer at *kiddush*.

HARD SIGNS: Generally in a Sixteen to Nineteen Year Old

- Is a chronic truant or a dropout.
- He/She is no longer following any rules of the house; conflict with parents is routine; conflict spills over into relationships with siblings, and parents will worry about the effect on their other children.
- Attending parties without parental knowledge or permission, going to clubs or partying at friend's houses whose parents are on vacation and the house is empty for a few days.
- Spending an excessive amount of time out of the home.
- Use of marijuana and/or other drugs
- Stealing may be commonplace.

- Shabbat observance, *kashrut* and *tefillin* are, for the most part, dropped.

Etiology: Risk Factors

Perhaps the only agreement among those who work with this population about the cause of at-risk behavior in Orthodox adolescents is that such difficulties can rarely be attributed to a single source. Among the most prominent hypothesized causes is any persisting condition that makes an adolescent feel marginalized and not accepted by family, peers or society. It is logical that in such situations, the adolescent seeks a sense of solace and belonging by finding similar minded peers who pull the adolescent into deviant behavior. In recent years, organizations such as Priority One, a Long Island based organization that specializes in reaching out to at-risk Orthodox youth, has conducted weekend retreats for families and professionals struggling with this issue. A major component of the weekend is a panel made up of a group of adolescents and young adults who are either currently engaging in at-risk behavior or have overcome their difficulties to return to the mainstream. The focus of these sessions is a discussion of how they view the reasons for their rebelliousness. What is striking is that although there are a wide variety of reasons perceived by the adolescents for their rebellion, the common thread that consistently runs through their narratives are feelings of alienation and exclusion. Whether their inability to feel connected stems from a history of academic failure, abuse, intense conflict with parents or spiritual alienation, these youngsters were not able to find a connection with role-models who helped them feel a part of their family, school or peers. They consistently described finding such feelings of belonging only when among similarly alienated friends.

Biological and Genetic Factors

A growing body of evidence has documented that, particularly in situations where serious behavior problems have an early onset, biologically driven and/or genetic influences can play an important role in placing a child at-risk for significant behavioral difficulties in adolescence. For example, adoption studies have found that serious conduct

problems in children, particularly those that include aggressive behavior, have a strong genetic component that interact with environmental influences (Cadoret, Yates, Troughton, Woodworth & Stewart 1995).

Recent research has found that children who present with early onset behavioral difficulties often have subtle deficits in the frontal part of the brain (Davidson, Putnam, & Larson, 2000). The frontal lobes, the foremost region of the brain, have been found to be involved in key personality traits ranging from affect regulation to capacity for empathy and ability to self-monitor. In what is often termed “executive function deficits” such children suffer from an often subtle dysregulation in this part of the nervous system and typically present with the following behavioral difficulties, all of which involve functions served by the frontal regions of the brain:

- Difficulty shifting from one mind-set to another, inability to flexibly shift from one strategy to another in problem solving.
- Organizational deficits which may lead to difficulty: anticipating problems, formulating goals in response to problems, selection and evaluation of appropriate responses
- Deficits in working memory (e.g. child blurts out answer because otherwise will forget what he will say).
- Problems with goal-oriented planning, i.e. choosing the best goal from a range of possible choices.
- Difficulty self-monitoring; this refers to experiencing problems tuning in to the impact of one’s behavior on others or failure to check in with one’s self to insure that tasks and behavior are appropriately planned and thought out.

Of course, biology is not necessarily destiny. With proper support from family and school, such children can learn to overcome these executive functioning deficits, in spite of their dysregulated temperament. However, when parents and teachers are not able to effectively teach the child how to override this predisposition, he or she is at increased risk for becoming a member of the next generation of at-risk adolescents.

PSYCHIATRIC CO-MORBID DISORDERS

Attention Deficit Hyperactivity Disorder (ADHD)

Educators will recognize that the above described difficulties are often part of the constellation of symptoms seen in children with ADHD or other students presenting with seriously disruptive behavior. In fact, recent research using neuroimaging techniques, have found subtle frontal abnormalities in children diagnosed with ADHD (Castellanos et al., 1994; Tannock, 1998). The inattentiveness, low frustration tolerance and high activity level that are core ingredients of ADHD have been found to be highly correlated with increased risk for significant behavioral difficulties in adolescence (Vermeiren, 2003). It is estimated, based on epidemiological research, that a child with ADHD is 10 times more likely to be diagnosed with a conduct disorder (Angold, Costello & Erkanli, 1999). This connection is further documented in research finding that between 20% and 72% of incarcerated adolescents meet criteria for ADHD (Vermeiren, 2003). Richards (1996) hypothesizes that the higher estimates in this range are more accurate than the studies that find lower comorbidity. The low estimates are thought to be spurious because there were few sources of accurate data regarding the early histories of the inmates. In addition, , differential diagnosis is often difficult because of significant overlap between antisocial and ADHD symptoms.

When children present with a combination of ADHD and significant conduct problems, they need to be followed very carefully since the “double trouble” of ADHD plus behavioral disorders places them in a pool of children at particular risk for more pervasive and serious behavioral difficulties in adolescence (Loeber, Burke & Lahey, 2000). This high-risk group of children is also more likely to develop significant difficulties with anxiety, impaired self-concept and aggression (Kuhne, Schachar & Tannock, 1997).

