improvement. A one-year follow-up of this sample replicated the findings of the prior efficacy study. Children in Coping Power had lower rates of self-reported substance use and delinquency, and lower levels of teacher-rated aggressive social behavior at school, in comparison to the control children (Lochman and Wells, 2003). Long-term effects on children's aggressive behavior at school have been found three years after intervention (Lochman *et al.*, 2013). Another dissemination study found that children participating in Coping Power groups run by school guidance counselors who received an intensive form of training had significant reductions in aggressive behavior at the end of intervention (Lochman *et al.*, 2009), and less deterioration in academic outcomes two years later (Lochman *et al.*, 2017). DBDs, including ODD and CD, are amongst the much present clinical conditions in children and adolescent in mental health institutions. In Italy, two studies that employed the CBCL (Child Behavior Checklist) (Achenbach and Rescorla, 2001), have detected the presence of behavioral issues in the 8-12% of the analyzed sample (Frigerio *et al.*, 2006). For this reason, in Italy, the Stella Maris research group in Pisa, working in the outpatient service "*Al di là delle nuvole*", applied this treatment model to children with ODD or CD diagnosis, plus managed the Italian edition of the treatment program's manual (Muratori *et al.*, 2012a). The Coping Power Program, in the child component, is structured into 32 group sessions, and employs cognitive-behavioral techniques as well as activities aimed to enforce different abilities, for example undertake short and long term objectives, effectively homework planning, get to know and modulate anger's physiological signals, to know others' point of view (perspective taking), adequately resolve conflictual situations, to resist peers' pressures and make contact with a positive groups of peers. Furthermore, behavioral contracts are employed, in which minimum scholar and social objectives are set, and a prizes' system is associated to achievement of those objectives. Role-playing and peers' interaction are the principal tools used by the program with the aim of increase competences acquired outside the therapeutic setting. Choosing to work in groups allows children to make *in vivo* learning experiences in gaining interpersonal abilities and social competences; furthermore, peers group's social reinforcement is far more effective than adult's one in a dyadic situation (Lochman and Lehart, 1993). The Coping Power Program's parent component is structured into 16 group sessions, with the aim of developing and increasing parenting skills in various areas, including homework organization, parent stress management, using proper educational practices, improving familiar communication and planning sharing time with children. As many Parent Training programs, the intervention uses a system of homework mainly focused to a systematic observation of the child's behavior and to record parent's reactions accordingly to the subjects discussed in group session. Although both the children and parents component can be implemented separately, authors strongly recommend to use both components at the same time in order to accomplish the most effective result. It is established that both programs proceed in parallel and that, during Parent Training, parents are always keep informed about the activities that their children do in the group so that, for example, they can sustain the problem solving ability that their children are acquiring.

Application of the Coping Power Program with adolescents

In Italy the application of the CPP (Ruglioni *et al.*, 2009; Muratori *et al.*, 2012a) tried to verify the possibility of a usage of this treatment model with teenagers 13-14 age that, due to biologic development and personality features, could be considered as teenagers. The therapeutic goals of some of the CPP modules, both for teenagers as well as for parents, can be considered as protective factors against the development of oppositional and aggressive conducts in adolescence. The group setting can sustain the identification's process in the adolescent and, through the confrontation moments and mutual help during the activities, can integrate the cooperative dimension. To build up an identification process that integrate the motivation to cooperate can help the adolescent to share experiences, actions, emotions with the peer's group, trying to outline a functional balance between detection and differentiation's needs.

To what kind of teenagers can the CPP be proposed? A possible first answer is the onset age. Moffit (1993b), starting from this onset age concept, have developed an "evolutionary theory of antisocial behavior" that explains the continuity and discontinuity of these conducts. The authoress discerns between: adolescent limited individuals (AL), in which antisocial behavior begins in adolescence and tend to vanish in first adult age; and adolescent limited offending (LCP), which are antisocial subjects with an history of conduct's disorders childhood-onset that often present chronic outcomes. These individuals are generally more aggressive, show severe functional impairments like attention's deficits and impulse's control, and present serious temperamental problems. These children often have a family member with psychopathological issues, they live in deprived environments and suffer due to a life with serious social-economics problems; all these environmental factors often bring these adolescents to begin a course of care only in the beginning of adolescence, thus when their deviant behaviors can become extremely violent and aggressive even in the family context. Parents then experience serious consequences due to their sons' behavior, and only in that moment ask for help to specialized services. In the last 10 years, literature tried to find answer over the fact that a deviant career, starting in first adolescence, can be a factor that will influence the entire life (Padrini *et al.*, 2010). In this point of view the attempt to apply the CPP in adolescent age can be of the outmost importance in terms of prevention (Lambruschi and Muratori, 2013).

CPP's validation studies in Italy

Italian scientific community's contribute does not end to write down the Italian version of the CPP manual or increasing the protocol's application to a wider age's range, but have also conducted different studies aimed to demonstrate that CPP's effectiveness can be influenced by some factors that need particular attention. For example, it has been pointed out (Muratori *et al.*, 2015), that maternal depression plus incoherent parenting practices, have a negative influence on CPP's results. It has been hypothesized that the change in inconsistent or harsh maternal discipline, and the level of maternal depression, may affect the efficacy of a multi-component treatment on child aggressive behavior. The aim of the study is to test this hypothesis in 62 Italian children (mean age 9.6) with disruptive behavior disorders, treated with Coping Power Program. Was used the residualized change in a two-wave model to measure the change in aggressive behavior, as an outcome variable; and the change in parenting practices and the level of maternal depression at the beginning of the treatment were the independent variables. Our results show that a decrease in inconsistent discipline, but not in harsh discipline, was associated with a better treatment outcome in children. Furthermore, a higher level of maternal depression predicted a worse treatment outcome in children.

