

**Development of the Checklist for Assessing Antisocial Resilience in Ecological Systems
(CAARES): A Strengths-Based Assessment Tool for Antisocial Youth in Poverty**

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Abstract

Antisocial Personality Disorder (ASPD) is a severe mental disorder which is associated with criminality and societal harm. ASPD is defined by the violation of the rights of others, impulsivity and thrill seeking, criminality, and a lack of remorse. While ASPD is a psychological construct, it is associated with many societal factors, including poverty. Therefore, conceptualizing and treating ASPD and antisocial behavior from a combined psychological and sociological perspective proves useful from both an assessment and treatment standpoint. Despite the efforts of researchers and clinicians, treatment of ASPD remains challenging and inconsistent. Thus, early intervention may be the most effective way to prevent the harmful effects of ASPD. Many interventions have been developed which focus on preventing or reducing antisocial behavior in youth and typically aim to address risk factors faced by the individual. However, many strength factors that protect against the development of ASPD and antisocial behavior have also been identified. By overlooking the presence and potential of these strength factors, treatment options may be underutilized. The present review identifies key strength factors associated with the development of ASPD among youth in poverty, using Bronfenbrenner's Bioecological Model, which conceptualizes human development through increasingly larger ecological systems, as an organizing guide. The review contributed to the development of a novel strengths-based assessment tool, the Checklist for Assessing Antisocial Resilience in Ecological Systems (CAARES), the purpose of which is to inform the selection of evidence-based interventions for antisocial youth in poverty. The implementation and potential benefits of the CAARES is illustrated through a series of case vignettes. The CAARES can be used by clinicians to identify strengths at both psychological and societal levels, allowing ASPD and antisocial behavior to be conceptualized and treated through an interdisciplinary lens.

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Development of a Checklist for Assessing Antisocial Resilience in Ecological Systems (CAARES): A Strengths-Based Assessment Tool for Antisocial Youth in Poverty

Antisocial Personality Disorder (ASPD) is a mental health condition affecting between 0.2% and 3.3% of the population (DSM-5-TR, 2022). Due to the high psychological and societal burden associated with ASPD, finding ways to reduce its prevalence and impact is crucial (Moran, 1999). Research on the topics of risk and adversity has shown that children in low socioeconomic environments, including families and neighborhoods, are more likely to be at risk for behavioral problems including antisocial behavior (Herrenkohl et al., 2000). However, the issue is more complex than poverty directly predicting antisocial behavior. For example, many children who grow up in poor families and neighborhoods do not end up developing antisocial behaviors and it can be argued that one reason for this is that risk factors may be counteracted when strength factors are present. Children who overcome these kinds of risk are considered resilient according to Keyes (2004), who defines resilience as a risk factor that has been averted or unrealized. Using this definition, strength factors directly oppose risks. However, resilience and strength factors may not solely be the result of averted risk, but might also develop through other, alternative pathways, making the application of strength factors to antisocial behavior an important and complex area of study.

Despite the possibility of resilience, many children from at-risk environments begin showing antisocial behavior at a relatively young age and develop on a trajectory of escalation of these behaviors until adulthood. Thus, it is important that children who display antisocial behavior or who are at risk for such behavior receive early intervention (A. DeBrito & Hodgins, 2009). The goals of this project were to: 1. identify psychological and societal risk and strength factors associated with ASPD; 2. use these factors to assist in the development of a novel, strengths-

based assessment checklist for children experiencing poverty, the Checklist for Assessing Antisocial Resilience in Ecological Systems (CAARES); 3. illustrate how this theoretically driven assessment tool can inform clinicians in the selection and application of psychological interventions which promote resilience and reduce the likelihood of antisocial behavior. Development of this strength-based assessment tool may help improve the accessibility and implementation of current empirically based interventions, thereby potentially improving the effectiveness of these programs and reducing financial and organizational burdens associated with developing and rolling out novel social programs.

There are many interventions aimed at reducing antisocial behavior in children through promotion of strength and resilience factors which have been shown to be effective. Some of these interventions have either targeted poverty specifically or have been applied to low socioeconomic environments. Examples include Multisystemic Therapy (MST), Treatment Foster Care Oregon (TFCO), and Parent Management Training (PMT), which have seen success in urban and low SES environments (Calzada et al., 2005; Chamberlain & Reid, 1998; Forgatch & Patterson, 2010; Henggeler, 2012). Additionally, Parent Corps directly incorporates poverty and financial difficulty into its intervention framework (Brotman et al., 2011). However, due to the complexity associated with both poverty and antisocial behavior, these interventions each address different ages, levels of antisocial behavior, and areas of life (see Appendix, A). Thus, the challenge of this project was to incorporate and centralize various strength factors associated with antisocial behavior and poverty into a single assessment tool, thereby allowing clinicians to make better informed decisions regarding which specific interventions and therapeutic techniques will be most effective in reducing antisocial behavior for a given child. This is a unique approach, as while existing interventions for preventing ASPD and antisocial traits in

children have been implemented individually, each program targets different aspects of an individual's situation, such as individual behavior, parenting skills, or teacher-family interactions. By making an assessment tool, this project will allow for greater customization of care to help guide the selection of evidence-based interventions. Not only is completing an assessment tool a more affordable and accessible option than attempting different interventions before the right one is found, but it can also allow clinicians to intentionally incorporate affordability, child and family strengths, and community resources into determining what intervention is right for any given client.

To address the challenge of incorporating societal and psychological strength factors into a psychological assessment tool, it is necessary to use a framework which describes the relationships between an individual's experiences at the psychological level and their surrounding environment at the societal level. One helpful model of the interactions between the individual and society comes from Urie Bronfenbrenner's Bioecological Model (Bronfenbrenner & Morris, 2007). The Bioecological Model explains human development through the influence of a series of ever broader systems which interact with one another and the individual (see Appendix B).

The Bioecological Model has the strength of unifying individual experiences with larger scale community and societal elements, setting it apart as a uniquely useful theory for addressing both societal and psychological issues. The Bioecological Model has not only been examined in the development of antisocial behavior but in interventions for reducing antisocial behavior as well (Borduin, 1999; Chamberlain et al., 1996; Morales et al., 2019). However, research into how ecological systems contribute to antisocial behavior is still limited as the interdependent effects of each ecological system are often overlooked. Research that incorporates the

Bioecological Model tends to focus on each system by itself, while other conceptualizations of antisocial behavior overlook the role of ecological systems altogether, opting for entirely personal or societal explanations. (Catalano & Hawkins, 1996; Morales et al., 2019; Shaw & Bell, 1993). Therefore, while preventative measures have made progress towards addressing antisocial behavior at an individual and societal level, they often fall short of reaching the specificity and accessibility needed for targeting at-risk youth displaying antisocial behaviors in low socioeconomic environments. In order to develop an assessment tool that effectively identifies and categorizes strength factors at each ecological level ranging from individual to societal components, and subsequently apply these factors to relevant, evidence-based interventions, it is necessary to conceptualize ASPD from both a psychological and sociological perspective. While research within each individual domain of psychology and sociology helps researchers and clinicians understand and address ASPD, the disorder stands out as uniquely complex in terms of both causes and treatments. Therefore, identifying ways in which ASPD can be examined through the lenses of both psychology and sociology simultaneously may eventually offer insights regarding future diagnostics, treatments, and policies. To accomplish this, a relevant model which outlines the inherent connections between the individual and society is needed.

This paper will, first, apply the Bioecological Model to a review of the psychological and sociological perspectives, strength factors, and existing interventions for ASPD. Building an understanding of the most important strength factors relating to ASPD in poverty, as well as how current interventions incorporate these strength factors, was then used to create a novel assessment tool, the Checklist for Assessing Antisocial Resilience in Ecological Systems (CAARES). The CAARES will allow clinicians to identify strength factors present in an

individual's ecological system and inform the selection of evidence-based interventions. Finally, the implementation and potential benefits of the CAARES are illustrated through a series of fictional case vignettes.

Literature Review

Antisocial Personality Disorder

The conceptualization of ASPD differs significantly between psychology and sociology. The first and most important of these differences is that the existence of a personality disorder characterized by antisocial behavior is a purely psychological construct and is specifically defined within the Diagnostic and Statistical Manual of Mental Disorders (DSM 5-TR, 2022). While other fields of research, including sociology, refer to ASPD, they more often describe the traits and behaviors associated with the disorder, including antisocial behavior and delinquency, preferring to avoid classification of such behaviors with a diagnostic label. Because of the fundamental difference in how ASPD and antisocial behavior are viewed between fields, sociologists and psychologists have unique perspectives and research goals on the topic. While psychologists are focused on studying the behavior and traits of individuals who fit within the framework of ASPD, sociologists instead aim to examine the social basis of antisocial behavior, as well as the ways in which larger social trends lead to behavior which may be classified as such.

The Psychological Perspective of ASPD

Antisocial Personality Disorder is a cluster B personality disorder defined by the disregard for and violation of the rights of others (DSM 5-TR, 2022). Individuals with ASPD often display impulsivity, deceitfulness, irresponsibility, and aggressiveness, among other traits (DSM-5 TR,

2022). Although ASPD affects only a small fraction of the population, it has devastating effects on the quality of life of those with the disorder as well as having significant negative impacts on society. Though figures vary by study, population, and country, research consistently shows that individuals with ASPD comprise a significant portion of the prison population and approximately half of those with an ASPD diagnosis are convicted of a criminal offense during their lifetime (A. DeBrito & Hodgins, 2009; Black et al., 2010; Coid, 2003; Moran, 1999). While the exact economic cost of crime in the United States is unknown, estimates show that crime, including both violent and non-violent crime, incurs over one trillion dollars a year nationwide (O'Neill Hayes, 2020; Miller et al., 2021). Due to the significant representation of ASPD in all forms of criminality, it is clear that reducing both the economic and societal burden of crime, as well as the human toll of this condition, relies in some part on treatment and prevention of this disorder.

Despite the devastating consequences of ASPD, there are many challenges and barriers to treatment. While research shows that ASPD is a reliable diagnosis (A. De Brito & Hodgins, 2009; Coid, 2003), it is also highly heterogeneous. For example, while psychopathy is a distinct construct from ASPD, being defined by the presence of callous, unemotional traits, lack of empathy, and an inflated sense of self (A. Debrito & Hodgins, 2009), there is still significant overlap between the two, with as many as a third of those diagnosed with ASPD also meeting the criteria for clinical psychopathy (Griem et al., 2022). This relationship is also acknowledged by the DSM-5, where a subtype of ASPD with psychopathic features has been specified. The combination of ASPD and psychopathy is associated with earlier criminality, a greater range of criminality, and increased violence compared to ASPD alone (Griem et al., 2022; Kosson et al., 2006). With the added consideration of other comorbid disorders, including additional

personality disorders, psychotic disorders, mood disorders, substance use disorders, and attention deficit hyperactivity disorder (ADHD), many of which are seen in higher rates in those with ASPD, treatment is complex and will never be a one-size-fits-all approach (Black et al., 2010; Huchzermeier et al., 2007). This complexity is reflected in attempts to develop effective treatment methods for the disorder. In Gibbon et al.'s (2020) review of research into interventions for adults with ASPD, few interventions (examples include cognitive behavioral therapy, dialectical behavioral therapy, and schema therapy, among others), were found to have a positive effect on outcomes of aggression, reconviction, global state/functioning, and social functioning. Lack of evidence-based interventions, difficulties in establishing therapeutic relationships with those with ASPD, and the heterogeneity of ASPD has led to a poor treatment outlook and although research continues, little progress has been made for decades (Flaaten et al., 2024; National Institute for Health and Care Excellence [NICE], 2010).

Because of the current struggles in developing treatments for ASPD, it may be more prudent to focus on prevention. In order to develop an effective preventative protocol for ASPD, its course and development must be understood as it differs from many other disorders and has a distinct chronological element. One crucial caveat is that ASPD cannot be diagnosed until age 18, and in order to meet diagnostic criteria, individuals must display consistent antisocial behaviors prior to age 15 (DSM-5 TR, 2022). Preceding a diagnosis of ASPD, individuals typically receive a diagnosis of Conduct Disorder (CD) (DSM-5 TR, 2022) in childhood or adolescence. Defined by repetitive and persistent behavior that violates the rights of others or breaks age-appropriate rules and norms, CD shows similarities to ASPD, including aggression and deceitfulness (DSM-5 TR, 2022). Clinicians can also specify whether the core symptoms of CD are accompanied by a lack of remorse and callousness, both of which are associated with the

development of psychopathy and thus have more severe outcomes (DSM-5 TR, 2022; A. Debrito & Hodgins, 2009). Another associated childhood disorder is Oppositional Defiant Disorder (ODD), defined by anger and irritability, argumentative and defiant behavior, and vindictiveness (DSM-5 TR, 2022). While ODD has less severe symptomology and outcomes compared to CD, often being associated with later mood and anxiety disorders as opposed to ASPD, the two are highly comorbid, and there may even be a developmental progression from ODD to CD (Rowe et al., 2010), and eventually to ASPD (DSM-5 TR, 2022). The prevalence of CD and ODD are slightly higher than that of ASPD, with CD affecting between 2% and 10% of the population and ODD affecting between 1% and 11% of the population (DSM-5 TR, 2022). These data suggest that while CD and ODD are related to ASPD, they are still distinct constructs, and only a portion of children with these disruptive/impulse control disorders will go on to have persistent, worsening symptoms as they age. While CD and ODD face similar treatment challenges to ASPD (Hauschild et al., 2022), the fact that they do not always end up with a diagnosis of ASPD suggests that early identification and preventative intervention could address conduct disorder, as well as general antisocial behaviors, before late adolescence.