In the only study of ADHD in at-risk Orthodox Jewish adolescents, Feldman (2004) compared 24 at-risk Orthodox adolescents to a comparison group of 25 adolescent Orthodox Jewish adolescent studying in yeshiva high schools in the same neighborhoods as the at-risk adolescents. The comparison adolescents were screened to insure that their

behavior was consistent with the expectations of the Orthodox community. The at-risk adolescents scored significantly higher than the comparison group on a standardized measure of ADHD. Feldman found that between 14 and 29% of the at-risk adolescents received scores that placed them above the 95th percentile on measures of ADHD.

Oppositional Defiant Disorder (ODD)

Oppositional defiant disorder is a psychiatric diagnosis, which as outlined in DSM-IV (American Psychiatric Association, 1994), is characterized by a pattern of frequent negativistic, hostile, and defiant difficulties that lasts for at least six months and causes significant impairment in the child's ability to function well at home, in school or with peers. This pattern of behaviors, is characterized by some or all of the following: frequent loss of temper, argumentativeness with adults, an active defiance or refusal to comply with adults' requests or rules, repeated attempts to deliberately annoy people, a tendency to blame others for his or her mistakes or misbehavior. Such children are also often described as touchy, resentful and easily annoyed by others. They may respond to anger at others by becoming spiteful or vindictive.

ODD is more likely to be predictive of risk for later severe conduct problems when characterized by high levels of severity and persistence (Cohen et al, 1993). In one study, for example, when children met criteria for ODD in their preschool years, almost 70% were presenting with more serious behavioral difficulties by age 9 (Campbell, 1991) . In addition to early onset and symptom severity, specific symptoms have been found to be of particular concern. For example, Loeber, Burke & Lahey (2000) report that when preadolescents present with frequent fighting, cruelty to peers, or running away, they are particularly likely to develop more severe conduct problems as adolescents. These researchers conclude that proactive as compared to reactive aggression is a particularly ominous predictor.

A model that has particular relevance for educators in identifying elementary school children who are at greatest risk for serious behavioral difficulties as adolescents has been described by Loeber et al (2000). These researchers marshal considerable

evidence from the literature supporting the finding that those children with ODD who also have ADHD are more likely to develop more serious behavioral difficulties as they grow older. When ODD presents without the accompanying inattentiveness, impulsivity or high activity levels of attention-deficit, there is lower risk for later serious behavioral problems.

Depression and Withdrawn Behavior

A number of studies have found a strong connection between delinquency and depression. Vermeiren's (2003) review of the co-morbidity of delinquency and depression reports that between 11% and 33% of delinquents have been diagnosed with a full blown depressive disorder. The wide range in estimates is likely a combination of differing methods of measuring depression (self-report questionnaires or structured interviews) as well as variation between studies regarding whether adolescent or parental reports are used. It is well known, for example, that parents tend to underestimate the level of depression in their child.

Up to an additional 50% have been found to have milder forms of depression. In a review of 16 epidemiological studies investigating the connection between severe behavioral difficulties and depression, Angold et al. (1999) conclude that children with conduct disorders are 6 times more likely to be diagnosed with depression. The depression-disruptive behavior connection is particularly strong in girls as compared to boys (Ulzen & Hamilton, 1998).

The depression-conduct disorder link is a particularly important one for educators to be aware of. Because of the often silent nature of child and adolescent depression, it is typically more difficult to identify depression in the classroom than disruptive behavior. The earlier depression is diagnosed and treated, the better the long-term prognosis. When a teacher refers such children for diagnosis and treatment the teacher can play an important role in preventing the depression from putting a child on a trajectory that can later lead to substance abuse and/or other kinds of serious behavioral difficulties. Another important practical implication for educators is that when depression is identified in an at-risk adolescent the risk for suicidal behavior is increased. Researchers have found that

both depression and disruptive behavior independently increase risk for suicidal ideation and attempts. When such a child self-medicates their depression by abusing drugs, there is a particularly lethal combination that can greatly increase the risk for self-destructive behavior (Brent, Perper & Moritz, 1993).

Shyness and behavioral inhibition tend to protect children from risk for later delinquent behavior (Kerr et al., 1997). A temperament characterized by fear of others and anxiety about new situations, understandably makes it less likely that an adolescent will be pulled into the novelty seeking behavior that typifies many adolescent delinquents. In contrast, Kerr and colleagues found in their longitudinal study, that children who are socially withdrawn and present in a manner that combines low levels of anxiety, a low need for approval from adults and a preference for being alone are at increased risk for developing significant behavioral problems as adolescents.

FAMILY FACTORS:

There are a number of factors that have been found to be associated with families that have an at-risk adolescent. Although, not exhaustive, the following variables have been found to be strongly associated with increased likelihood of disruptive behavior in adolescence:

- *Disciplinary Style:*

Researchers have consistently found that a parental discipline style characterized by high levels of emotionalism, criticism, lecturing or physical punishment, is associated with an increased chance that a child will be non-compliant and rebellious (Loeber & Hay, 1997).

Additional risk factors include parental inconsistency, particularly if accompanied by failure to adequately monitor one's child's activities outside of the home (Kilgore, Snyder & Lentz, 2000).

- *Attachment Problems between parent and child:*

When parental emotional difficulties get in the way of their ability to establish a secure attachment with their child the risk for later behavioral difficulties increase. For

example, when a parent is depressed during a child's early years, the child has increased risk for presenting later with aggression and disruptive behavior (Sharp, Hay & Pawlby, 1995). There are likely multiple determinants underlying the parental depression-child conduct problem connection. Since irritability is often a component of depression, depressed parents are more likely to respond to child misbehavior in an unproductive, emotional manner. Furthermore, the pessimism inherent in depression makes it more likely that there will be a focus on the negative in the child's behavior. Such children may come to think that they can't win since any efforts at improvement are squelched when their depressed parent fails to recognize these attempts.