According to our findings, change in parenting skill is a key mechanism for promoting a positive treatment outcome. Another study (Muratori *et al.*, 2017a) demonstrated the Coping Power's effectiveness in reducing both externalizing behaviors in children with disruptive behavior disorders as well as children's callous unemotional traits. The sample included 98 Italian children, 33 treated with the CP program; 37 with a less focused multi-component intervention, and 28 with child psychotherapy. The results showed that the CP program was more effective than the other two treatments in reducing aggressive behaviors. Furthermore, only the CP program was associated with a decrease in children's callous unemotional traits. The CP program was also associated with lower rate of referrals to mental health services at one-year follow-up. Another 2017 study (Muratori *et al.*, 2017b) implemented the CPP in five Italian hospitals and tested the effectiveness in relation to the attachment's styles of the therapist that was applying the protocol. A consecutive sample of children initially referred for behavioral problems received a systematic evaluation at five Italian community hospitals, in five different Italian cities. The CPP group consisted of 80 children, age range 8-12 years, 70 Caucasian. Sixty-nine (92%) male and 11 (8%) female. Of these, 54 (68%) had an ODD diagnosis, 26 (32%) one of CD, 25 (32%) had also an attention deficit hyperactivity disorder comorbidity, and 8 (10%) had a mood disorder comorbidity. These patients had severe impairments in many areas of functioning (C-GAS mean score=45.6, 6.24 SD). These 80 children were divided into 16 groups, with 4-6 children in each, and we examined the attachment style characteristics of the leaders of these CPP groups (16 therapists). Was collected a control sample that included a treatment as usual (TAU) group that contained 80 children, 69 (92%) male and 11 (8%) female, 54 (68%) with an ODD diagnosis and 26 (32%) with CD diagnosis, with 22 (28%) having an ADHD comorbidity. These patients also had severe impairments in many areas of functioning (C-GAS mean score=42.6, 6.74 SD). A total of 160 children met the inclusion criteria, completed pre-treatment assessments, and started intervention. Of these, 16 (10%) did not complete the treatment, eight were from the CP group, and eight from the TAU condition, whilst those who accomplished the study have followed almost all the protocol, with an average child and parent attendance rate of 89%. The protocol integrity was monitored with the following methods: 1) Therapists followed an official 3 days training; 2) Therapists attended supervision meetings during 6 months with a certified CPP Supervisor. As did in others CPP's related studies (Muratori *et al.*, 2014, 2017a, 2047b), checklists were filled by therapists after each session, outlining which objectives were accomplished and which group activities were used. These checklists were reviewed by the official CPP supervisor, and they indicated that over 85% of session objectives were delivered. All the therapists involved in the CP condition had a master degree in psychology and attended official training in psychotherapy, as required by the Italian law. Treatment as usual (TAU) condition received weekly sessions of psychotherapy for a 9 months period. Children received a cognitive behavioral intervention delivered in individual setting, as usual in Italian community hospitals. Parents received individual parent training. Essentially, the children and parents in TAU group received a psychotherapy intervention in individual setting rather than in group setting as in CPP condition. The attachment's styles of the therapists were screened through the attachment style questionnaire (ASQ) (Feeney *et al.*, 1994). Analysis of covariance showed a significant effect of group for aggression (F (1,156)=23.171; p=0.000; eta square=0.13), for rule breaking behaviors (F (1,156)=10.429; p=0.002; eta square=0.06), but only a marginal effect for CGAS (F (1149)=3.009; p=0.085; eta square=0.02). For all the outcomes a better improvement for the CPP groups was found, meaning a decrease across time for aggression and rule breaking behaviors and an increase across time for the general functioning. The change in aggression was significantly related to the levels of the therapist's preoccupation with relationships. Higher levels of change in aggression are associated with higher levels of a preoccupied attachment style. Was pointed out that higher levels of preoccupation for relationships can distract or reduce the therapist's focus on the content and objectives of treatment. The CPP is a very structured treatment, with preset activities and objectives for each session. A therapist who has higher levels of preoccupation with relationships may become less accurate in managing the sequence and content of the treatment. It's predictable that CPP therapists with higher levels of preoccupation for relationships may have a tendency to modify the order or the content of certain activities of the program, to maintain their relationship with the patient. Furthermore, children with aggressive problems may behave during therapy sessions in a way that is dangerous for themselves or others. A therapist with higher levels of preoccupation for relationships may tend to intervene anxiously, instead of using the techniques and principles included in the CPP. It is important to underline that similarly to previous studies with adult patients, the presence of an avoidant attachment style in the therapist does not influence outcome of the intervention (Meyer *et al.*, 2001; Schauenburg *et al.*, 2010; Wiseman and Tishby 2014). However, these findings are in contrast to those from Bruck *et al.* (2006), which showed a direct link between higher therapist attachment avoidance and greater patient's inter- personal problems after the intervention.

Conclusions

It is widely demonstrated that the problems that we analyzed in this article, like juvenile delinquency, drug abuse, low school performance, social and relational difficulties, *etc*., have a very high social cost, and their roots can be tracked back in childhood. For this reason, it is of the utmost importance the prevention and treatment of all those children's disorders, for which the correlation with those above-mentioned problems is demonstrated. This objective can be achieved through the use of specific treatment protocols, like the Coping Power Program, that showed in many validation studies its capability to reduce aggressive behaviors, CU traits, to improve emotional identification, problem solving skills and perspective taking ability, if compared to other treatment programs. A more capillary diffusion of the CPP in the Italian mental health structures should provide more effective prevention and treatment forms for childhood externalizing disorders, plus offering an important saving in economics terms and costs for the National Health Service, thanks to the necessity to apply the protocol in group sessions.

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