Due to the importance of age and developmental status in the diagnosis and treatment of ASPD, CD, and ODD, the issue of prevention can be seen in terms of promoting healthy childhood development through individual and sociocultural channels. Despite this, it is still important to consider other elements in the development of ASPD. The biological and genetic bases of ASPD have been well-researched. Differences in gray matter concentrations and brain activity have been observed in parts of the brain responsible for emotional processing and regulation and executive functioning within individuals with ASPD (Aoki et al., 2014; Reyes & Amador, 2009). Additionally, studies have found that genetic influences account for

approximately one third to one half of the variance within ASPD, and certain candidate genes, such as those encoding for monoamine oxidase, are correlated with ASPD and criminality (Tuvblad & Beaver, 2013). However, no causal influence of genetics on the development of ASPD has been found and, in-line with the majority of psychological traits and mental health conditions, ASPD is highly polygenic, meaning no single gene or small group of genes fully explain its genetic origin (Junewicz & Bates Billick, 2021; O'Connor et al., 2019). While there may be certain unavoidable biological and genetic contributors to ASPD, there is still a significant portion of variance that can be explained by environmental and developmental factors. Additionally, even medical conditions known to be caused by genetic factors can be prevented and treated through environmental interventions. For example, the medical condition, phenylketonuria, is caused by a single gene mutation that prevents the development of enzymes necessary for breaking down certain amino acids. Dietary restrictions limiting foods that contain these amino acids will prevent serious health problems (Jameson & Remington, 2020). Therefore, promoting positive environmental factors may help to compensate for high-risk biological and genetic predispositions related to ASPD.

The Sociological Perspective of ASPD

Sociologists have often taken a different approach from psychologists when considering ASPD. Rather than working to develop specific frameworks that define, identify, and treat ASPD, many sociologists have instead challenged the construct of ASPD, arguing that the diagnosis itself may be the result of the medicalization of crime and deviance, social biases, and the continuation of inaccurate historical conceptions. To support the notion that ASPD is socially constructed, some researchers suggest that ASPD is overrepresented within criminal justice populations, acting more as a diagnosis of criminal behavior than one of a disordered personality

(Jones, 2023; Schnittker et al., 2020). Schnittker et al. (2020), for example, find that the elimination of a single symptom listed in the DSM, failure to conform to social norms, leads to a fifty percent reduction in the prevalence of ASPD among incarcerated individuals. The drastic reduction in ASPD diagnoses following the elimination of failure to conform to social norms indicates that ASPD pathologizes deviance, which may allow it to act as a mechanism of control over deviant groups and individuals (Jones, 2023). Along these same lines, Münch, Walter, and Müller (2020) argue that because ASPD essentially diagnoses criminality, and because many of those with ASPD do not experience distress due to the disorder, ASPD should not be a diagnosable condition. However, while these critiques of the diagnosis have merit, it can also be argued that the effects of antisocial behavior on the individual and society, including crime, are indisputable. As previously mentioned, crime places a large financial burden on society, costing the United States over one trillion dollars each year (O'Neill Hayes, 2020; Miller et al., 2021). Additionally, over twenty-four thousand homicides were committed in 2022, and combined with other non-lethal attacks, crime has a significant human toll as well (Centers for Disease Control and Prevention, 2024). While not all crime can simply be explained as the result of antisocial behavior, the relationship between antisocial behavior and crime is still strong, and whether individuals are given a diagnosis of ASPD or not, efforts to reduce the societal burden of antisocial behavior are still critical.

While sociologists have been critical of ASPD and typical perceptions of individuals who display antisocial traits, the field has produced many important theories of crime, deviance, and antisocial behavior. Strain Theory, proposed by Robert Merton in 1938, argues that social pressures such as income inequality and unequal access to social institutions such as schools and healthcare leads individuals to commit crimes in an attempt to make up for the inconsistencies

between social norms such as financial stability and their own situations (Merton, 1938). On a more individual level, Gottfredson and Hirschi's (1990) self-control theory posits the idea that because crime is rewarding and offers instant gratification (obtaining money or drugs, satisfying emotional urges, etc.), there is intrinsic motivation to commit crimes and deviant acts. However, due to the long-term consequences of crime and deviance, most people do not see these immediate rewards as worth it. It is only those who are impulsive, insensitive, risk-taking, and short-sighted who engage in criminality for its short-term benefits. Additionally, those with low self-control are more likely to engage in other antisocial behaviors such as heavy drinking, drug use, gambling, and illicit sex. The similarities in behavior and personality traits between the type of impulsive criminal with low self-control proposed by Hirschi and Gottfredson and the diagnostic criteria for ASPD are strikingly similar.

Yet another sociological theory of crime is the age-graded theory of informal social control (Sampson & Laub, 1993). The age-graded theory is a life-course theory of crime and uses trajectories, which are consistencies in behavior, and transitions, which are turning points that lead to behavioral changes. Sampson and Laub (1993) argue that the strength of an individual's bond to society, formed through informal social controls in places like family, school, peer groups, and places of employment, determines their level of antisocial behavior. Lack of social bonds in childhood typically lead to antisocial behaviors throughout the life-course, but transitions can increase social bonds even in adulthood. This theory aligns with research indicating that delinquent peer groups propel individuals into increasing levels of antisocial behavior throughout childhood and adolescence (Elliot and Menard, 1996; Gifford-Smith et al., 2005).

ASPD and antisocial behavior are subject to disagreement within and between psychology and sociology. While psychologists have identified certain key criteria for defining ASPD, CD, and ODD, the research still indicates that the disorders are highly heterogeneous and difficult to treat. Additionally, ASPD has come under scrutiny due to its focus on describing behavioral traits and pathologizing deviant and criminal behavior. Though sociologists have attempted to explain antisocial behavior, there has been little consensus as to which theories better explain the causes and characteristics of the construct. Despite their differences, the connection between psychological and sociological perspectives of ASPD and antisocial behavior is still apparent. Both psychological and sociological theories identify similar personality characteristics and outcomes in individuals with significant antisocial traits, and there is a repeating focus on elements such as family and community and the individual's relationship with them. Therefore, using the right framework, sociological and psychological views of ASPD can be reconciled. To do so, the Bioecological Model, which takes a wholistic view of development from the personal to the societal level, can be used to extract the links between the individual's thoughts, actions, interpersonal relationships, and behaviors with society's constraints, norms, and expectations.

The Bioecological Model

The Bioecological Model (Bronfenbrenner & Morris, 2007) was introduced as a framework for researchers to analyze children's interactions with their environment on multiple levels. The Bioecological Model focuses on the processes and relationships between the developing individual and various aspects of their environment. The model hinges on the bidirectional interactions between environmental systems over time and the way they both impact and are influenced by the developing individual. The Bioecological Model also incorporates biology into the explanation of the individual and their interactions with ecological systems. While it does not

focus on distinct biological factors such as physical development or genetics, it does operate under the assumption that certain behaviors, developmental constraints, and developmental phases are the result of underlying biological processes. Overall, the model is operationalized by the concept of Process–Person–Context–Time (PPCT). “Process” refers to the bidirectional interactions between systems, or how different systems exert their influence on one another, including how the individual influences and is influenced by ecological systems. “Person” refers to the individual, including all of their physical, cognitive, and social characteristics. “Context” explains the distinct ecological systems that guide development. Various processes are contextualized by the specific ecological systems they occur within and between. Finally, “Time” further contextualizes various processes in many ways, including moment-by-moment occurrences, chronic experiences or proximal processes between ecological systems, and the shifting effects of culture and large-scale processes over time outlined by the chronosystem. By incorporating social, cognitive, and biological elements into one dynamic system that changes over time, the Bioecological Model provides a detailed and wholistic approach to conceptualizing development from both an individual and societal perspective (Bates et al., 2023; Olofson, 2017; Tong & An, 2024).

The model describes several systems in which the developing person is embedded. The individual, including their perspectives, actions, and psychological characteristics, lies at the center of the model. The individual directly interacts with several other agents, including family members, friends, peers, and teachers. These agents comprise the microsystem, which accounts for the most direct influence on development. The next system, called the mesosystem, acts as a mediator between microsystems. The relationships between a child’s parents and teachers are an example of the mesosystem and its impacts. Beyond the mesosystem are the exosystem and

macrosystem. The exosystem is composed of environments that are relevant to an individual but that he or she has little or no direct contact with. This may include the developing person's parent's workplace, their school's board of directors, or the local government. The mesosystem also acts as an intermediary between the microsystem and exosystem. The next level, the macrosystem, is formed by broad cultural values, beliefs, expectations, and laws. These broad concepts contextualize the other systems. Finally, Bronfenbrenner also includes the chronosystem, which clarifies the impact of time on the entire ecosystem. For example, certain sociohistorical circumstances such as wars or economic collapse will impact society and the individual.

The effectiveness of the bioecological model at conceptualizing development is reflected in its prevalence within the research literature. Because the model applies to all domains of development, it has been used in a variety of contexts, including education, family relationships and socioeconomic classes, and has been applied to multicultural and multiethnic populations (Tong & An, 2024; Tudge et al., 2009). The Bioecological Model is also used by social centers such as the Center for Child & Family Well-Being at the University of Washington as a framework for guiding evidence-based programs aimed at increasing mental health and resilience in children, as well as supporting children and families experiencing poverty and other adverse situations (University of Washington, n.d.). Recently, the Bioecological Model has been applied to the development of antisocial behavior. Morales et al. (2019) conducted a review examining the model as a framework for how various environmental and personal factors, including alcohol use, peer relationships, academic achievement, family relationships, and more, lead to antisocial behavior and juvenile delinquency.

A study by Anthony (2008) also supports the application of the Bioecological Model to antisocial behavior. Anthony (2008) performed a cluster analysis evaluating risk and protective factors for early adolescents living in low-income urban public housing developments. Risk and protection were operationalized in two ways. There were five levels at which factors were assessed, including individual, interpersonal, family, microsystem and the neighborhood, and school. At each level, specific risk and protective factors were selected. For example, at the individual level, risk factors included favorable attitudes toward drug use and antisocial behavior while protective factors included high self-esteem. A second consideration for strengths was the absence of risk factors, meaning an individual's overall profile was positively impacted if risk factors were low or non-existent at each level. Based on these factors, researchers placed adolescents into clusters of varying levels and qualities of risk and protection. These clusters were then compared with outcomes such as drug use, delinquency, and academic test scores. Comparisons showed that participants in the lower risk clusters, meaning those who scored lower on risk factors and higher on protective factors, exhibited overall lower levels of drug use and delinquent behaviors, and higher test scores. The use of clusters led to unique insight into how factors in different ecological systems can interact with one another. Certain factors stood out as highly influential to the overall risk and protection profiles of participants. In descending order, the five most important factors that differentiated between clusters were peer problems, social support, coping skills, school commitment, and poor supervision. Thus, the lowest risk cluster, cluster one, included participants who had low amounts of peer problems, high social support, coping skills, and school commitment, and good parental supervision, while the highest risk cluster, cluster four, showed the reverse trend. The two other clusters had more complex patterns of risk and protection. Cluster two showed a trend of high risk at the family and individual

levels, including poor coping skills, poor discipline and supervision, and favorable attitudes toward drug use. This cluster reported the highest level of drug use. Cluster three comprised a mixture of risk and protective factors, where poor self-esteem and neighborhood risk were especially prevalent but coping skills and social support were higher. Participants in this cluster had relatively low levels of delinquency and high academic performance compared to clusters two and four. The specific within-cluster relationships between risk, protection, and behavioral outcomes exemplifies the complex effects of various factors at each ecological level. While clusters one and four revealed simple trends wherein low risk and high protection across all levels lead to more positive outcomes and vice versa, clusters two and three showcase how important a small set of factors at one or two ecological levels can be. While those in cluster two didn't have as high a risk overall as those in cluster four, the severity of family-based risk factors and favorable attitudes towards drugs seem to have led to almost the same degree of poor outcomes. Conversely, those in cluster three had the lowest levels of self-esteem and neighborhood cohesion, but their high coping skills and social support were very protective. Therefore, the relationship between risk and protective factors and ecological systems is complex, and even in the presence of significant risk factors, the right protective factors can lead to positive outcomes.

To apply the Bioecological Model to help create a novel assessment and intervention placement tool for antisocial behavior, this project aimed to identify key strength factors that are relevant to resilience in the development of ASPD and considered how each of these factors related to the distinct systems of the model. The following section is a review of the most relevant strength factors that both relate to ASPD and comprise multiple levels of the Bioecological Model, including the microsystem, mesosystem, and exosystem. By incorporating

all three of these systems, as well as the perspective of the individual, a new assessment tool aims to more fully encapsulate both societal and psychological elements of the development of ASPD and treatment of antisocial behavior holistically.

Strength Factors Related to Resiliency and ASPD

While Bronfenbrenner's Bioecological Model identifies systems ranging in size from the individual all the way to the entirety of society across time, this intervention will be limited to the first four ecological systems: the individual, the microsystem, the mesosystem, and the exosystem. The macrosystem involves the beliefs and attitudes of an entire culture, a level that is too complex to be addressed by existing interventions for antisocial youth and alterations of which would require costly interventions and policy changes, making it particularly inaccessible to those experiencing poverty. Thus, while the macrosystem can be influenced through policy and organizational changes, it is beyond the scope of the assessment tool developed for this project. The chronosystem is also too difficult to address in an individual assessment tool. This ecological system explains large-scale shifts in culture and society through time, meaning any changes to the chronosystem are the result of long-term, highly complex interactions within society. It must also be noted that poverty, and the sociocultural elements associated with it, are a part of the macrosystem. Therefore, while the assessment tool, the Checklist for Assessing Antisocial Resilience in Ecological Systems (CAARES), developed for this project is directed towards those experiencing poverty, it is not designed to prevent or explain poverty. Rather, the assessment aims to identify strength factors that will allow children to resist the otherwise deleterious effects that poverty often exerts. The development of a new assessment tool is therefore focused on strength factors which fall under any combination of the individual, microsystem, mesosystem, and exosystem.