- *Parental Powerlessness*

When financial problems or high levels of marital conflict deplete a parent's emotional resources, they are often not able to place appropriate limits on their child's behavior. Research has consistently shown a robust connection between such difficulties in parents and subsequent behavioral difficulties in their children (Pelcovitz & Kaplan, 1994).

- *Parental interest in child's performance in school*

Parents who take an active interest in a child's performance in school and are able to create a partnership with educators in maximizing the ability of their child to reach their academic potential are more likely to raise children who do not develop serious behavioral difficulties (Reid & Eddy, 1997).

- *Favoritism towards siblings*

Children, who feel that they are not loved and appreciated by their parents, particularly when they feel that a sibling is consistently favored, are more likely to develop behavioral difficulties. For example, Dunn found that older siblings who felt that their behavior was unfairly controlled as compared to younger siblings, whom they perceived as being treated more leniently, were more likely to engage in externalizing behavior (Dunn, Stocker & Plomin, 1990).

In his study of 24 at-risk Orthodox Jewish adolescents, Feldman (2004) found that the adolescents in the comparison group were more likely to describe their parents as using an

“authoritative” disciplinary style characterized by striking an ideal balance between appropriate limits and sufficient warmth and love. This finding suggests that the literature regarding the parenting difficulties in the parents of at-risk adolescents is applicable to the Orthodox Jewish family as well.

History of Abuse or Trauma

Research on abused children and adolescents consistently documents significantly increased risk for disruptive behavior disorders and substance abuse (Kaplan, Pelcovitz & Salzinger, 1998). Abuse victims have been found to develop behavioral difficulties at an earlier age and of a more severe nature than their non-abused delinquent counterparts (Henry & Moffitt, 1997). When history of trauma and abuse is investigated in groups of delinquent adolescents, alarmingly high prevalence rates of interpersonal trauma are evident. Approximately 60% of delinquent girls report having been victims of attempted or completed sexual assault and 27% of delinquent boys report witnessing violence in their families (Vermeiren, 2003). These traumatic events translate into approximately one third of delinquent adolescent boys and 65% of adolescent girls having a lifetime diagnosis of PTSD (Cauffman, Feldman, Waterman & Steiner, 1998). There are numerous causes hypothesized to be behind the trauma-behavioral disturbance connection. In addition to the impact of aggressive role-models, neurobiological changes that accompany exposure to chronic trauma such as abuse can lead to serious disruption in a victim’s affect regulation (van der Kolk, Pelcovitz & Roth, 1996).

Although there is only anecdotal research documenting the abuse-at-risk connection in the Orthodox Jewish community there is ample anecdotal evidence to support such a connection. The insular nature of the Jewish community, coupled with an accompanying reluctance to report abuse to secular authorities, may have led to an exacerbation of the abuse problem in a community that otherwise has numerous protective factors (e.g. community support, religious restrictions) against the possibility of child abuse (Pelcovitz, 1988). A presentation at an Orthodox Jewish conference on the at-risk problem (Nefesh-Ohel conference on Children in Crisis, 2000) included a symposium

with a number of presentations that anecdotally documented the high rate of undisclosed sexual abuse in at-risk Orthodox adolescents.

Children of Immigrants

It has long been noted that particular challenges face adolescents whose parents emigrated from other countries. The cultural chasm that often exists between parent and child heightens whatever feelings of parent-adolescent conflict might accompany adolescents whose parents are born in the same country. In Israel, the phenomenon of “kippot zerukot”- cast away yarmulkes, has been noted to be particularly prevalent in adolescent children of Orthodox parents who moved to Israel from other countries (Fisherman, 1998). Although not systematically studied, anecdotal evidence suggests that a driving force behind these adolescents’ feelings of alienation is a pervasive sense that they don’t belong in either world. They don’t feel accepted by their Israeli classmates who view them as “foreigners” and they don’t feel fully connected to the idealism that brought their parents to Israel.

In a study of Russian children of parents who left Russia to move to Israel, Slonim-Nevo and Sharaga (2000) found that the children of immigrants reported higher levels of emotional distress relative to their Israeli counterparts. It is of note that the researchers found that the longer these adolescents lived in Israel, the more their alcohol consumption increased relative to their peers who were children of Israeli parents. These studies clearly suggest that educators should pay attention to this population, who are particular risk for feeling isolated and marginalized, in a manner that makes them uniquely vulnerable.

Similarly, children of immigrants in the United States also face a number of issues that increase their risk for rebellion. Increased risk for educational problems and behavioral difficulties in school are particularly prevalent in children of various American Jewish immigrant groups. This phenomenon is related to a variety of influences that differ with the particular immigrant group. For example in the Bukharan community cultural values that emphasize financial success over educational success play a pivotal factor in

the educational adjustment of Bukharan adolescents attending day schools in the United State (Halberstadt and Nikolsky, 1996). An equally important contributor to increased risk for educational failure is language based difficulties that are often present to a greater degree in bilingual populations (Green & Bychkov, 1996).

