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# Effective treatment programs for violent adolescents: Programmatic challenges and promising features

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ABSTRACT

The search for effective treatment programs for violent adolescent offenders has produced more questions than answers. Only a handful of treatment programs have proven efficacious with adolescent offenders. This paper reviews the similarities and common features of four programs that have proven effective at reducing recidivism in adolescent offenders. The programs not only differ in many ways, but they also share some striking similarities. All take a comprehensive approach; utilizing a multidimensional treatment system to work with the youth and their family. All share a similar philosophy, theoretical framework, and structural approach to treatment. These similarities provide a template to facilitate progress in future programming, and research.



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## 1. Introduction

In many ways, the search for a clearly effective and generalizable treatment that can reduce serious and persistent offending in juvenile

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offenders has been the holy grail of juvenile justice research for many years. Over decades of effort, the research landscape has become littered with poorly constructed studies, often documenting weak or no effect on serious recidivism, with a few studies of interventions that show a bit more promise. In addition, the programs that have attempted to work with this population have often not provided data in the literature that moves the field forward. Often, these programs do not study their effectiveness in a systematic way. Although there is considerable evidence for effective prevention programs that intervene with aggressive pre-teen children (Eyberg, Nelson, & Boggs, 2008), the evidence for effective intervention with violent adolescent offenders is very limited (Tate, Reppucci, & Mulvey, 1995). As a result, there is an ongoing sentiment that treatment of violent juveniles, an endeavor that appears unattractive and unpleasant on its face, is an area not worthy of development as there is so little evidence to demonstrate that anything works with this difficult population.

Several practical considerations make it difficult to study the outcomes of treatment of violent juvenile offenders. Typically, juveniles who have engaged in violence that is more harmful have been placed in secure custody, and are under the supervision of a court or a department of corrections. Release and transfer decisions can often disrupt treatment while a wide range of institutional milieu variables can influence the impact of treatment services. More disruptive and aggressive individuals are often removed from treatment in response to aggressive incidents, or may be more apt to drop out of treatment. Comparing treatment completers to those who fail treatment can merely document a sorting process in which the more aggressive individuals fail treatment while the more compliant and controlled individuals complete treatment, although the treatment itself may have no effect. Moreover, the target behavior of persistent violence itself presents additional difficulties. Randomized treatment and control group assignment raises difficult ethical issues that cannot be easily resolved.

In every setting, random assignment of violent juveniles to a no-treatment condition can be problematic. Even assignment to a treatment-as-usual condition presents ethical problems if there is evidence to believe that the proposed treatment can reduce violent behavior and there is no evidence of efficacy of the treatment-as-usual condition. Every study involves certain burdens in the form of risks or inconveniences that may be carried by the participants or by others. When the target behavior is repeated interpersonal violence, part of the burden involved with assigning participants to the less optimal treatment modality falls on the future victims of that violence. Only when there is no reason to believe that the proposed and comparison treatment differ in their effectiveness can a random group assignment be considered to pose no additional risk to future victims. As a result, if a treatment approach is demonstrated to be effective in a randomized trial, those results cannot be replicated without placing future victims of the comparison participants at greater risk.

In addition to the difficulties with replication of results, randomized trials cannot be double-blinded. The potential effects of involving staff in a newly developed treatment or recruiting participants into an experimental treatment cannot be controlled easily. Staff who will be delivering a new and promising treatment are often carefully selected, and receive specialized training and supervision that the treatment-as-usual staff may not. This additional staff training and supervision may account for some of the treatment effects, regardless of the benefits of the treatment technique.

One common solution to these problems is to conduct an observational study in which the proposed treatment is introduced into the routine programming, and outcomes are assessed against a comparison group of participants who received only the usual programming. This approach presents its own difficulties, chief among them that the group assignment process may be biased. Although there is no "gold standard" for dealing with these ethical issues, methods are available to address and mitigate the effects of non-random group assignment, (e.g., propensity score analysis; Dehejia & Wahba, 1999, 2002; Rosenbaum & Rubin, 1983).

For these and other reasons, most research into the efficacy of treatment of violent adolescents relies on quasi-experimental or observational studies, often comparing individuals who complete treatment to those who do not. Unfortunately, the most aggressive and disruptive juvenile offenders are often excluded from treatment, either because they have been removed from the juvenile justice system and placed in adult institutions, or because for security reasons they are considered unsafe to participate in treatment activities. On those occasions when they are included, they are more likely to drop out or to be expelled because of aggressive or disruptive behavior. When these cases become difficult, the typical response is not to step up treatment. Instead, the typical response emphasizes safety or punishment, or both. As a result, studies that compare participants who complete treatment to those that do not are often fatally flawed.

## 2. The search for effective treatments

In an early review of treatment effectiveness studies, Lipton, Martinson, and Wilks (1975), reviewed 231 reports of effectiveness of correctional treatment programs and included adolescent and adult offenders. Martinson (1974) and Wilks and Martinson (1976) concluded that the available results did not provide support for the efficacy of any specific treatment intervention. However, the findings were less an indictment of the effectiveness of treatment than a litany of the failures of the research methods that were used.

Subsequently Whitehead and Lab took up the quest by conducting a meta-analysis of 55studies involving 85 comparisons of outcome evaluations of juvenile correctional treatment programs (Lab & Whitehead, 1988; Whitehead & Lab, 1989). The results were similarly discouraging. No specific treatment setting or modality appeared to be effective in treating adolescent offenders.

In a review of the research related specifically to violent adolescents, Tate et al. (1995), also found little basis for optimism. Although several cognitive–behavioral techniques appeared to be effective at providing aggressive youth with the targeted skills, there was scant evidence that these changes would result in less criminal behavior upon release. For example, one of the more promising cognitive–behavioral interventions was Aggression Replacement Training (ART; Goldstein & Glick, 1994). This approach involves prescriptive training of a series of social skills and problem-solving strategies and incorporates unit staff reinforcing the target skills. The program employs a highly structured and detailed manual that lists 50 potentially deficient social skills, and prescribes an intervention for each. The available evidence showed that Aggression Replacement Training increased the youth's skills in the targeted areas. However, there was no evidence that ART could produce a decrease in aggressive behavior, either in the institution or after release (Goldstein, Glick, Reiner, Zimmerman, & Coultry, 1986).

As part of an American Psychological Association task force on effective psychosocial interventions, Brestan and Eyberg (1998) and Eyberg et al. (2008) reviewed the results from a large number of studies of treatment interventions for youth who had engaged in disruptive behavior. In their initial review (Brestan & Eyberg, 1998), they identified 12 interventions as "probably efficacious", defined as those that had demonstrated at least a 50% reduction in the targeted symptoms in at least two prospective, comparison group designed studies. However, in a follow-up review (Eyberg et al., 2008), three of the initial 12 interventions were found to have failed to meet the inclusion criteria due to a coding error, and were dropped from the list of "probably efficacious" treatments. Of the 16 treatments identified as "well established" or "probably efficacious" in the final review, nine had been included in the original review and seven new approaches were added. Nine of these approaches were delivered in a school or clinic setting, six were delivered in family homes, and one was delivered