The definition and criteria of strength factors vary from study to study. For example, the aforementioned definition of a strength factor made by Keyes (2004) as a risk factor that has been averted or unrealized has been adopted or mirrored by other studies (Anthony, 2008; Forrest-Bank et al., 2014). This conceptualization of a strength factor was originally described by Rutter (1985) and refers to traits or environmental characteristics that specifically counteract the negative effects of risk, indicating an interactive relationship between risk, protection, and outcome. In the context of antisocial behavior, examples include self-esteem and coping skills, which can counter the effects of risk factors such as family conflict or antisocial peer influence. In their simplest form, certain strength factors can also function as the opposite of risk factors, such as high neighborhood cohesion being a strength versus low neighborhood cohesion. Researchers have further argued for a third definition of strength or protective factors which describes characteristics that are protective regardless of whether any risk factors are present (Fergusson & Horwood, 2003). These generalized protective factors have been dubbed *promotive factors* as, regardless of the situation or environment, they promote positive outcomes (Frey & Walker, 2022). Examples of promotive factors include intelligence and social skills. Because the delineation between what is promotive vs. protective, and in what ways a protective factor exerts its influence is somewhat subjective, factors that were ultimately selected for the CAARES were primarily based on what was best supported in the research. Under these criteria, the majority of the selected strength factors aligned with the Rutter (1985) and Keyes (2004) conceptualization. However, certain factors such as conflict-free interactions and prosocial behavior with peers are generally promotive as they fall under the category of social skills and are helpful regardless of context. Furthermore, a factor such as prosocial behavior is also a direct counter to many other risk factors for antisocial behavior as prosocial behavior is inherently the

opposite of antisocial behavior, meaning that for a child at risk of developing ASPD, exhibiting prosocial behavior to any extent is a strength.

In the literature, many strength factors that protect against antisocial behavior have been identified. However, those relating to family, school, and community appear to be the most impactful in both research on the antisocial population as well as interventions for antisocial behavior (Gubbels et al., 2024). There are also key strength and protective factors at the individual level. In line with the emphasis on Bronfenbrenner's Bioecological Model, each of these factors will be examined according to their relationship with each ecological system. This will provide insight into how the strengths of a particular factor can be identified through the CAARES and applied to a relevant intervention.

The Individual

Individual Strength Factors. The individual is at the center of all ecological systems. While the individual is not a system by themselves, they have a bidirectional relationship with all other systems in the Bioecological Model and should therefore be considered first. A variety of individual protective factors related to antisocial behavior and development have been identified. Among these are self-esteem, coping skills, and school-based individual factors. Research has identified academic factors such as academic commitment, expectations and outcomes, and self-esteem to be protective against antisocial behavior. Elliot and Menard (1996) found that school self-esteem had the largest protective effect among school-based factors. General self-esteem is also an important strength factor and has been identified as protective both against antisocial behavior (Anthony, 2008; Forrest-Bank et al., 2014; Gubbels et al., 2024) as well as general adversity (Fergusson & Horwood, 2003).

Another key individual trait that stands out is coping skills, which can take many forms such as spiritual coping, behavioral coping, and emotional coping. Both Anthony (2008) and Forrest-Bank et al. (2014) identified coping skills as significantly protective against antisocial behavior, and Gubbels et al. (2024)'s meta-analysis of antisocial behavior protective factors reinforced this, identifying a significant negative relationship between coping skills and antisocial behavior.

Evidence-Based Interventions Targeting the Individual. Because they are individual factors, self-esteem (both general and academic), coping skills, and academic commitment can all be directly addressed by individual therapy for antisocial behavior among youth. While individual therapies (IT) are often ineffective in treating disorders like CD and ASPD when deployed by themselves (Flaaten et al., 2024; Gibbon et al., 2020), they are still an important component of many of the evidence-based interventions described above. For example, both Treatment Foster Care Oregon (TFCO) and Multisystemic Therapy (MST) are complex interventions designed to treat severe antisocial behavior within children and adolescents (Borduin et al., 1995; Moore & Chamberlain, 1994). While each of these interventions uses a variety of techniques to reduce these behaviors, they incorporate individual therapy to help increase prosocial behaviors and social skills among participants. All participants in TFCO receive IT, in addition to other interventions (described in more detail, below), to help them practice new skills and improve their experience with the program (Chamberlain & Moore, 1998). MST occasionally employs individual cognitive behavioral therapy to address problems such as depression and poor conflict management skills (Borduin, 1999). It is likely that inclusion of individual therapy is especially important when participants are dealing with other mental health conditions such as depression and ADHD, and when they possess the kind of

individual risk factors identified by Anthony (2008, above) such as low self-esteem and positive attitudes toward antisocial behavior.

The Microsystem

Strength Factors Within the Microsystem. The microsystem involves people, groups, and organizations that individuals interact with directly. The microsystem has the most immediate and salient effects on an individual's daily life of any system, and research has shown that elements of the microsystem including family, peers, and school have been connected to antisocial behavior and the development of ASPD (Catalano & Hawkins, 1996; DSM 5-TR, 2022; Monahan et al., 2009). Each strength factor identified in this project has at least some basis in the microsystem. Family in the context of this paper, meaning immediate family such as parents or caretakers and siblings, falls within the microsystem as families are a part of daily life and individuals interact directly with their family members. Schools, and specifically the people at school that children directly interact with, including their classmates and teachers, are also an element of the microsystem. Certain elements of community, including people one interacts with at places like church and shared community areas like playgrounds, where children might spend time and play, are also within the microsystem.

Family is particularly pertinent to the microsystem because of its strong relationship with the development of ASPD. While ASPD is thought to have biological, cognitive, and environmental influences (Aoki et al., 2014; Reyes & Amador, 2008), family functioning and parent-child relationships are implicated as key factors in the development and maintenance of ASPD in seminal sociological and psychological theories (Catalano & Hawkins, 1996; Sampson & Laub, 1993; Shaw & Bell, 1993). This sentiment is reflected in more recent research, where the role of family as a protective factor against antisocial and delinquent behavior has been consistently

shown in the literature (Cooper, 2010; Forrest-Bank et al., 2014). More specifically, research has focused on consistent discipline and adequate supervision as primary family-based factors that have a protective effect (Anthony, 2008; Forrest-Bank et al., 2014; Patterson, 1982; Patterson, 2005).

Another important protective effect related to the family is social support. While social support can come from a variety of sources, including peers, teachers, or other community members, families can offer the most direct and immediate form of support, especially for children. Social support and secure attachments can help build self-esteem, prosocial skills, and better emotional regulation (Deneault et al., 2022; Sroufe, 2005). Many evidence-based interventions focus on developing stronger support for at-risk youth by building family, peer, and school-based relationships. However, due to the often complicated and unstable relationship between socioeconomic status and social support, family-based interventions may require novel elements in treatment of economically disadvantaged individuals. Research on the topics of SES and social support finds that those experiencing poverty have less durable social support networks, and there are associations between the combination of poverty and lack of social support on physical health and mental well-being (Gazso et al., 2016; Moskowitz et al., 2013; Van Hulst et al., 2011). Therefore, encouraging the formation of strong, mutually beneficial relationships for youth is of paramount importance if the protective factors of social support are to be effectively promoted.

Schools can also be a key component of the microsystem. Research has shown that the relationship between the individual and various elements of school such as teacher-student relationships and positive school climate can promote resilience among high-risk youth (Gubbels et al., 2024). School also holds a unique role in identifying and classifying antisocial behavior

because it is an environment where early behavioral disorders including ODD and CD are often most evident. For example, key diagnostic criteria for ODD and CD include defying authority figures like teachers, bullying and fighting with peers such as classmates, and repeated truancy (DSM 5-TR, 2022). Because school is such an integral part of children's lives, it can be utilized as an important protective factor and is a place where children can learn important skills such as prosocial behavior and emotional regulation. The aspects of school that exist specifically within the microsystem, such as teacher and peer relationships, have been shown to have protective effects. Gubbels et al. (2024) showed that, consistent with previous research (Forrest-Banks et al., 2014; Frey & Walker, 2022), student-teacher relationships had a significant protective impact on antisocial behavior. These results indicate that, consistent with the Bioecological Model, the close relationship between the individual and microsystem can significantly impact the development of the individual.

Research has also shown that the influence of peers is especially relevant to both the formation and cessation of antisocial behavior (Catalano & Hawkins, 1996; Jakobsen et al., 2012; Monahan, Steinberg, & Cauffman, 2009). Peer relationships may exist in the context of school and/or community, and have significant impacts on the activities, behaviors, and outcomes of children. While evidence on the effect of delinquent peers on antisocial behavior is mixed in terms of the mechanisms by which peers create and increase delinquency, many studies have found a correlation (Gifford-Smith et al., 2005). For example, Elliot and Menard (1996) analyzed data from the National Youth Survey and identified a sequence by which children and adolescents associated with increasingly deviant groups, thereby leading to greater levels of delinquency. Due to the relationship between poverty and crime, it is more likely that low SES

communities will host delinquent peer groups, increasing the chances that children find themselves within this cycle (Graif et al., 2014).

While peer relationships with delinquency groups are associated with conduct disorder as well as a general increase in antisocial behavior and delinquency, the formation of strong, prosocial relationships can also be protective and help provide greater self-esteem and academic commitment (Anthony, 2008; DSM 5-TR, 2022; Jakobsen et al., 2012). Research indicates that adolescents who exhibit greater resistance to peer influence and who do not affiliate with antisocial peers show lower levels of antisocial behavior (Monahan, Steinberg, & Cauffman, 2009). The role of peers as either risk-inducive or protective highlights the importance of the microsystem in development. Because interactions with the microsystem are so common and intimate, these relationships can significantly alter the thoughts, perspectives, and behaviors of the individual, suggesting the microsystem may be the most crucial ecological system within which to intervene.

Evidence-Based Interventions Targeting the Microsystem. Existing interventions have been built with an emphasis on the importance of the microsystem and have found considerable success in improving antisocial behavior when addressing this system. Due to the particularly salient effects of family relationships on the development and treatment of antisocial behaviors, many evidence-based interventions target family as the primary point of intervention for antisocial behavior, delinquency, drug use, and oppositional-defiant behavior. When focusing on the family, clinicians often teach parents more effective parenting practices and conflict management skills. This form of intervention is referred to as parent training and is used in a variety of interventions. One form of parent training is the Parent Management Training Oregon Model (Dishion et al., 2016). This model is designed to reduce coercive parenting practices in

which parents respond to their children's poor behavior with harsh punishment but do not provide adequate supervision, leading to a cycle of increasing conflict between parents and children (Patterson, 1982). The Parent Management Training Oregon Model is an intervention by itself (Generation PMTO) and is also used by TFCO (Buchanan et al., 2018; Sigmarsson et al., 2013). In Generation PMTO and TFCO, parents are taught various conflict management techniques as well as a behavior management system which focuses on rewarding positive behavior and providing consistent, appropriate punishment for poor behavior. Parents are also taught to encourage the development of positive skills and problem-solving ability with their children (Akin et al., 2018; Buchanan et al., 2018). MST incorporates a similar parent training element, which aims to accomplish many of the same goals as those of Generation PMTO and TFCO (Henggeler, 2012). Other forms of parent training have also been used in programs aiming to reduce antisocial behavior. ParentCorps, for example, is an after-school intervention for pre-kindergarten children and their parents. This program uses parent groups to teach parents positive structures, routines, and behavior management techniques (Brotman et al., 2011).

Aspects of school, including teacher and peer relationships, have also been addressed by interventions. Oftentimes, intervening at the school level involves reducing associations with delinquent peers and getting teachers involved with monitoring the behavior of program participants. For example, adolescents in TFCO are highly monitored both at home and in school to ensure they are not engaging with other delinquent peers, and teachers are asked to sign off on participants' attendance and behavior at school (Moore & Chamberlain, 1994). In MST, children are encouraged to join prosocial groups such as after-school clubs, increasing their positive peer and academic associations (Henggeler, 2012). Another way to leverage school in the microsystem is evidenced by ParentCorps. In addition to existing as an after-school program and

taking place in a classroom setting, ParentCorps is facilitated in part by Pre-K teachers (Brotman et al., 2011). Therefore, children are engaging directly with their teachers in a strength-based environment, increasing their positive links within the microsystem. The range of evidence-based interventions that include parent training, peer relationship management, and child-teacher interactions as key program components not only reinforce findings in the literature that indicate family, peers, and school as crucial factors in antisocial behavior, but also demonstrate that making positive changes to any and all aspects of a child's microsystem can have significant effects.

The Mesosystem

Strength Factors in the Mesosystem. The mesosystem is unique within the Bioecological Model because it does not include any specific individuals, groups, or organizations. Instead, the mesosystem is comprised of the interactions between elements of the microsystem and/or exosystem. Therefore, it is more difficult to identify what aspects of the mesosystem have positive or negative effects on children's development. However, certain effects of the mesosystem can be seen in the research. It could be argued that children's perceptions of education are highly dependent on relationships between parents and teachers or on administrative decisions such as curriculum and schedule. Therefore, the role of the mesosystem may manifest as interactions between parents and teachers in parent-teacher conferences, teacher to teacher interactions where a child's academic status is discussed, or parents and/or teachers advocating for a child with a school's administration.