The developmental demands of adolescence often clash with the reality of the lives of children of immigrants. Increased likelihood of adolescent-parent conflict has been noted in the literature on children of Jews immigrating to the United States from the former Soviet Union (Zicht, 1993, Halberstadt & Nikolsky, 1996) and children of Syrian Jewish immigrants (Zicht, 1996). Adolescence calls for disengagement from parents, increased attachment to peers and formation of a stable identity. These demands are typically accompanied by heightened levels of self-consciousness. Each of these components of adolescent development can be compromised by the pressures inherent in the immigrant experience. Fearing the negative influences of American society parents often respond with overprotective and/or authoritarian parenting styles. Both of these styles have been associated with increased risk for rebelliousness on the part of adolescents (Pelcovitz, Kaplan & Ellenberg, 2000).

Because of their greater proficiency in English, children of immigrants are often called on to be their parent's translators and advocates with the wider community. This role is often at odds with their need to separate from their parents and high levels of discomfort are often reported by adolescents who view their parents' "foreign" behavior as a source of embarrassment.

In summary, it is not surprising that children of immigrants are at heightened risk for significant educational and conduct problems as adolescents. A dangerous combination of too little time spent with the adolescent because of financial pressures necessitating long work hours and parenting styles shaped by high levels of stress and differing cultural values can be a potent recipe for producing alienated and rebellious adolescents.

Academic Achievement

In the last several decades, there have been a number of studies that have shown that poor school achievement increases risk for later serious behavioral difficulties (Farrington, 1987). In a study using a longitudinal design, Tremblay, Masse & Perron (1992) found that poor school achievement in first grade increased risk for disruptive behavior in elementary school and predicted a “delinquent personality” by age 14. Similarly, a number of researchers have documented reduced risk for delinquency in children from low-income families who attend preschool programs that improve their academic readiness (Schweinhart, 1987). Language difficulties have been singled out as having particular import in predicting later behavioral difficulties. A number of studies have documented the importance of early identification and remediation of verbal deficits as a core ingredient in the primary prevention of adolescent at-risk behavior (Henggeler, Schoenwald & Borduin, 1998).

Academic difficulties play a particularly crucial role in the genesis of behavioral difficulties in yeshiva students. The central importance the Orthodox community places on education, coupled with the greater demands of the curriculum and the lower tolerance towards children who don’t fit the mold, are among the forces that can fuel rebelliousness in the child who encounters failure in a yeshiva. In the only systematic evaluation of the association between academic difficulties and behavior problems in the Orthodox Jewish community, Goldberg (2004) investigated the association between reading problems and behavior problems in 77 fifth grade boys attending modern Orthodox elementary schools. Consistent with previous literature, Goldberg found a significant relationship between reading and externalizing behavior problems. Of particular interest was his finding that feelings of social exclusion played a mediating role in the relationship between Hebrew decoding and externalizing behavior problems. Given the central role that reading Hebrew plays in the academic success of yeshiva students, Goldberg’s finding suggests that core academic deficits may contribute to a child feeling set apart from peers in a manner that can fuel disruptive behavior. Further research is needed to expand on this finding, and to explore alternative hypotheses. For example, a high co-morbidity between reading

difficulties and ADHD suggests the possibility that the impulsivity, social difficulties and inattentiveness that accompany ADHD may be a pivotal factor that, together with the reading difficulties, increase risk for externalizing behaviors.

Peer Influences

Association with deviant peers is clearly associated with increased risk for problem behavior in adolescence (Patterson (1993). Researchers have found that when exposed to peers who also engage in rebellious behavior, children are more likely to engage in substance abuse, delinquency and aggression (Dishion, McCord & Pouling, 1999). In one of the most comprehensive and long-standing studies of the roots of delinquency ever undertaken, the Cambridge-Somerville Youth Study followed adolescents at-risk for delinquency who attended a summer camp that exposed them to other troubled adolescents. These youngsters were found to have suffered numerous negative effects over the next 30 years of their lives, including increased risk for incarceration, early termination from school, and ,ultimately, earlier death, than a comparison group that received no such exposure (Dishion et al. 1999).

In light of the central role played by deviant peers in promoting the development of delinquent behavior, it is not surprising that therapeutic intervention aimed at disengaging adolescents from associating with delinquent peers while simultaneously increasing their association with conventional well-behaved peers through such activities as organized athletic events or youth groups, has been found to significantly decrease problematic behavior (Huey et al, 2000). For example, in the most carefully documented treatment for delinquent adolescents, Multisystemic Therapy, therapists teach parents how to better monitor their child's activities and encourage parents to better familiarize themselves with their child's peers. Simultaneously, unpleasant consequences are established for continued association with deviant peers. When parents are successful in disentangling their child from these negative influences enduring improvement often follows.

Community Support

There is a clear connection between the quality of a neighborhood and a child's risk for serious behavioral difficulties. Children residing in neighborhoods having high levels of poverty or crime engage in delinquent and violent behavior at younger ages than children living in more advantaged or safer environments (Loeber & Hay, 1997).

Research has found that neighborhoods that have a strong sense of community are less likely to experience significant behavioral difficulties in their youth (Sampson, Raudenbush & Earls, 1997). The process by which tightly knit communities exert this type of positive influence includes such activities as adults monitoring the spontaneous public social gatherings of adolescents coupled with a willingness to intervene when they see truancy or adolescents engaging in wild behavior. In a survey of 343 neighborhoods in Chicago, Sampson found significantly lower levels of violence in communities populated by adults who felt a sense of collective responsibility for the young residents of their neighborhoods.