Interactions between family members are also elements of the mesosystem, and these interactions can have significant effects on children. Beyond poor parenting practices and poor discipline, which would be examples of how the parents directly impact the individual, research

has also identified family conflict as a unique risk factor for antisocial behavior (Catalano and Hawkins, 1996; Forrest-Bank et al., 2014). Family interactions through the mesosystem can also be protective. Family dynamics that involve low conflict and positive, caring relationships act as a strength factor, indicating the importance of the mesosystem in promoting a protective family environment (Forrest-Banks et al., 2014; Keyes, 2004). Constituent parts of the community that are within the microsystem may also affect other parts of the microsystem through the mesosystem. For example, churches affect family activities and dynamics and playgrounds may moderate peer relationships. The variety of interactions that occur through the mesosystem exemplifies the importance of leveraging this ecological system. While the precise theoretical effects of the mesosystem are less well understood, the practical implications of its effects are nonetheless notable.

Evidence-Based Interventions Targeting the Mesosystem. The mesosystem is partially targeted in several intervention programs for ASPD such as MST, TFCO, and ParentCorps. For example, these programs often make communication between parents, teachers, and other intervention assistants mandatory. In TFCO, community members act as foster parents for the duration of the intervention and make daily phone calls to participants' parents. Additionally, school cards act as a form of communication between foster parents and teachers, and teachers are often in contact with program directors throughout the duration of the intervention (Moore and Chamberlain, 1994; Dishion et al., 2016). Similarly, MST and ParentCorps also promote increased communication between parents and teachers, with ParentCorps making this a priority as teachers are directly involved in the parent training process (Brotman et al., 2011; Henggeler, 2012). Because of its unique inclusion of parent-teacher interactions, ParentCorps offers the most concrete example of how the mesosystem may be positively leveraged in practice. While items

such as school success and behavior were measured outcomes in Generation PMTO, MST, and TFCO, these interventions do not include any explicit focus on improving parent-teacher relationships or communication in the same way as ParentCorps. However, although ParentCorps does directly address this relationship, there is still less consideration for the mesosystem than there is for the microsystem and individual. This highlights the need for interventions which more effectively promote positive interactions in the mesosystem, such as enhancing parent-teacher relationships, promoting the creation of safe and accessible local recreation, and improving school resources to improve overall peer-to-peer interactions, thereby reducing the prevalence of antisocial peer groups and bullying.

The Exosystem

Strength Factors in the Exosystem. The exosystem is a larger ecological system that includes elements which influence the development of an individual but with which the individual does not directly interact. Components of the exosystem are typically community-based local institutions. In the context of this project, community is defined as the neighborhood in which an individual lives. This includes social services, churches, institutions such as school boards, and neighbors. While certain aspects of community can become part of the microsystem if they are a part of a child's daily life, many elements of a community are more peripheral and are thus part of the exosystem. As previously indicated, certain aspects of school and family including extended family members and school boards fall within the exosystem. Although the exosystem may have fewer apparent effects than the microsystem on antisocial behavior, it can still heavily impact an individual's daily experiences and development. The exosystem plays an important role in influencing the mesosystem and microsystem. Certain aspects of the exosystem have top-down impacts on the microsystem, including relationships such as school boards

impacting a child's curriculum despite not directly interacting with the child. These interactions have a cascading effect through the mesosystem and microsystem, allowing the exosystem to indirectly impact the individual. This can lead to crucial differences in the daily life of a child by ultimately changing how different parts of the microsystem interact with one another.

Poverty is also a component of the exosystem. Though poverty is a systemic construct driven by complex interactions between political and economic systems, social programs and services, race and class-based barriers, and individual earnings, poverty at a local, community level acts as an aspect of the exosystem. Historical segregation, redlining and exclusionary zoning, and lack of proximal economic development has led to entire neighborhoods being essentially designed for poverty in the United States (National Equity Atlas, 2024). Violent crime is associated with low SES neighborhoods, and direct correlations between antisocial behavior, ASPD rates, and neighborhood poverty have been drawn (Forrest-Bank et al., 2014; Herrenkohl et al., 2000; Graif et al., 2014; Piotrowska et al., 2015). Therefore, research on risk and protective factors of ASPD have consistently identified neighborhood poverty as a distinct risk factor (Forrest-Bank et al., 2014; Herrenkohl et al., 2000).

While community poverty is traditionally viewed as a risk factor in the development of ASPD, it is still possible to convert these risks into strength factors with the right interventions. Among the factors that have been identified as protective against the negative effects of poverty are education, employment, and social cohesion (Forrest-Bank et al., 2014; Herrenkohl et al., 2000). Notably, the most promising community strength factor in the context of the present project is social cohesion and support from non-family members. Research finds that non-family members and involvement in community activities are protective in terms of antisocial behavior (Forrest-Bank et al., 2014; Herrenkohl et al. 2000; Keyes 2004). Relationships with non-family

adults have been identified as protective factors in other areas such as abuse and neglect as well, establishing it as a broad protective factor in multiple contexts (Perkins et al., 2002; Perkins & Jones, 2004; Jean-Thorne et al., 2022). While poverty within communities is both a risk factor itself as well as associated with other risk factors, community can still be an important piece of a preventative intervention.

There are two distinct ways in which community can be leveraged as a strength factor based on social cohesion and non-family social support networks. The first is by promoting community-wide programs and/or policy changes, such as implementing afterschool programs. For example, Jenson et al (2018) found that an exploratory afterschool program in low-income urban neighborhoods not only improved academic performance but also resulted in fewer suspensions and expulsions. Social cohesion could also be improved by addressing the aforementioned issues of redlining and improving development within and around low-income communities. However, while these methods should be used, the financial and organizational scope are beyond that of existing interventions. Thus, an alternative must be explored. In the context of an individualized intervention, one of the most effective ways to improve a child or adolescent's relationship with their community is by strengthening or establishing a relationship between the participant and a community member. Through this process, the participant gains the social support of a non-family member, and this non-family member is effectively pulled from the exosystem into the microsystem.

Evidence-Based Interventions Targeting the Exosystem. The best example of this process is seen in TFCO. TFCO works in the exosystem essentially by extracting community members and making them a consistent, reliable, and authoritative part of the participant's microsystem (Dishion et al., 2016). MST may also include non-family or extended family members to assist in

supervising children or help participants become involved in existing community programs such as Boys and Girls clubs (Henggeler, 2012). By moving components of the exosystem to the microsystem, these interventions are not only giving children and adolescents a larger social network but also supporting the idea that the largest impacts on behavior come from the microsystem.

Development of the Checklist for Assessing Antisocial Resilience in Ecological Systems (CAARES)

The Checklist for Assessing Antisocial Resilience in Ecological Systems (CAARES) was developed with the goal of identifying key strengths displayed by antisocial youth at the individual, microsystem, mesosystem, and exosystem levels (See Appendix C). These strengths were based on the most relevant factors identified in the research and were designed to be applicable to multiple different behaviors, ages, and environments. The CAARES consists of ten total strength factors spread across four ecological levels and includes an indication for ADHD, ODD, and CD due to each disorder's relevance to antisocial behavior.

Operationalization and Scoring

Each strength factor was categorized according to its associated ecological system. The individual level includes self-esteem, coping, and school, as well as an indication of previous diagnoses. The microsystem includes family, school, peers, and community. The mesosystem includes parent-teacher interactions. The exosystem includes community and school. Factors that appear across multiple ecological levels, including school, family, and community, include details specific to their role within the corresponding system. For example, at the individual level, school as a strength factor is operationalized as school commitment, whereas school at the

exosystem level is operationalized as the availability and accessibility of school resources. By including the core elements of family, school, and community throughout the assessment but delineating the specific ways they apply to each ecological system, the CAARES fully adopts the Bioecological framework, incorporating the connections and interactions between systems as well as the ways in which various factors can appear in multiple systems simultaneously.

Each factor is operationalized in a way that allows the clinician room to interpret and evaluate how an individual might display a certain strength factor. For example, at the individual level, school is described as academic commitment and includes the sub-description “Participant values learning, academic involvement, and success.” This example is designed to give a clinician a general understanding of how the factor may present but also leaves room for discretion. While a participant may not display significant interest in pure academics, he or she could still show academic commitment through an interest in extracurricular activities such as theatre or after-school clubs. Each of the ten factors that comprise the CAARES follows the same factor, description, sub-description format. For factors that have more than one descriptor, clinicians are given the opportunity to indicate which aspect(s) of that factor is/are present. For example, peer strengths in the microsystem are operationalized through three distinct descriptions: 1. Conflict-free interactions, 2. Prosocial behavior, and 3. Positive relationships. Clinicians can indicate that peer-related strengths are present in general, but can also select the specific aspect(s) that the participant shows strengths in. Therefore, while the participant may lack sufficient positive relationships (friendships with delinquent rather than prosocial peer groups), they can still have strengths through prosocial behavior and conflict-free interactions. Once the CAARES has been completed, the clinician will understand the participant’s potential

strength factors from their individual attitudes, perspectives, and emotional state to their surrounding community and school resources.

In addition to incorporating antisocial behavior, the Bioecological Model, and the identification of strength factors, the CAARES accounts for poverty and its effects. Poverty is specifically addressed in the exosystem and by community-based factors. Because of the associations between poverty and both crime and a general lack of resources, each of these issues is captured in the assessment. The inclusion of both: (1) positive community interactions in the microsystem and (2) available and accessible school and community resources in the exosystem ensure that any strengths present despite poverty are captured. Additionally, the simplicity and accessibility of the assessment mean that the CAARES is theoretically accessible and affordable to complete

Sample Case Vignettes: Applying the CAARES

While the CAARES is still in the earliest stages of development, existing primarily as a theoretical proof of concept, its real-world applicability was nonetheless the most important consideration in its development. Not only were the factors, descriptors, and structure carefully considered based on the available evidence, but so too was its usefulness in informing the selection of evidence-based interventions. Therefore, the CAARES was applied to each of the interventions discussed throughout this paper to show how the assessment could be used in a real-world scenario. Appendix B outlines the specific factors and ecological levels that each of the four interventions addresses to provide context for the application of the CAARES in each sample vignette.

Checklist for Assessing Antisocial Resilience in Ecological Systems Sample 1

PARTICIPANT NAME Tony Sample 1	DATE OF ASSESSMENT 10/18/2024	CLINICIAN NAME
PARTICIPANT DATE OF BIRTH 07/21/2012	PARTICIPANT PHONE #	CLINICIAN PHONE #

Individual

A. Self-Esteem

1. Positive View of Self

- E.g. Participant has confidence in his/her own value and capabilities

B. Coping

1. Healthy Coping Skills

- E.g. Participant deals with adversity and unexpected events in a consistent, healthy manner, seeks out available resources when needed

C. School

1. Academic Commitment

- E.g. Participant values learning, academic involvement, and success

D. Indicate if there is a previous diagnosis of any of the following:

1. Attention Deficit Hyperactivity Disorder (ADHD)

2. Oppositional Defiant Disorder

3. Conduct Disorder

Microsystem

A. Family

1. Positive Parent-Child Interactions

- E.g. Parents are supportive of child's thoughts and feelings, verbal interactions are warm and positive

2. Consistent and Positive Discipline

- E.g. Parents reinforce desired behavior; if poor behavior is exhibited it is met with firm but developmentally appropriate consequences

B. School

1. Positive Teacher Interactions

- E.g. Participant is polite to teachers, follows teacher instructions

2. Respectful Behavior

- E.g. Participant follows school rules including being on time for class, remaining on school property, respecting school property

■ C. Peers

- 1. Conflict-Free Interactions
 - E.g. Participant avoids arguments and fights with peers when possible, attempts to deescalate tense situations
- 2. Prosocial Behavior
 - E.g. Participant willingly assists peers, shares his or her belongings such as class materials or toys
- 3. Positive Relationships
 - E.g. Participant forms friendships with prosocial peer groups

■ D. Community

- 1. Positive Neighborhood Interactions
 - E.g. Participant forms friendly relationships with neighbors; participant has formed a strong relationship with one or more non-family community members

Mesosystem

■ A. Family-School Interactions

- 1. Positive Parent-Teacher Interactions
 - E.g. Parents and teachers of participant communicate often; communication is friendly, productive, and aimed at improving the experience of the participant

Exosystem

■ A. Community

- 1. Available and Accessible Community Resources
 - E.g. Participants' neighborhood has accessible parks, recreation spaces, and/or community centers

■ B. School

- 1. Available and Accessible School Resources
 - E.g. Participants' school provides established before and after-school programs, consistent meals, and resources to seek social or economic support

Sample Case 1

Case Introduction

“Tony” was a 12-year-old Hispanic male who was referred by his school counselor for antisocial behaviors including truancy from class, anger issues leading to repeated arguments

with his parents and teachers, leaving home without his parents' permission and violating curfew, and vandalizing school property. Tony lived with his mother and father, as well as his 16-year-old brother. Tony presented with a history of ADHD and depressive symptoms, though he had never been diagnosed with of Major Depressive Disorder (MDD) or any other mood disorder.

Presenting Complaints

Tony presented with multiple signs of antisocial behavior and complaints from both his parents and school. Tony's parents' primary concern was angry, oppositional behavior at home, including refusal to complete assigned chores, excessive arguing, leaving the house without permission and refusing to return home when told to do so, and taking money from his parent's wallet. Teachers also referred to oppositional behavior at school, including ignoring rules and requests, talking during class, and multiple detentions for tardiness and arguing with teachers. The incident that ultimately led to Tony's referral was an episode in which he vandalized multiple school lockers, including tagging them with permanent markers, repeatedly slamming them shut, and throwing their contents on the ground. This incident occurred after school hours, and Tony was caught by the school janitor. After getting caught, Tony was given one week of after-school detention and was considered for expulsion but was ultimately referred to treatment instead.

History

Tony grew up in an urban housing development. His neighborhood included mixed income housing but was primarily low income. Tony's parents both worked full-time, so Tony often took the bus or walked home from school. Because Tony's brother was in high school,

Tony often went home alone and was unsupervised until his brother or parents get home. Tony's home life was often characterized by high levels of conflict. He reported that his brother is often mean or dismissive, leading to verbal and physical fights. Tony also argued with his parents on a regular basis, resulting in "getting in trouble or being grounded a lot." He expressed notable frustration at his perceived lack of autonomy at home because of this. Tony had also fallen behind in school. While his school participation and performance were historically satisfactory, they took a turn for the worse about two years ago, when Tony entered middle school. Tony was consistently tardy and unprepared and his teachers expressed frustration at his lack of effort and frequent misbehavior. Since coming to middle school, Tony became friends with a group of delinquent peers, who his parents disapproved of and believed at least partially explained his problems at school. Tony denied using drugs. However, he did indicate that some of his friends had used alcohol, nicotine, and marijuana.

Assessment

The assessment process primarily followed the checklist items. Tony was first asked questions regarding his individual perspective, mental health, and beliefs, followed by questions about his relationships with family, school, peers, and neighbors at each system level. Tony's parents and history, science, and physical education (P.E.) teachers were also interviewed. The purpose of family and teacher interviews was to both cross-reference the information given by Tony as well as provide outside perspectives on his behaviors. Throughout this process, the clinician noted when strength factors relevant to the assessment were present. In Tony's case, certain strengths were clearly present, such as parent-teacher interactions at the mesosystem level. Other factors, however, required a deeper understanding of available interventions and strengths. One such example was determining that while Tony had certain risks at the individual

level such as low self-esteem and overall poor school performance, his interest in P.E. and science could act as a strength if leveraged effectively. These considerations were made at each level to determine whether certain risks could be looked at from a different perspective to reveal strengths instead.

Overall, Tony appeared to struggle with self-image and confidence, as evidenced by depressive symptoms which included a loss of motivation, feelings of worthlessness, and poor concentration beyond his typical ADHD symptoms. When asked about his goals regarding school and life, he said “It doesn’t matter, I’m not good at anything anyways.” These feelings, along with the perception that seeking help is a waste of time, prevented Tony from using healthy coping strategies. However, Tony did show some interest in learning, particularly in science, that if encouraged could promote greater self-image and interest in future goals and plans. Tony’s science teacher stated that while Tony’s behavior in his class was generally poor, he still performed well on assignments and projects and asked questions about the content. At home, Tony’s parents enforced consistent, appropriate discipline. However, his parents often failed to reward positive behavior and engaged in significant verbal conflict with Tony. They often relied on punishment, rather than positive reinforcement, as a way to control Tony’s behavior. At school, Tony’s teachers were generally supportive and encouraging, despite his lack of academic interest and misbehavior.

Tony also had a good relationship with his P.E. teacher and tended to follow instructions while in his class, and he looked forward to those classes. This teacher also showed an interest in meeting with Tony after school to help him get involved in sports. While Tony did not initially bring up his teacher, relationships with teachers and non-family relationships are important elements of the strengths-based assessment. Additionally, Tony’s P.E. teacher was mentioned as

a possible resource in his referral and Tony's transcript showed consistently higher grades in P.E. than any of his other classes. Due to these factors, Tony's relationship with his P.E. teacher was identified as a strength early during the assessment process. His P.E. teacher corroborated Tony's interest and engagement in class, stating that Tony was athletically gifted and motivated by competition. He also indicated that Tony made efforts to improve his skills in class, indicating a desire for growth.

Tony was generally peaceful with peers. He did not engage in physical altercations but also was not outwardly friendly and was often standoffish. Each of Tony's teachers described similar social behavior. This was especially evident in P.E., where Tony participated in group sports but struggled to engage in effective teamwork. Additionally, his peer relationships were primarily with other antisocial and delinquent children. It was these relationships that drove Tony to vandalize school lockers. Tony revealed that his friend group initially came up with the idea as a dare. Tony was ultimately pressured to complete the dare because his friends thought that since he hadn't participated in similar activities in the past, it was "his turn." While Tony felt hesitant to vandalize the lockers, he ultimately gave in after his friends repeatedly urged him. In addition to drawing and writing on the lockers with permanent marker, Tony attempted to rip the locker doors from their hinges and dent them.

Outside of his daily peer interactions, Tony got along amicably with non-proximal community members, though he could not mention one neighbor or non-family adult with whom he was close. Tony reported that he had never had contact with police. However, due to his recent trajectory, the chances that he commits crimes such as drug use, vandalism outside of school, or theft are high, so this should be of concern. At school, Tony had access to sufficient resources, including sports, after-school clubs, and information about mental health support.

Analysis and Recommendations for Treatment

Among the variety of behavioral and mood problems that Tony exhibited, he struggled the most with self-esteem and impulse control, specifically when it came to anger and frustration. Many of his more antisocial behaviors, including arguing with teachers and parents and fighting with his brother appeared to stem from a lack of emotional regulation and a tendency to anger quickly. For example, his parents discussed how Tony would often become angry to the point of yelling when he was asked to complete chores or homework. Rather than his emotions slowly building, Tony would quickly jump from a neutral or even happy mood to irate and angry. During his interview, Tony showed flashes of this anger. This was typically in response to being asked to follow up on his answers. It was clear that Tony disliked having to comply to requests in general. Tony also became angry while discussing his vandalism experience. His anger here was the result of feeling attacked or persecuted for his actions, and he was upset that, in his view, the clinician, his parents, and his teachers, viewed him as “bad.” However, these outbursts were ego dystonic. Tony showed clear signs of guilt and embarrassment after becoming angry in his interview, and his parents and teachers supported this observation, saying that he would often feel ashamed at home and would become quiet and sulk at school after these episodes. This suggests that Tony was not mean-spirited, but rather struggled to control his emotions, leading to outbursts of aggression. In addition to his anger issues, Tony’s self-esteem made him uniquely vulnerable to the influence of antisocial peers. This was best reflected by his incident with the school lockers, where although Tony clearly objected to the activity initially, the influence of his peers was too significant for him to resist. Additionally, his parents struggled to handle Tony’s behavior, leading to a highly conflictual home environment. However, despite the risk factors pushing Tony towards increasingly antisocial behavior, many strength factors are present that

can be promoted through intervention. Chief among these is Tony's relationship with his P.E. teacher. Because of Tony's athletic abilities and interest, his P.E. teacher expressed an interest in spending time with Tony outside of normal school hours and helping him join the school basketball team.

Based on the above factors, Tony's age, and the severity of his behavior, which is moderate but trending towards greater problems, MST separates itself as the most relevant treatment. First, Individual therapy is recommended. While individual therapy can directly address some of Tony's risk factors including ADHD and poor self-esteem, it can also help Tony recognize how his existing strengths can be leveraged. By encouraging Tony to pursue his interests, particularly in science and sports, his depressive symptoms and self-esteem may improve. Recognizing that he has the ability to succeed and finding new motivation could be highly beneficial at the individual level. At the exosystem level, encouraging Tony to pursue these interests will also help him take advantage of available school resources, which he has thus far neglected. By proxy, increased involvement can help increase prosocial relationships, and since Tony does not have a history of significant peer conflict, being around prosocial peers more often is likely to lead to improved social outcomes rather than novel problems such as fighting or bullying. Since interactions between parents and teachers are already present, the intervention will focus on improving the effectiveness of communication into actionable outcomes. Promoting pre-existing interests will also help to improve Tony's relationship with his P.E. teacher, which will offer an outlet for dealing with parental conflict and peer relationships.

Upon hearing the clinician's assessment and recommendation for MST, Tony and his parents had mixed reactions. Tony indicated clear frustration and pushed back against the possibility of an intervention. He indicated that he was upset at the possibility of not being

allowed to spend time with his friends and being made to go to “stupid and boring” therapy sessions. Based on his age and behavior before and during the assessment, this was unsurprising. He did, however, show some interest in having the opportunity to play more sports and getting to spend time with his P.E. teacher after school, indicating the possibility of some early success for the intervention. Tony’s parents displayed relief over having a clear plan of action to address Tony’s behavior. However, they were concerned about the perceived severity of MST. They voiced that while Tony’s behavior was certainly problematic, they didn’t want him to be “labelled as a delinquent” or “treated as a criminal.” However, while these concerns were understandable, both of Tony’s parents still agreed to commit to the intervention with the hope of seeing improvement.

Checklist for Assessing Antisocial Resilience in Ecological Systems Sample 2A

PARTICIPANT NAME Mark Sample 2A	DATE OF ASSESSMENT 03/07/2019	CLINICIAN NAME
PARTICIPANT DATE OF BIRTH 11/04/2008	PARTICIPANT PHONE #	CLINICIAN PHONE #

Individual

A. Self-Esteem

1. Positive View of Self

- E.g. Participant has confidence in his/her own value and capabilities

B. Coping

1. Healthy Coping Skills

- E.g. Participant deals with adversity and unexpected events in a consistent, healthy manner, seeks out available resources when needed

C. School

1. Academic Commitment

- E.g. Participant values learning, academic involvement, and success

D. Indicate if there is a previous diagnosis of any of the following:

1. Attention Deficit Hyperactivity Disorder (ADHD)
2. Oppositional Defiant Disorder
3. Conduct Disorder
-

Microsystem

A. Family

1. Positive Parent-Child Interactions

- E.g. Parents are supportive of child's thoughts and feelings, verbal interactions are warm and positive

2. Consistent and Positive Discipline

- E.g. Parents reinforce desired behavior; if poor behavior is exhibited it is met with firm but developmentally appropriate consequences

B. School

1. Positive Teacher Interactions

- E.g. Participant is polite to teachers, follows teacher instructions

2. Respectful Behavior

- E.g. Participant follows school rules including being on time for class, remaining on school property, respecting school property

C. Peers

1. Conflict-Free Interactions

- E.g. Participant avoids arguments and fights with peers when possible, attempts to deescalate tense situations

2. Prosocial Behavior

- E.g. Participant willingly assists peers, shares his or her belongings such as class materials or toys

3. Positive Relationships

- E.g. Participant forms friendships with prosocial peer groups

D. Community

1. Positive Neighborhood Interactions

- E.g. Participant forms friendly relationships with neighbors; participant has formed a strong relationship with one or more non-family community members

Mesosystem

A. Family-School Interactions

1. Positive Parent-Teacher Interactions

- E.g. Parents and teachers of participant communicate often; communication is friendly, productive, and aimed at improving the experience of the participant

Exosystem

A. Community

1. Available and Accessible Community Resources

- E.g. Participants' neighborhood has accessible parks, recreation spaces, and/or community centers

B. School

1. Available and Accessible School Resources

- E.g. Participants' school provides established before and after-school programs, consistent meals, and resources to seek social or economic support

Sample Case 2A

Case Introduction

“Mark” was a ten-year-old Caucasian male who was referred by the dean of his school for rule-breaking, bullying, and other conduct problems. Mark lived with his mother, younger

sister, and grandparents. Mark had a history of poor behavior in school and at home and often faced punishments in both environments such as grounding or detention. Mark also had a tendency to lie to avoid consequences and neglected to take responsibility for his actions and behaviors.

Presenting Complaints

Mark presented with several complaints from both his family and school. At home, Mark often defied rules and expectations, broke multiple electronics, and was caught stealing from his mother's wallet on three occasions. Before and after he was caught, Mark would attempt to lie or cover up his activities to avoid punishment. Mark engaged in similar behavior at school and would attempt to lie to get out of homework and other assignments. Prior to his referral, Mark got into a fight at school and had been threatening classmates. Mark was given detention, though since it was his first violent offense, Mark was not suspended.

History

Mark grew up in a low-income urban housing project. His father left the family when Mark was four years old, shortly after his sister was born. Mark lived with his mother, sister, and his mother's parents. His mother and grandfather both worked to support the family. Mark's grandmother supervised Mark and his sister. Mark began showing signs of behavioral problems and conduct disorder around age eight, when he began bullying his peers at school and refusing to follow rules at home, including lying about his activities. Since he began showing behavioral problems, Mark had continued to display increasingly common and severe antisocial behaviors, including consistently bullying peers, including intimidating them to give him things like money or food. Mark and his family indicated that growing up, he often faced inconsistent punishment

for his actions. While his grandmother would often overlook Mark's poor behavior, his mother and grandfather tended to deliver significant punishments, including spanking, yelling at him, and long periods of grounding. In context, these punishments did not suggest abuse but were beyond necessary levels. Mark reported trying alcohol and marijuana on two occasions, indicating a concerning pattern given his age. In addition to the above factors, Mark's neighborhood had high crime rates, and Mark had regular, albeit brief, interactions with gang members and other criminals.