In light of the above, it is not surprising that experts who work with the at-risk problem of Orthodox youth have informally noted increased risk in neighborhoods that aren't cohesive. For example, relatively higher rates of serious adolescent behavioral difficulties have been noted in large communities where a child's absence from regular attendance at synagogue services is not noticed. In contrast, communities that are cohesive enough to take note of a child's absence from services, or where a child's acting out behavior is addressed by caring adults, may prevent small behavioral difficulties from degenerating into more serious rebellious behavior.

Female vs. Male At-Risk Behavior

Epidemiologic research has documented that, in the general population, there is a threefold higher prevalence of serious conduct problems in males as compared to females (Cloninger & Svrakic, 2000). In recent years, however, researchers have documented that this gap may be narrowing as the number of girls who exhibit significant levels of antisocial behavior has been noted to be on the rise (Molidor, 1996). In most areas of

mental health more severe impairment in functioning relative to boys is seen when girls override the inherent protection of their gender and cross the threshold into presenting with what is usually considered a male dominated disorder. Conduct disorder is no exception to this general rule. In a review of 20 carefully constructed studies of female delinquency and antisocial behavior, Pajer (1998) found that antisocial girls were at-risk for a variety of serious difficulties as adults, which portends a more serious outcome than their male counterparts. As adults, this research documents, antisocial girls emerge with a host of serious difficulties including poor marriages, job difficulties, significant problems functioning adequately as parents and generally high levels of psychiatric disturbance and attempts at suicide.

Anecdotal evidence suggests that the increased prevalence of conduct disorder seen in girls in the general population is mirrored in the Orthodox community as well. For example, in recognition of the growing problem seen among Orthodox girls the second Nefesh conference on the at risk problem in the Orthodox community made a better understanding of the assessment, intervention and prevention needs of at-risk girls their main focus (Russel & Blumenthal, 2000). More recently, the Caring Commission of the New York UJA Federation formed a special task force charged with addressing the problem of behaviorally at-risk girls in the Orthodox population.

There are a number of unique difficulties facing Orthodox girls who are at-risk. Anecdotal evidence presented by mental health specialists who work with this population suggests that girls are more likely than boys to begin their trajectory into serious behavioral difficulties by presenting with a variety of subtle behaviors that often elude early detection. Such early indicators of impending behavioral difficulties as eating disorders, depression and suicidal ideation, all more likely in females, are less likely to come to the attention of adults in their early stages than the more obvious acting out behavior which are the typical early indicators of risk for boys (Russel and Blumenthal, 2000).

Girls encounter even more serious difficulties when their problems have been identified and intervention is sought. For example, there are fewer alternative schools for

behaviorally disordered girls, making it more likely that if their behavior leads to their expulsion from a yeshiva high school, they will be further marginalized from the community by being forced to attend public schools. Another complication stems from the Orthodox community's differing attitudes towards sexual behavior in girls as compared to boys. A reputation for promiscuous behavior on the part of girls in the Orthodox community is likely to lead to more enduring consequences than is the case with boys. Once sexually active, girls can't regain their virginity. In contrast, boys who are sexually active are more easily rehabilitated, particularly if they return from a year of study in Israel with newly acquired zeal for a religious life style. All of these forces combine to make at-risk girls even more likely to be marginalized than their male counterparts. As noted earlier, such feelings of isolation and marginalization are at the core of the dynamic that can feed an escalating spiral of difficulty.

SCHOOL BASED INTERVENTIONS

Early Identification

Primary prevention of at-risk behavior in Orthodox adolescents has as its cornerstone the identification of children at greatest risk for later difficulties before such vulnerabilities blossom into more serious and intractable behaviors. The most effective prevention efforts would involve early identification and intervention by educators of difficulties that present in the following areas:

Individual Factors

As noted earlier, children with frontal deficits are at increased risk for later at-risk behaviors. Educators can play a key role in prevention by facilitating early identification and intervention for children diagnosed with the “double trouble” of ADHD and oppositional defiant disorder. As a practical matter, elementary school teachers who are struggling with what many consider their most challenging students- those who present with a combination of inattentiveness, impulsivity, and oppositional and defiant behavior,

should keep in mind that actively advocating for appropriate referral, assessment and intervention has more than the short-term benefits of improved classroom behavior. It is easier to teach skills such as improved compliance and self-regulation to a child than an adolescent, who is more likely to resist adult intervention.

The pivotal role that academic success plays in a child's long-term sense of self-worth and connection to the community makes early identification of areas of academic vulnerability another cornerstone of early intervention. Since children with reading problems and/or language difficulties are at particular risk for later behavioral problems, educators should be aware of the potential far-reaching consequences of a child living with a continuing sense of academic failure. Such difficulties can be subtle, and may not emerge until the increased demands of later grades. Educators should regularly reevaluate the match between their students' academic abilities and the demands placed on them by the curriculum.

Transitional periods can place vulnerable children at heightened risk for behavioral difficulties. Educators should be particularly tuned in to the possibility of emerging difficulties during critical periods such as when a child begins departmental studies, when they move to a new building (for example if the Junior high school is in a different building than the elementary school) during the bar/bat-mitzvah year and in the year that the student applies for admission to high school. Particular attention should be given to the vulnerable child during these transition periods to insure that they don't elude early detection of emerging behavioral difficulties.

Untreated depression is another common pathway to serious later behavioral difficulties in adolescence. While the glaring and overt nature of disruptive behaviors is easy for educators to identify, the often silent nature of depression is far easier to miss. Educators should keep in mind that depression may primarily present in the classroom as chronic irritability, negativity and sensitivity. Difficulty with attention is another symptom of depression that might present in the classroom as a lack of motivation rather than an indication that a child is experiencing a mood disturbance. In addition, a child who has difficulty enjoying himself or herself or is prone to focus on the negative may also be

manifesting subtle signs of a pervasive mood disorder. It is also important to keep in mind that underlying depression often co-occurs with disruptive behaviors.

Educators should also be aware of how depression might present during different developmental phases. A preschooler might present with a somber appearance, lack the bounce of non-depressed peers, make frequent negative self-statements, and show tearful and spontaneously irritable behavior far more frequently than their non-depressed peers. In school-aged children, depression might present with frequent irritability and a tendency to hate themselves and everything around them.

History of Past or Current Abuse

As noted earlier, many adolescents who present with at-risk behaviors in high school later disclose that their feelings of alienation, anger, and isolation have their roots in undisclosed abuse. Although far from comprehensive, the following behaviors have been noted by experts to trigger suspicions on the part of educators as to the possibility of abuse:

Sexual Abuse:

- Sexual behavior or knowledge which is unusual in a *yeshiva* setting.
- Child forces sexual acts on other children.
- Fear or avoidance of a specific place or person, such as sudden change in child's willingness to go to gym or swimming pool.
- Extreme fear of being touched; e.g. unwilling to submit to physical examination.
- Excessive guilt, self blame, sense of being damaged.
- Refusing to talk about "secret" he/she has with an older child or adult

Physical Abuse:

- Improbably explained bruises and welts

- Behavioral Indicators:

- Wary of adult contact

- Apprehensive when other children cry

- Extreme fear of others

- Afraid to go home, early to school or stays late (as if afraid to go home)
- Wears clothing that covers body when not appropriate

Physical Neglect:

- Consistent hunger,
- Inappropriate hygiene, dirty or unkempt, offensive body odor
- Inappropriately dressed for weather
- Consistent lack of supervision (especially in dangerous activities)
- Unattended physical problems; e.g untreated lice
- Behavioral Indicators:
 - Constant fatigue, exhausted
 - Begging or stealing food
 - Frequent school absence or tardiness

Family Factors

When the above described child vulnerabilities are coupled by a family environment that fails to help the child override their predispositions to disruptive behavior, educators should heighten their level of concern. Early intervention is at its' most effective when educators successfully enlist parents of their disruptive students into an effective school-parent partnership. Changes made in families of difficult young children can have a more pervasive and far-reaching impact than when change is attempted with parents of an adolescent who has already experienced many years of perceived frustration and failure with their child.

Parental disciplinary style

Risk is increased whenever parenting relies on a rule structure that is dominated by extremes that are either overly permissive or overly strict. Either extreme on the emotional connection continuum is also of concern. Thus, families that are both so enmeshed and overprotective that the child feels smothered or, at the other extreme, parents who seem emotionally cold and disconnected from their children. Additional concerns should be

raised when educators note a parenting style marked by inconsistency vacillating between neglect and high levels of emotionalism marked by yelling or excessive criticism.

High conflict divorce or severe marital conflict

Risk is particularly high in the early stages of a divorce, when parents often become so preoccupied with the emotional devastation that typically accompanies the first few years of a divorce that they have little energy left for their child. Exposure of a child to interparental physical violence or emotional abuse that accompanies marital fighting has been found to have a particularly strong association to child and adolescent behavioral difficulties.

Parental depression or other serious mental illness

As noted earlier such difficulties can seriously compromise a parent's ability to provide their child with the stability that provides the foundation for adequate behavioral control.

Ongoing family stress

Economic stress, particularly when other children in a class come from economically advantaged homes, can be a correlate of child behavioral difficulties. Similarly, other ongoing stressors in the family that can increase risk include frequent relocation, children who are first generation Americans, or families where members suffer from life-threatening medical conditions.

Environmental Factors: School and Community Climate

As noted earlier, a sense of living in a caring community where the child is valued and respected as a contributing member of their family, school and community is a crucial buffer against serious at-risk difficulties. Researchers have documented a number of variables that are associated with establishing a school climate that is conducive to reducing antisocial behavior (Hawkins & Lam, 1987). These include:

- A predictable, fair calmly administered and consistent set of rules.
- A curriculum that is perceived by students as relevant
- Teachers who make time for their students

- A strong and effective principal
- A perception on the part of the students that they have some input into the educational process.

Of course, the above “wish list”, once implemented, does not guarantee an absence of serious rebellious behavior on the part of students. However, schools that provide a safe, warm and nurturing environment are more likely to temper a student’s rebelliousness in a manner that can ultimately lead to a turn around in their feelings of alienation.

MENTORING

Perhaps the most common intervention promoted by the Orthodox community, targeting the at-risk problem, is the implementation of various types of mentoring programs. Mentors are often recruited naturally in the course of a typical adolescent’s life. In a study of 770 adolescents, Zimmerman, Bingenheimer & Notaro (2002) found that most of the teens in their study had naturally occurring mentors and that those who did were less likely to engage in delinquent behavior, used marijuana less frequently, and had more positive attitudes towards school. What are the ingredients identified by adolescents as being particularly helpful in such naturally occurring relationships? Beam, Chen & Greenberger (2002) interviewed 55 adolescents who were in a relationship with naturally occurring mentors in their communities. When asked what they found most helpful about such relationships, the teens reported that the opportunity to spend time with somebody who respected them and made them feel heard and supported was at the core of what they valued most about the relationship.