Assessment

The assessment process primarily followed the checklist items. Mark was first asked questions regarding his individual perspective, mental health, and beliefs, followed by questions about his relationships with family, school, peers, and neighbors at each system level. His answers were compared to the testimonials of his mother and grandparents, as Mark was known to lie in order to avoid consequences. Throughout this process, the clinician noted when strength factors relevant to the assessment were present. Whether certain strength factors were present at each ecological level was left to the discretion of the clinician. Mark had very few strength factors overall. Mark faced risks at all ecological levels, including his individual behavior, family relationships, and community dangers. While Mark's school performance was adequate, there was not enough information to indicate whether any school-level strength factors were present, and his school had limited resources overall. Although his school's administration initially referred Mark for assessment, no one from his school including administration, counselors, or teachers responded to interview requests. Additionally, based on discussions with his parents, it was clear that because Mark's mother and grandfather both worked full time and his grandmother had to take care of his sister, none of Mark's caretakers had time to interact with

Mark's teachers. Mark's assessment posed a number of challenges. The biggest among these was his reluctance to engage with the clinician and assessment process. Mark felt as if he would be punished for revealing information about his behavior, so he attempted to evade questions or outright tell fabricated versions of events. Information from his family was cross-referenced against Mark's answers to prevent this. When lying wasn't an option, Mark chose to directly refuse to answer some questions and began yelling at the clinician at one point. Mark had to be repeatedly assured that he would not get in trouble for telling the truth. While many risk factors were present, there were three promising strength factors present. First was Mark's self-esteem. Mark displayed confidence in his abilities and future prospects. While this confidence was often misplaced and led Mark to believe that he could get away with negative behaviors, it also proved to be protective. While Mark was surrounded by potential risks such as poverty, high neighborhood crime, and limited school resources, he was nonetheless confident that he could succeed.

In addition to Mark's high self-esteem, Mark's family also emerged as a potential strength. One significant risk factor at the family level was the inconsistency in discipline between family members. Mark faced inconsistent and unpredictable discipline for his actions, and based on his interview, this was a significant driving factor behind his tendency to lie in order to avoid consequences. Mark believed that most actions were okay if he wasn't caught. Because he grew up in a situation where punishments were unpredictable and often more severe than necessary, he viewed punishment as something to be avoided, rather than the natural consequence of negative behaviors and actions. However, in the context of daily interactions, Mark's relationship with his family was positive. Mark's mother and grandparents were all supportive of him and reinforced his successes. One activity that Mark received consistent praise

for was caring for his younger sister. While Mark said that it was annoying to take care of her, he still made sure that his sister was always taken care of when under his supervision. His mother and grandparents took notice of this and indicated repeatedly to both Mark and the clinician how grateful they were that they could trust Mark to take care of her.

The third strength was in Mark's neighborhood. Despite having high levels of crime, the neighborhood had sufficient resources for safe recreation. There was a nearby community center with a basketball court that he and his friends often visited, and Mark very much enjoyed this activity. Because the court was at a community center, there was significantly less crime there than other parts of Mark's neighborhood. Mark went to the court with his friends almost every day after school, making it a stable and positive location where Mark could engage in prosocial activities.

Analysis and Recommendations for Treatment

Mark exhibited concerning behaviors. Although he was still young, the pattern of bullying, lying, physical altercations, theft, and drug use indicate that Mark was on a path towards a diagnosis of conduct disorder and potentially ASPD. Because of his age, addressing these problems quickly was necessary to prevent future criminality and violence. However, the biggest challenge posed by Mark's case is the limited number of strengths. Mark only had three clear strengths, and two of them, his self-esteem and family relationships, were accompanied by other issues. His high self-esteem often led to overconfidence and callousness, and his family relationships, though fairly positive, were marred by inconsistent and extreme discipline. However, these factors can still be used within an intervention context. Based on Mark's age, behavioral symptoms, and strength factors, parent management training through the Generation PMTO intervention was selected.

There were two key reasons why this intervention fit Mark's case. First is that Mark's family relationships ensure that Mark's family would be committed to the intervention. While PMTO would directly address the risks posed by inconsistent discipline, it would rely on Mark and his family to be willing to improve their dynamics and commit to real change. Parent management training would also improve the effectiveness of community strengths. Mark's favorite activity was basketball, and because it emerged as a safe, prosocial activity, Mark should be encouraged to play it as much as possible. Therefore, using basketball as both a reward for positive behavior as well as a bonding activity between Mark and his family members would be dually beneficial. The second reason PMTO was an effective intervention was because Mark's self-esteem was protective against other potential risks. Due to his consistent positive self-image, Mark was less likely to be influenced by peers or suffer due to his school and community's lack of resources. While Mark was not immune to these risks, his self-esteem allowed an intervention to focus on the most important aspect of his situation.

Checklist for Assessing Antisocial Resilience in Ecological Systems Sample 2B

PARTICIPANT NAME Mark Sample 2B	DATE OF ASSESSMENT 12/07/2024	CLINICIAN NAME
PARTICIPANT DATE OF BIRTH 11/04/2008	PARTICIPANT PHONE #	CLINICIAN PHONE #

Individual

A. Self-Esteem

1. Positive View of Self

- E.g. Participant has confidence in his/her own value and capabilities

B. Coping

1. Healthy Coping Skills

- E.g. Participant deals with adversity and unexpected events in a consistent, healthy manner, seeks out available resources when needed

C. School

1. Academic Commitment

- E.g. Participant values learning, academic involvement, and success

D. Indicate if there is a previous diagnosis of any of the following:

4. Attention Deficit Hyperactivity Disorder (ADHD)

5. Oppositional Defiant Disorder

6. Conduct Disorder

Microsystem

A. Family

1. Positive Parent-Child Interactions

- E.g. Parents are supportive of child's thoughts and feelings, verbal interactions are warm and positive

2. Consistent and Positive Discipline

- E.g. Parents reinforce desired behavior; if poor behavior is exhibited it is met with firm but developmentally appropriate consequences

B. School

1. Positive Teacher Interactions

- E.g. Participant is polite to teachers, follows teacher instructions

2. Respectful Behavior

- E.g. Participant follows school rules including being on time for class, remaining on school property, respecting school property

C. Peers

1. Conflict-Free Interactions

- E.g. Participant avoids arguments and fights with peers when possible, attempts to deescalate tense situations

2. Prosocial Behavior

- E.g. Participant willingly assists peers, shares his or her belongings such as class materials or toys

3. Positive Relationships

- E.g. Participant forms friendships with prosocial peer groups

D. Community

1. Positive Neighborhood Interactions

- E.g. Participant forms friendly relationships with neighbors; participant has formed a strong relationship with one or more non-family community members

Mesosystem

A. Family-School Interactions

1. Positive Parent-Teacher Interactions

- E.g. Parents and teachers of participant communicate often; communication is friendly, productive, and aimed at improving the experience of the participant

Exosystem

A. Community

1. Available and Accessible Community Resources

- E.g. Participants' neighborhood has accessible parks, recreation spaces, and/or community centers

B. School

1. Available and Accessible School Resources

- E.g. Participants' school provides established before and after-school programs, consistent meals, and resources to seek social or economic support

Sample Case 2B

Case Introduction

“Mark” was a 16-year-old Caucasian male who was referred by a judge for antisocial and criminal behaviors including robbery, theft, and vandalism. Mark lived with his mother, younger

sister, and grandparents. Mark had a history of vandalism and theft from the age of 12, but it was when he was found guilty of robbing a pedestrian at knifepoint two months ago, that he was referred for intensive treatment. Mark was diagnosed with conduct disorder at age 14, and although he had undergone treatment at that time, it was not successful in reducing his criminality and antisocial behavior. Mark was previously referred for assessment on 03/07/2019.

Presenting Complaints

Mark presented with a litany of complaints from his family, teachers, and the judge in charge of his case. Chief among these was an armed robbery in which Mark held a pedestrian at knifepoint and demanded his wallet. A security camera nearby caught the mugging on tape and police were able to identify Mark's face. The judge in Mark's case chose to refer Mark to an intervention program rather than sentence him to juvenile detention as this was Mark's first major offense. Prior to this offense, Mark had a history of petty crime, including small thefts from grocery and convenience stores and "tagging" graffiti with paint markers. Mark's family also noted that Mark was difficult at home and they often did not know his whereabouts. Mark also got into multiple fights at school and threatened classmates, though these altercations never escalated to significant violence beyond short fights. Mark was, however, suspended twice from school for fighting.

History

Mark grew up in a low-income urban housing project. His father left the family when Mark was four years old, shortly after his sister was born. Mark lived with his mother, sister, and his mother's parents, and his mother and grandfather both worked to support the family. Mark's grandmother was therefore left to supervise Mark and his sister. Mark began showing signs of

behavioral problems and conduct disorder around age eight, when he began bullying his peers at school and refusing to follow rules at home, including lying about his activities. This behavior worsened, until he was ultimately caught stealing from a convenience store and diagnosed with conduct disorder at age twelve. Mark and his family indicated that growing up, he often faced inconsistent punishment for his actions. While his grandmother would often overlook Mark's poor behavior, his mother and grandfather tended to deliver significant punishments, including spanking, yelling at him, and long periods of grounding. In context, these punishments did not suggest abuse but were beyond necessary levels. Mark also had a history of alcohol and drug use and would drink and smoke marijuana with his friends regularly. Despite Mark's peer problems at school, his grades and attendance were acceptable, and at the time of assessment he had earned a 2.9 GPA and was on track to graduate. In addition to the above factors, Mark's neighborhood had high crime rates, and Mark had interactions with gang members and other criminals.

Mark was previously referred for antisocial behavior when he was 10. In the previous assessment, Mark was exhibiting similar behaviors to those he was referred for in the present assessment, though to a lesser extent. Mark had not yet engaged in criminal behavior at this time. Ultimately, based on his profile and strengths, Mark was recommended for parent management training under the PMTO model. However, various factors led to a lack of success in this treatment. The first was that Mark's mother changed jobs, and due to her new schedule and increased workload, she was unable to attend sessions. Shortly after this, Mark began middle school, leading to further scheduling conflicts. Ultimately, Mark and his family completed only five of a possible fourteen sessions, with his mother only being present for the first three. While the presiding clinician noted small improvements during the course of treatment, overall improvements were marginal and likely led to no lasting benefit.

Assessment

The assessment process primarily followed the checklist items. Mark was first asked questions regarding his individual perspective, mental health, and beliefs, followed by questions about his relationships with family, school, peers, and neighbors at each system level. His answers were compared to the interview testimonials of his mother and grandparents, as Mark was known to lie in order to avoid consequences. Due to his high level of antisocial traits, as well as the issues he faced at home and in his community, the clinician noted every ecological level had significant risk factors. Mark was also difficult to work with at times. While he never became aggressive with the clinician, he did initially refuse to answer certain questions and lied multiple times. Mark also made it clear when he was uninterested in cooperating, making the assessment process challenging. However, while many risks and challenges were present, four key factors stood out as potentially protective.

The first strength identified was Mark's self-esteem and confidence in his own abilities. Unfortunately, up until this point, Mark's confidence was shown primarily in his willingness to risk punishment, including legal trouble, to obtain what he wanted. When asked why he had committed the crime which initiated his referral to treatment, Mark said, "I just wanted money... that was the fastest way to get it." He indicated that although he was stressed and somewhat anxious while police were searching for him after committing the robbery, he hadn't been worried prior to the crime. Mark also stated that he knows that he is intelligent and capable of succeeding in school and future employment if he wants to. While this level of boldness, also reflected in his peer interactions, is concerning as it indicates a certain callous, unemotional disposition, if Mark were to learn how to apply his high confidence and self-esteem to more positive areas, it could help him find real success.

Mark also showed strength in school. While his grades were only average, there was a significant discrepancy between his behavior at school and his academic success. This suggests that Mark has some aptitude for school and learning in general. While Mark's effort in class and on assignments was mixed, he was rarely truant and completed the majority of his assignments. Mark did not say that he enjoyed school, but he admitted that he sometimes found it interesting and knew he could get good grades if he tried. The combination of Mark's high self-esteem and evident academic aptitude indicate the presence of hidden strength factors that can be expanded upon and positively leveraged with the right intervention. Due to the legal element of the assessment, Mark's teachers were interviewed, a process that was not part of Mark's previous assessment. Mark's homeroom, math, and social studies teachers were interviewed, as well as his school counselor and assistant dean in charge of student discipline. In all of these interviews, similar themes emerged. The primary topic of discussion was Mark's behavior, and all staff members reported that Mark had consistently poor behavior in class, displaying a willingness to completely ignore rules and requests. His math and social studies teachers also revealed that while Mark generally completed assignments, there had been multiple occasions in which he did not bring his homework and attempted to fabricate an explanation. This worked once when Mark said his grandmother was suffering from health issues, but when she picked him up from school one day, the lie was discovered. After this incident, Mark attempted similar lies on two other occasions but was unsuccessful. Behaviors such as rule breaking and lying were discussed between Mark, his counselor, and the assistant dean, and while both staff members said that Mark had promised to improve his behavior, nothing had changed. Outside of classes, Mark had multiple meetings with the assistant dean for bullying and aggressive behavior, but due to the lack of resources available to his school, the assistant dean admitted that these problems were not

properly addressed. Ultimately, Mark's teachers and other school staff members were frustrated with Mark's behavior and were eager for a solution, either through expulsion or intervention. His teachers did note, however, that he was bright, and were therefore interested in helping him improve his behavior and reach graduation.

In addition to the strength factors at the individual level, one significant risk factor at the family level was the inconsistency in discipline between family members. Since childhood, Mark faced inconsistent and unpredictable discipline for his actions, and based on his interview, this was a significant driving factor behind his tendency to lie in order to avoid consequences. Mark believed that most actions were okay as long as he wasn't caught. Because he grew up in a situation where punishments were unpredictable and often more severe than necessary, he views punishment as something to be avoided, rather than the natural result of negative behaviors and actions. However, there are still some strengths at the family level. In the context of normal interactions, Mark's relationship with his family is fairly positive. Mark's mother and grandparents were all supportive of him and reinforced his successes, such as when he received high test scores or took care of his sister. This indicates that while the issue of discipline is a risk, overall family dynamics may be a strength.

Finally, Mark's neighborhood, despite having high levels of crime, had sufficient resources. While Mark often engaged in antisocial activities with his friends such as drug use and tagging, he also enjoyed playing basketball, and there was a nearby community center with a court that Mark often went to. Because the court was at a community center, there was significantly less crime there than other parts of Mark's neighborhood.

Analysis and Recommendations for Treatment

Mark displayed a host of antisocial behaviors. With the added context of his conduct disorder diagnosis, there was a significant risk of ASPD and further violent crime. Mark displayed clear traits of CD and ASPD, including criminality, bullying, lying, a lack of remorse, and callousness. More concerning than his personality traits, however, were his actions. Mark was not just referred to the assessment for difficult behavior, but rather for committing a serious violent crime. While Mark hadn't injured anyone, it is possible that if his behavior is not treated, he will commit similar crimes in the future, which could lead to worse outcomes. For these reasons, it was imperative that Mark was placed in an intensive intervention program. Because of positive indicators at the individual, microsystem, and exosystem levels, there were opportunities to leverage his strengths. His confidence in his capabilities, academic talents, strong family relationships, and community resources were all factors that could be leveraged. In order to do so, an intervention would have to work at multiple ecological levels. Because of the severity of Mark's situation, the need to address strengths and risks at multiple ecological levels, and his age, Treatment Foster Care was recommended. Based on the previous recommendation of Generation PMTO, TFCO is a logical next step. TFCO can incorporate the parent training elements that were initially deemed beneficial to Mark's case while also accounting for the changes to Mark's situation in the years since Generation PMTO was attempted, including entering adolescence, worsening behavior, and criminality. Additionally, TFCO provides much greater structure, meaning Mark will be required to complete treatment. Finally, although scheduling and availability are still a concern for Mark's family, the severity of his situation will hopefully increase their overall commitment and willingness to complete treatment.

The first item TFCO can address is Mark's academic commitment. Because TFCO requires participants to obtain certification of behavior and attendance from their teachers, Mark

would be required to attend all his classes and maintain good behavior at school. While Mark either does not recognize or acknowledge his academic interests, encouraging him to improve his behavior at school could help him to embrace academic commitment. The second element of TFCO is parent management training. Mark and his family already have the strength of a strong bond. Because they all rely on one another, their commitment to improving family dynamics and positive discipline practices will set them up for success.

While Mark has learned to avoid punishment, teaching his mother and grandparents how to more effectively use positive behavioral interventions will likely reduce the coercive cycle that is currently undermining his caretaker's attempts to help build Mark's sense of responsibility and increase his prosocial behavior. Additionally, since Mark has had to take care of and look out for his sister for most of his life, he already understands the importance of caring, positive relationships. The most important aspect of TFCO is that Mark will be placed in the care of community volunteers. This element of the intervention is important for many reasons. First, it ensures that Mark is kept under close supervision. His antisocial activities such as alcohol and drug use, vandalism, and theft will be prevented as a result. This also promotes participation in more positive activities such as basketball. Community volunteers are familiar with the neighborhood and its resources, so living temporarily with a foster parent will help Mark take advantage of the community center as well as other positive community resources that he may not be aware of. Additionally, Mark's high self-esteem will be protective throughout this process, ensuring that the experience of living out of his own home under the supervision of a community volunteer does not cause him psychological distress.

Checklist for Assessing Antisocial Resilience in Ecological Systems Sample 3

PARTICIPANT NAME Aaliyah Sample 3	DATE OF ASSESSMENT 09/15/2024	CLINICIAN NAME
PARTICIPANT DATE OF BIRTH 04/18/2020	PARTICIPANT PHONE #	CLINICIAN PHONE #

Individual

E. Self-Esteem

1. Positive View of Self

- E.g. Participant has confidence in his/her own value and capabilities

F. Coping

1. Healthy Coping Skills

- E.g. Participant deals with adversity and unexpected events in a consistent, healthy manner, seeks out available resources when needed

G. School

1. Academic Commitment

- E.g. Participant values learning, academic involvement, and success

H. Indicate if there is a previous diagnosis of any of the following:

4. Attention Deficit Hyperactivity Disorder (ADHD)

5. Oppositional Defiant Disorder

6. Conduct Disorder

Microsystem

E. Family

1. Positive Parent-Child Interactions

- E.g. Parents are supportive of child's thoughts and feelings, verbal interactions are warm and positive

2. Consistent and Positive Discipline

- E.g. Parents reinforce desired behavior; if poor behavior is exhibited it is met with firm but developmentally appropriate consequences

F. School

1. Positive Teacher Interactions

- E.g. Participant is polite to teachers, follows teacher instructions

2. Respectful Behavior

- E.g. Participant follows school rules including being on time for class, remaining on school property, respecting school property

G. Peers

- 1. Conflict-Free Interactions
 - E.g. Participant avoids arguments and fights with peers when possible, attempts to deescalate tense situations
 - 2. Prosocial Behavior
 - E.g. Participant willingly assists peers, shares his or her belongings such as class materials or toys
 - 3. Positive Relationships
 - E.g. Participant forms friendships with prosocial peer groups
 - H. Community
 - 1. Positive Neighborhood Interactions
 - E.g. Participant forms friendly relationships with neighbors; participant has formed a strong relationship with one or more non-family community members
-

Mesosystem

- B. Family-School Interactions
 - 1. Positive Parent-Teacher Interactions
 - E.g. Parents and teachers of participant communicate often; communication is friendly, productive, and aimed at improving the experience of the participant
-

Exosystem

- C. Community
 - 1. Available and Accessible Community Resources
 - E.g. Participants' neighborhood has accessible parks, recreation spaces, and/or community centers
 - D. School
 - 1. Available and Accessible School Resources
 - E.g. Participants' school provides established before and after-school programs, consistent meals, and resources to seek social or economic support
-

Sample Case 3

Case Introduction

“Aaliyah” was a four-year-old black female referred by her psychiatrist for oppositional behavior, and specifically a recent diagnosis of ODD. Aaliyah lived with her parents and was an only child. Aaliyah had been exhibiting oppositional defiant behavior for over six months at the

time of her diagnosis, including repeated arguments and conflicts with her classmates and parents, temper tantrums at home almost every day, an irritable mood both at home and while interacting with peers in class, and vindictiveness towards classmates.

Presenting Complaints

Aaliyah presented with a diagnosis of ODD and complaints from her teachers and parents. Aaliyah's oppositional defiant behavior was primarily expressed at home and in interactions with her peers. She typically interacted normally with teachers but still disrupted class due to peer conflicts. In addition to defying her parents and throwing tantrums, Aaliyah was vindictive towards peers, often taking their toys and hiding or breaking them after getting into arguments. Aaliyah's parents and teachers felt confused as to why she was behaving so poorly and were committed to finding a solution.

History

Aaliyah was born in a suburban community but moved to a low-income urban neighborhood at one year old when her father lost his job due to COVID-related layoffs. Aaliyah's parents faced significant financial stress during this time and had yet to fully recover at the time of assessment. Both her father and mother discussed how the stress of having a child combined with financial difficulties led to significant marital conflict. It was around this time when Aaliyah began displaying behavioral problems, and while Aaliyah's parents had since resolved their marital conflicts at the time of assessment, they both still struggled to deal with Aaliyah's behavior. Aaliyah's behavior began at home, where she threw tantrums at an increasing rate. Aaliyah would become angry with little or no reason and would regularly scream in public. At approximately three-and-a-half years of age, Aaliyah began pre-school, and her

behaviors started extending to interactions with peers. Aaliyah began arguing with peers over toys, playground features, and other collaborative activities. Eventually, Aaliyah began retaliating against her peers when she became upset at them by stealing their toys and possessions and breaking or hiding them. When she got in trouble for these behaviors, she would begin crying and screaming. Notably, Aaliyah did not directly act out against her teachers, and despite throwing fits when she got in trouble, she typically followed directions from her teachers and did not become angry at them. This trend was repeated during the assessment process, where she became angry with her parents multiple times but was pleasant and compliant with the clinician.

Assessment

Aaliyah was assessed according to the checklist items. The majority of the information gathered came from her parents and teachers, but Aaliyah was asked about her own experiences, relationships, and behaviors. Using the responses given by Aaliyah, her parents, and her teachers, the clinician determined which strength factors were present at each ecological level. Aaliyah's individual factors had by far the most risks. Aaliyah had very poor coping skills, evidenced by her tendency to resort to temper tantrums, anger, and conflict when she faced challenges or discomfort. Additionally, it was clear that Aaliyah lacked self-esteem and often felt uncertain about her capabilities, expectations, and roles, especially in social situations. Because of her age, academic commitment couldn't be accurately measured. However, Aaliyah did say that she didn't like school because she felt that her peers were mean to her and she often felt confused. Despite her individual risk factors, Aaliyah had many strength and protective factors around her. Her family's dynamics were complex. Aaliyah had extremely conflictual interactions with her parents multiple times a week, and while her parents tried to refrain from engaging with her with

equal levels of anger, their frustration often led to them speaking to her harshly. Additionally, while Aaliyah's parents tried to give her appropriate reward and punishment, they were often at a loss due to her extreme behavior. However, Aaliyah's family interactions were still an overall strength because while Aaliyah's parents found their interactions with her challenging, they were actively trying to learn new strategies to manage conflict and were working to improve their parenting skills. Additionally, her parents had made significant progress in their own relationship and no longer got into intense arguments with each other, meaning Aaliyah was exposed to less conflict overall.

Aaliyah's teacher relationships were also a strength as they were primarily conflict-free. Aaliyah was compliant with her teachers when her peers weren't present, suggesting that she was capable of respecting authority. When asked about the discrepancy between her interactions with her parents and classmates and her teachers, Aaliyah indicated a feeling of frustration and anxiety towards her parents and classmates. With these two groups, Aaliyah felt as if she was misunderstood and often disliked. However, she did not feel this way about her teachers.

Another strength for Aaliyah was the interactions between her parents and teachers. Her parents made sure to discuss her behavior with teachers regularly. Her teachers were aware of the changes Aaliyah's parents were making to their discipline and conflict management techniques, and teachers were aware of Aaliyah's ODD diagnosis. Both parties were invested in Aaliyah's success, and while Aaliyah's pre-school had made it clear that her behavior must improve for the sake of the other children, school staff were actively involved in working with Aaliyah and her parents to improve her outcomes. Aaliyah also had strengths at the exosystem level, including access to community resources such as a park near her home. It was also school personnel who had referred Aaliyah's parents to seek ODD treatment for her.

Analysis and Recommendations for Treatment

Aaliyah's behaviors seemed to stem in part from the turmoil she and her parents underwent early in her life. Aaliyah was exposed to significant levels of conflict and had to adjust to a new environment as well as the changing conditions due to COVID 19. Aaliyah clearly faced risks at the individual level that have led to significant negative outcomes. Fortunately, Aaliyah is very young and there is time to improve her behavior, self-esteem, and coping mechanisms. Between her parents and teachers, she has a strong support network that will help her behavior improve. Based on the strengths that are present at the microsystem, mesosystem, and exosystem levels, as well as her age, race, and family's financial status, Aaliyah was recommended for ParentCorps. ParentCorps is a school-based program designed for pre-kindergarten children of color in low-income communities. It is designed to leverage the relationships between the individual and their parents and teachers, as well as the relationship between parents and teachers. Because Aaliyah has clear strengths in all of these areas, ParentCorps can help improve the effectiveness of each relationship by itself as well as enhance their combined benefits. Additionally, because ParentCorps is a school-based program, her school's willingness to support her, on an administrative and classroom basis will ensure that the program can be carried out effectively. ParentCorps will also help Aaliyah's parents learn and incorporate more effective parenting techniques and conflict management strategies, ensuring that her family relationships continue to improve. An added benefit of the program is that ParentCorps provides social-emotional learning for children, meaning Aaliyah's individual risk factors as well as her relationships with her peers will be addressed by this intervention.

Discussion

Antisocial Personality Disorder has a complex developmental process. While treatment of the disorder itself is difficult, it is now well-known that antisocial behaviors, including both those that reach a clinical level in Conduct Disorder, as well as subclinical presentations, become apparent prior to the development of ASPD (DSM-5 TR, 2022). At this stage, treatment is still very difficult. As exemplified by the example cases of “Mark,” there are various barriers to treatment. Difficulties are only exacerbated by poverty and the lack of resources that come with it. However, it is still crucial to intervene as early as possible. Interventions such as Generation PMTO, TFCO, MST, and ParentCorps lead to significant improvement in the behavior and outcomes of their participants (Brotman et al., 2011; Calzada et al., 2005; Chamberlain & Reid, 1998; Forgatch & Patterson, 2010; Henggeler, 2012), and research in the field is ongoing, indicating that treatment options and clinical understandings of the causes of antisocial behavior will continue to improve. However, such interventions are not always clear and accessible to the families of youth who are exhibiting antisocial behavior. Poverty is once again a barrier in this case, as a lack of time, money, and available mental health resources could prevent those who would benefit most from these interventions from actually seeking them (Gazso, 2016; Jutte et al., 2021). Considering the association between poverty and antisocial behavior, the problem is further compounded (Herrenkohl et al., 2000). Therefore, research tackling the issue of increasing the accessibility and simplicity of treatment will be necessary to support the development of new interventions. This paper begins to address that issue through the development of a simple but comprehensive strengths-based assessment, the Checklist for Assessing Antisocial Resilience in Ecological Systems (CAARES), that can be used to inform

the selection of preexisting, evidence-based interventions. Deploying the correct intervention at the correct time is vital for youth, as well as saves time, money, and resources.