While naturally occurring mentors are a reality in the lives of many adolescents, those who need such support the most are often not able to find role-models in their day to day lives. In the last several decades major shifts in society have changed the nature of adolescent exposure to adult role models. There are increasingly high percentages of families which are either single parent households or in which both parents work outside of the home. In addition, there are increasing expectations that adolescents take part in after school extracurricular activities that are typically age segregated and have changed

the availability of role-models for adolescents.(Rhodes, 2002) .The research suggests that at-risk adolescents can benefit from structured mentoring experiences, provided that such relationships are provided by committed and well trained mentors. In a systematic review of 55 studies of the efficacy of mentoring programs Dubois, Holloway, & Valentine (2002) found that the benefits which such programs brought to at-risk youth were most likely to be beneficial when mentors had sufficient training and supervision and when protégés had developed enduring, and genuine relationships with their mentors.

The research on the core ingredients of successful mentoring suggests that the following characteristics are present in the most effective adolescent- mentor relationship:

1. Commitment to a long-term relationship:

In a landmark study of the crucial role played by length of time spent by mentors with their protégés, Grossman & Rhodes (2002) analyzed the outcome data from over 1,000 youngsters served by the Big Brothers/ Big Sisters program. They found that when mentors remained committed to their protégés for 12 months or more there were clearly beneficial effects including improved relationships with parents, lower levels of drug and alcohol use, improved self concepts, an enhanced sense of social acceptance and increased feelings of academic competence. In contrast, when mentors abandoned their protégés after a short period of time (3 months or less), the children suffered significant drops in their self-concepts and feelings of academic competence. Children in the premature termination group were found to actually have been harmed by the experience of mentoring and would have been better off had they not been assigned a mentor.

2. Training and supervision of mentors:

Sipes and Roeder (1999) surveyed the training practices of 700 mentoring programs. They found that more than half offered less than two hours of training. The strongest mentor-protégé relationships were reported in those who received at least six hours of training from their program. Ongoing supervision of mentors is also reported to be a key ingredient predicting success (Rhodes, 2002).

While there is a great deal of variability in the content of what is offered by various mentoring training programs, the most successful programs show a commitment

to training as a process rather than an event; i.e. mentors are provided ongoing training and supervision. For example Big Brothers/Big Sisters of New York City has a training center that offers a wide range of training opportunities for mentors as well as a mentoring supervisor certificate program and ongoing workshops (www.bbbsny.org/training/). Typical topics of training include sessions that teach basic communication skills with adolescents, activity planning with protégés, strategies for developing a positive alliance with parents, and approaches for helping children deal with instability in their lives (Rhodes, 2002).

3. Involvement in enjoyable activities:

A number of experts on mentoring have found that it is important that the mentor provide enjoyable social activities like going out to lunch, bowling or other enjoyable events with their protégé. Relationships and communication are most likely to thrive through indirect forces like shared fun than through direct efforts at establishing relationships (Rhodes, 2002, Sipe & Roeder, 1999).

In recent years, in recognition of the need to service at-risk adolescents in the Orthodox community, a number of mentoring programs have been established. Examples of site-based mentoring are the “Clubhouse” in London, a drop-in center where protégés are provided with opportunities for recreation as well as mentoring relationships that have a vocational education component, typically in jobs related to working with computers, a medium that many at-risk adolescents find inherently interesting. Another promising on-site program is Bridges, in Queens, New York. This program, which is unique, in that its focus is on elementary school age children, is an after-school homework center that provides students who fall in the risk categories described above with homework support from high school students who are trained to be mentors as well as tutors. School based mentoring programs such as TOVA, on the south shore of Long Island, provide well trained and supervised mentors who come to schools several times a week and meet with the child providing either tutoring or a break. These mentors often meet with the child off-site approximately once a week as well. The advantages of school based programs are both the convenience and the added benefit of the mentor being able to serve as an

advocate for the child to the school. While there are no systematic efforts, as yet, to measure the efficacy of these programs, word of mouth has provided strong anecdotal evidence of their efficacy. The research literature reviewed above, however, should serve to highlight the importance of investing in proper screening, training, and supervision of these mentors.

GUIDELINES FOR TEACHERS AND CONCLUSIONS

Once a child is already presenting as overtly rebellious it is important for educators to keep in mind that, since the key dynamic underlying such behavior is feeling alienated and set apart from the mainstream, teachers can play a pivotal role in helping a child or adolescent feel connected. Perhaps the most potent antidote to feeling angry and alienated is feeling appreciated and understood. When teachers make harsh or belittling remarks or treat a child in a manner that the child perceives, as unfair the downward spiral that the child is already caught up in can be accelerated. Conversely, a combination of time, support and understanding can go a long way towards bringing a rebellious adolescent on the path towards reconnecting to more productive and meaningful behavior. The following recommendations can be considered:

1. A rebellious child does best with a balance between love and limits. Research (Barkley, 1998) indicates that consequences that work best with disruptive children and adolescents are:

- Brief, unemotional, clear, consistent and not overly harsh.
- Stem logically from the misbehavior and make sense to the child.
- Viewed as being delivered in the context of a child feeling liked and appreciated, in spite of the punishment. When a teacher shows that he or she doesn't take the child's misbehavior personally and disapproves of the behavior and not the child, consequences tend to be far more effective.

A parent once pointed out to me that he always wondered why his child bristled at the slightest criticism from either parent but was able to take even the toughest and most demanding direction from the coach of his basketball team. It was explained to the parent that when a child knows that everybody is “on the same team” they will accept even the

most demanding set of rules willingly. They are most likely to rebel when they feel that their parent or teacher isn't on the same team.