In addition to improving accessibility, the CAARES also takes a unique approach to characterizing antisocial behavior. While most interventions focus on fixing or reducing risks and weaknesses, this assessment identifies strengths and applies them to interventions in order to promote their development. While the ultimate goal of interventions for antisocial behavior has often been viewed as reducing or eliminating negative, maladaptive traits and patterns, it is also vital to build upon existing potentials and strengths in the child and their environment.

Significant research has been done to identify strength factors related to ASPD, so their validity and relevance are well understood (Anthony, 2008; Forrest-Bank et al., 2014; Gubbels et al., 2024). Focusing on those strengths that are present in an individual may increase an individual's willingness to commit to certain therapies or reveal options for treatment that weren't immediately clear. For example, in a typical situation, "Tony's" interests in sports and science may have been overlooked. While various techniques such as therapy for ADHD and depression and parent training may have improved his behaviors individually, a strengths-based approach can help clinicians focus on, and improve, what is already working, thereby shifting energy away from antisocial behaviors and the environmental contingencies that contribute to, and reinforce, them. Tony had underlying strengths in school and in his personal relationship with his P.E. teacher that could improve the overall effectiveness of MST.

Another benefit of the CAARES is its merging of the societal and psychological components of antisocial behavior and intervention. The fields of sociology and psychology often differ in their perspectives and typically work at different ends of the social science spectrum. While psychology is primarily focused on the individual and the biological, cognitive,

and interpersonal causes of mental processes and constructs, sociology examines large-scale social, political, and economic trends and their impact. However, where the two disciplines meet is the individual and their environment. Just as interpersonal relationships and individual biology impact decisions, beliefs, and life-course so too do societal norms and expectations, political movements, and economic systems and trends. All of these factors converge on the individual and their immediate surroundings. This relationship is captured by Bronfenbrenner's Bioecological Model, which shows how societal and psychological factors contribute to development. While interventions such as MST and TFCO incorporate ecological systems, and research examines how the Bioecological model applies to antisocial behavior (e.g., Anthony, 2008, Morales, 2019), there is still significant room for not only incorporating the Bioecological Model into conceptualizing and treating antisocial behavior, but also viewing antisocial behavior and ASPD from a combination of psychological and sociological perspectives. This paper aimed to bridge this gap and showed that certain societal factors such as poverty and small social institutions such as schools can be incorporated into a psychological assessment tool. While the CAARES is only conceptual, it indicates that a psychological construct such as ASPD can be viewed from more than a purely psychological perspective. Incorporating a broader sociological view reveals complexity and further options for exploration of assessment and intervention.

However, this paper did fail to address broader societal factors including those which fall within the macrosystem and chronosystem. Bridging the gap between these systems and the individual is clearly possible as outlined by the Bioecological Model but fitting them within an assessment tool that specifically examines antisocial behavior is challenging. Nonetheless, future research would bring significant benefits by addressing this gap. Whether by means of the Bioecological Model or a different framework, successfully finding a way to include large-scale

societal factors in a psychological context would lead to a wholistic view of antisocial behavior and ASPD- how it develops, its outcomes, and the best treatment options. Applying this perspective to other mental disorders may also prove useful. For example, other personality disorders, specifically those in cluster B including Narcissistic Personality Disorder, Borderline Personality Disorder, and Histrionic Personality Disorder, are also complex in terms of etiology and symptomology and pervade all aspects of an individual's life (DSM 5-TR, 2022). Therefore, applying a sociological perspective could offer the same benefits as it does for ASPD. On a more general level, the interdisciplinary nature of combining sociological and psychological perspectives can help researchers see concepts from a new point of view and offers an opportunity for novel thoughts and ideas. While this paper begins to examine the ways in which psychology and sociology can be used in tandem with one another, there are various opportunities to explore the concept further, either in relation to ASPD or otherwise.

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Appendix A

Intervention	Age Range	Elements Addressed			
		Individual	Microsystem	Mesosystem	Exosystem
Parent Corps	3-4	–	Parent Training, Teacher Involvement	Parent and Teacher Communication	–
Generation PMTO	3-11	–	Parent Training	Family Interaction	–
Multisystemic Therapy	12-18	Individual Therapies (CBT, Talk Therapy, Mental Disorder-Specific therapies, etc.)	Parent Training, Peer Relations, Teacher Involvement	Parent and Teacher Communication	Relationships with Community Members
Treatment Foster Care Oregon	12-18	Individual Therapies (CBT, Talk Therapy, Mental Disorder-Specific therapies, etc.)	Parent Training, Family Therapy, Peer Relations, Teacher Involvement	Parent and Teacher Communication, Parent and Community Volunteer Communication	Relationships with Community Members

Appendix A. Summary of Four Empirically Supported Blueprints Model or Model Plus-Rated Interventions by Age and Ecological Systems.

Appendix B

Visuals of Bronfenbrenner's Bioecological Model

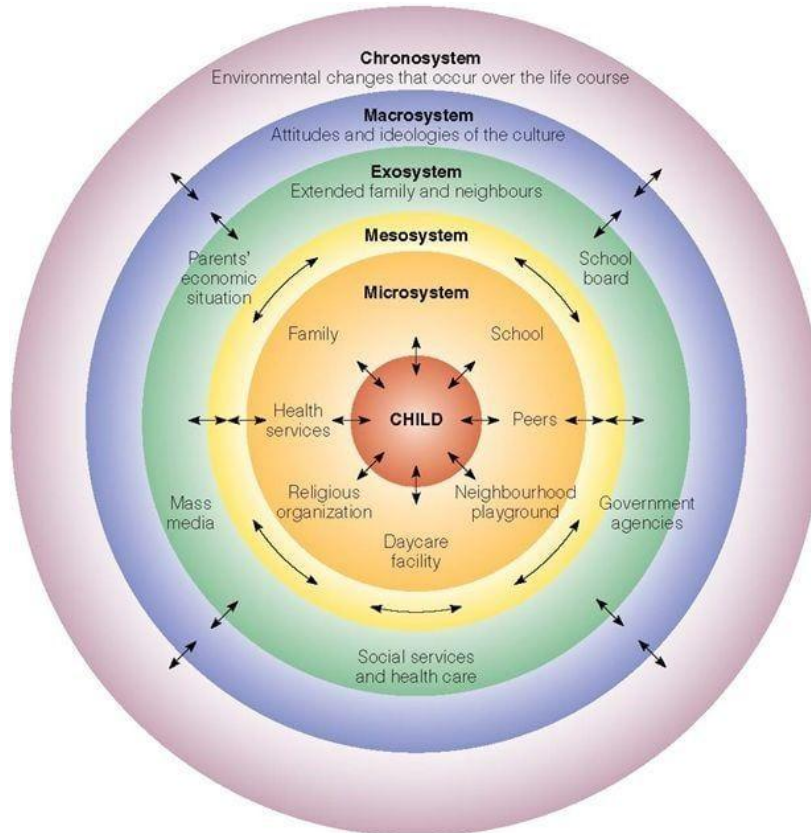


Figure B1. Urie Bronfenbrenner's Bioecological model. From [simplypsychology.org](https://www.simplypsychology.org/bronfenbrenner.html)
<https://www.simplypsychology.org/bronfenbrenner.html>

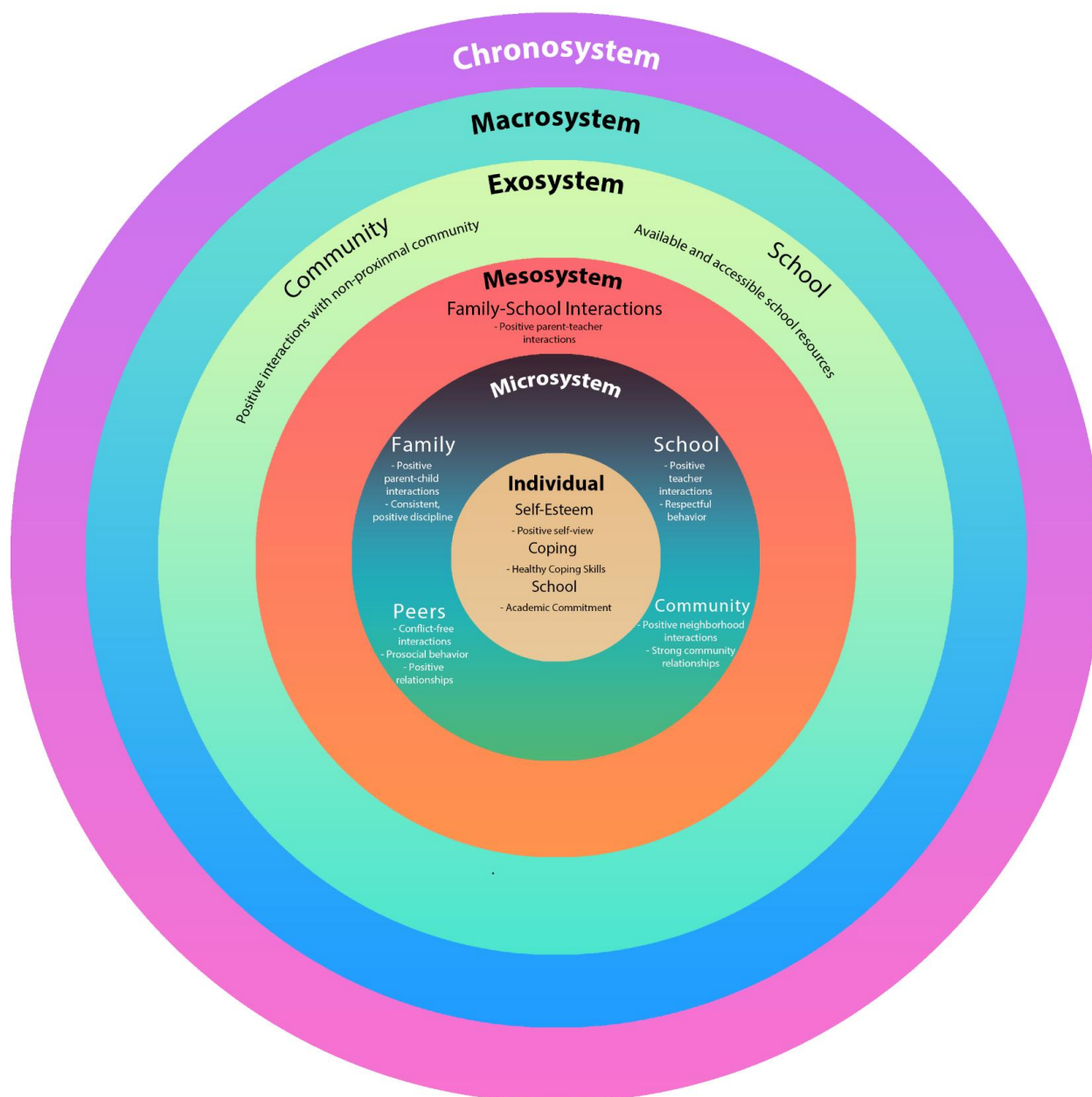


Figure B2. Strength factors within the Bioecological Model.

Appendix C

Checklist for Assessing Antisocial Resilience in Ecological Systems

PARTICIPANT NAME	PARTICIPANT ADDRESS	CLINICIAN NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
PARTICIPANT DATE OF BIRTH	PARTICIPANT PHONE #	CLINICIAN PHONE #
<input type="text"/>	<input type="text"/>	<input type="text"/>

Individual

 A. Self-Esteem

1. Positive View of Self

- E.g. Participant has confidence in his/her own value and capabilities

 B. Coping

1. Healthy Coping Skills

- E.g. Participant deals with adversity and unexpected events in a consistent, healthy manner, seeks out available resources when needed

 C. School

1. Academic Commitment

- E.g. Participant values learning, academic involvement, and success

D. Indicate if there is a previous diagnosis of any of the following:

7. Attention Deficit Hyperactivity Disorder (ADHD)
8. Oppositional Defiant Disorder
9. Conduct Disorder
-

Microsystem

 A. Family
 1. Positive Parent-Child Interactions

- E.g. Parents are supportive of child's thoughts and feelings, verbal interactions are warm and positive

 2. Consistent and Positive Discipline

- E.g. Parents reinforce desired behavior; if poor behavior is exhibited it is met with firm but developmentally appropriate consequences

 B. School
 1. Positive Teacher Interactions

- E.g. Participant is polite to teachers, follows teacher instructions
 - 2. Respectful Behavior
 - E.g. Participant follows school rules including being on time for class, remaining on school property, respecting school property
 - **C. Peers**
 - 1. Conflict-Free Interactions
 - E.g. Participant avoids arguments and fights with peers, attempts to deescalate tense situations
 - 2. Prosocial Behavior
 - E.g. Participant willingly assists peers, shares his or her belongings such as class materials or toys
 - 3. Positive Relationships
 - E.g. Participant forms friendships with prosocial peer groups
 - **D. Community**
 - 1. Positive Neighborhood Interactions
 - E.g. Participant forms friendly relationships with neighbors; participant has formed a strong relationship with one or more non-family community members
-

Mesosystem

- **A. Family-School Interactions**
 - 1. Positive Parent-Teacher Interactions
 - E.g. Parents and teachers of participant communicate often; communication is friendly, productive, and aimed at improving the experience of the participant
-

Exosystem

- **A. Community**
 - 1. Available and Accessible Community Resources
 - E.g. Participants' neighborhood has accessible parks, recreation spaces, and/or community centers
 - **B. School**
 - 1. Available and Accessible School Resources
 - E.g. Participants' school provides before and after-school programs, consistent meals, and resources to seek social or economic support
-