2. A set of strategies that can be used to guide teachers in dealing with disruptive children in the classroom have been developed by Greene (2000) at the Harvard Medical School. These include:

- Develop a perspective that sees the child's behavior as coming more from the child's wiring rather than from willful misconduct. Most of these children have their behavioral difficulties either fueled by neurological factors (i.e. frontal deficits) or stressors at home that make it difficult for them to regulate their affect. While this does not mean that limits and consequences are not necessary it does mean that the teacher can respond calmly as he or she would to any misbehavior that is coming more from a child who "can't" rather than "won't" behave properly.
- Respond to child before he or she is at their worst
- Anticipate and modify situations which will likely trigger defiance by cueing in to specific factors which fuel explosiveness
- Use of distraction, logic, empathy may work if employed before meltdown
- Choose only worthy battlegrounds

- Address recurring patterns by identifying specific situations that routinely cause significant frustration

3. Whenever possible, address the spiritual. Rebellious adolescents often describe feeling alienated from spirituality, yet, at the same time, being thirsty for greater spiritual understanding and connection. An at-risk child who returned from a summer program that emphasized spirituality with growth through *musar* explained the reason for the dramatic improvement in his behavior after the summer. "Until now", he explained, "I never knew who God was. God was always about what I couldn't do. Don't' watch TV on *shabbos*, don't go to inappropriate movies. Nobody ever told me who God was until this summer. Now that I understand what God is about, Judaism makes more sense to me, and for the first time, I'm interested in what Judaism has to offer."

4. Schools need to build in a system for systematically tracking the progress of students who fall into the risk categories described above. The formation of Child Study Teams that include administrators, school mental health support staff and a teacher, who serves as a grade representative, can help facilitate an atmosphere that creates a safety net that makes it less likely that a child will fall through the cracks.

5. Promoting effective parent-school partnerships are an essential part of any program for addressing the needs of the at-risk child. Research has consistently shown that at-risk children do better when they perceive their parents as being actively involved in their education (Henggelar et al, 1998). Helping parents gain an appreciation of the importance of overtly supporting teachers, monitoring homework assignments and grades and supporting extracurricular school activities have all been found to develop the kind of prosocial behavior that can serve as an antidote to the influence of acting out peers. Educators can help promote this type of partnership by providing parents with regular feedback regarding their child's academic and behavioral progress and scheduling parent-teacher conferences in a manner that is flexible enough to accommodate parents' work schedules.

6. A commitment on the part of school administrators to ongoing training of teachers and parents regarding strategies for dealing with at-risk children can be valuable both for dealing with this population once problems emerge and for prevention of problems in students who have not yet developed such difficulties. Some yeshivot have implemented mandatory teacher and parent training focusing on how to deal constructively with defiant and disruptive behavior and on how to maximize the chances of creating a strong parent-school partnership. Such programs tend to be most effective when schools create in-service days for teachers that do not require the teachers to attend sessions on their own time. Content of teacher training should include classroom management strategies for defiant students as well as training on how to identify high risk situations, when to refer and how to talk to parents. A strategy that has proven effective for maximizing parent attendance at parent-training sessions, is scheduling programs as part of parent-teacher conference nights.

7. Expelling a child from a school should be considered only as an extreme step when all alternatives have been exhausted. Yeshivot that have a low threshold for expelling rebellious adolescents have unwittingly exacerbated the problem for the entire community by creating a growing group of such children on the streets, thereby fostering the kind of “deviancy training” that can contaminate more mainstream adolescents in the community (Dishion et al, 1999). Some alternatives to expulsion that have been successfully implemented in various communities include alternative schedules such as providing adolescents with a modified program that allows them to work for part of the day and attend school for part of the day. This allows these adolescents to remain part of their peer group and find success in non-academic areas of strength where they are more likely to achieve. Some schools have experimented with “exchange” programs where they “trade” a disruptive child in one school for a disruptive child in another school. When a child is given a totally fresh start in a new school, they often experience success that isn’t possible in an environment where they are perceived by teachers and peers as troubled. Finally, although many high schools frown on early graduation, when rebellious adolescents are allowed to graduate after their junior year, they often thrive. Success can come as a result of a number of factors including being given a fresh start in an environment where they aren’t viewed in a preconceived way, being given the opportunity to make more appropriate friends, and the benefits that are part of the greater academic flexibility present in post high school environments.

IN SUMMARY

A review of the literature on identifying and intervening with at-risk adolescents suggests that the Orthodox community has a number of significant strengths that can be harnessed to help this troubled population. The strong value placed by the community on family and community cohesiveness, coupled with a tradition that promotes concern for the welfare of children are powerful forces that likely account for the relatively lower prevalence of this problem in many Orthodox communities. On the other hand, unique stressors in the community such as the financial and emotional stresses that can

accompany raising large families and the strong stigma that the community places on academic weakness are two forces that can serve to amplify risk. Educators can play a pivotal role in combating this problem. Research has repeatedly confirmed that the core ingredient in predicting which at-risk children are resilient in the face of multiple risks is the ability to form a relationship with at least one person who cares. Teachers often play that crucial role in the lives of alienated adolescents. Repeatedly, experience has shown that a teacher reaching out to a troubled adolescent can begin a process that gradually helps that child recover from feelings of alienation, pain and anger. Such relationships, coupled with a commitment to early identification and intervention, and efforts at forging a strong parent-school partnership should ultimately reduce the growing problem of the at-risk adolescent.

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