

EFFECTIVENESS OF TREATMENT FOR VIOLENT JUVENILE DELINQUENTS

THE PROBLEM

Traditionally, the philosophy of juvenile courts has emphasized treatment and rehabilitation of young offenders. In recent years, however, community protection, punishment, and retribution have gained in popularity and have been openly accepted as the primary objectives of courts that deal with juvenile offenders, especially violent ones.

Laws have been changed in New York, Virginia, and other states to allow younger juveniles who commit a broader range of offenses to be tried in adult courts, where they often receive harsher punishment. Many juvenile court judges also favor tough changes that would make their courts more like adult courts. For example, the belief that juveniles should face the death penalty in certain cases was expressed by 40% of the juvenile court judges in a 1994 study.

The question of whether violent adolescent offenders can be successfully rehabilitated is one on which changes and debates about the future of juvenile justice partly rest. Lack of successful treatment supports the use of more retributive, proportionality-based approaches to disposition. However, evidence of successful treatment challenges retributive policies and argues for retaining more individualized judgments.

RISK FACTORS

Several factors are associated with anti-social behavior and delinquency. These factors include:

- ◆ Perinatal risks. Prematurity, low birthweight, anoxia, and other medical stresses are associated with behavior problems at 5-7 years of age and delinquency at age 18. Most often, however, the association holds only if the risks are coupled with family dysfunction.
- ◆ Biological risks. Several biological conditions and neurological processes are hypothesized to be linked to violent behavior, including genetic influences, neurophysiological abnormalities, and functioning of steroid hormones and neurotransmitter systems.
- ◆ Cognitive deficiencies. Chronically-violent people have constricted problem-solving skills, due in part to their lowered ability to reason abstractly and their hostile appraisals of neutral situations.

- ◆ Poor mental ability. Low IQ, low verbal ability, and poor school performance are related to delinquency. It has not been determined, however, whether poor mental ability causes anti-social behavior or the opposite. But the association has been observed as early as ages 2-3 years, and early poor mental performance predicts later delinquency.
- ◆ Low-income neighborhoods. Neighborhoods characterized by rapid residential transition, low socio-economic status, high unemployment, high crime rate, and lack of citizen involvement, have been found to have disproportionate delinquency rates.
- ◆ Conflict and poor parenting. Extreme family conflict and hostility, uncaring and rejecting parenting, neglect, lack of supervision, and ineffectual disciplinary practices have direct associations with delinquency and crime.

TREATMENT

Several treatment approaches have been used to address juvenile delinquency, with mixed results.

Biological Interventions

Several biological conditions and neurological processes are believed to be linked to violent behavior, raising the possibility that some violent behavior may be reduced or prevented by altering relevant neurological states or conditions.

However, research on pharmacological interventions in violent populations within correctional facilities is rare. Also, while there is likely a subsample of adolescents whose violent behavior is associated with organic and neurological impairments, the present level of understanding of these problems is very limited.

Nevertheless, there is much enthusiasm regarding the future of biological and pharmacological interventions and in their ability to improve the effectiveness of psychological approaches to treatment.

Cognitive-Behavioral Approaches

Cognitive interventions assume that an angry, aggressive state is mediated through a person's expectations and appraisals, and that the likelihood of violence is increased or reduced as a result of this process.

Cognitive deficiencies, such as insufficient problem solving, and cognitive distortions, such as dysfunctional thinking processes, have been identified as leading to aggression. Studies also have documented social-cognitive difficulties among violent adolescents.

Two prevalent cognitive-behavioral approaches attempt to address social-cognitive difficulties:

- ◆ **Social Skills Training.** An example of this approach, Aggression Replacement Training, is a multimodal, psychoeducational intervention designed to alter the behavior of chronically-aggressive youth, incorporating "skillstreaming" to teach pro-social behaviors, anger control training for modifying anger responses, and moral reasoning training. Youths who have had the training showed increases in constructive, pro-social behaviors and decreases in rated levels of impulsivity within an institutional setting. However, they did not differ from controls in the number or intensity of acting-out behaviors, and the program's effectiveness for reducing violent behavior before and after release has yet to be demonstrated.
- ◆ **Problem Solving Skills.** Training emphasizes development of cognitive strategies to increase self control and social responsibility. One program, the Viewpoints Training Program, seeks to change beliefs and attitudes about the legitimacy of violence in response to conflict and emphasizes social problem-solving skills. Violent incarcerated adolescents who have taken part in the program have shown increased problem-solving skills, decreased endorsement of beliefs supporting violence, and lower rated aggressiveness and impulsiveness than an attention-control group and a group that received no treatment. However, there were no group differences in the number of parole violators 24 months after release.

Multisystemic Therapy

Multisystemic Therapy (MST) has shown promise as a cost-effective strategy for decreasing the number of young incarcerated offenders while reducing their antisocial behavior, and it is the only treatment to demonstrate short-term and long-term efficacy with chronic, serious, and violent juvenile offenders.

MST interventions are child-focused, family-centered, and directed toward solving multiple problems across the numerous contexts in which youths are embedded: family, peers, school, and neighborhood. Services are provided in home and community settings to enhance cooperation and promote generalization. Interventions are tailored to the specific needs of the adolescent, the family, and surrounding systems.

The MST approach works to increase family communication skills and to help the adolescent achieve goals regarding community and peer functioning. The workers in this program do things such as conducting in-home meetings with the family, advocating for the adolescent in school, and getting desired objectives met, like getting to a job interview.

The promise of the MST approach was underscored by the reduction in arrests and incarcerations, improved family cohesion, and other positive outcomes reported in a 1992 study of youths who were at risk for out-of-home placement because of serious criminal activity.

More than half of the 96 youths has been convicted for a violent offense. An additional 37%

were chronic offenders with three or more non-violent convictions and who reported having committed violent offenses. The youths were randomly assigned to MST or the usual youth services programs of institutional treatment and community probation and parole. The following results were reported:

- ◆ Approximately 59 weeks after referral, MST youths had half as many arrests as the usual-services youths.
- ◆ Only 20% of the MST youths were incarcerated during the initial 59-week period, compared to 68% of the usual-services group.
- ◆ Family cohesion improved and peer aggression scores decreased significantly for youths who received MST.
- ◆ Follow-up studies at 2 and 4 years of post-referral showed sustained effects in arrest rate and self-reported offenses among youth who had received MST.
- ◆ At the 4-year follow up, MST youth were less likely to be arrested for violent offenses than youths who received individual therapy, even after accounting for pretreatment violent crime arrest rates.

Also, the relative efficacy of MST was not moderated by demographic characteristics--such as race, age, social class, gender, arrest and incarceration history--nor was it mediated by psychosocial variables, such as family relations, peer relations, social competence, behavior problems, or parental symptomatology.

WHAT CAN BE DONE?

Two policy implications arise from studies of violent youth interventions:

- ◆ Social cognitive interventions should be encouraged as a critical component of institutional and community-based programs.
- ◆ Service provision should be reconceptualized as an ongoing care model that emphasizes intervention in multiple spheres of an adolescent's life. The most promise lies in a comprehensive, long-term commitment, rather than in the development of any singular, more powerful approach.

There is also a clear need for methodologically sophisticated studies of treatment effectiveness which are more precise in their definition of violence and either exclusively target or conduct separate analyses for violent juveniles.

Psychologists can contribute meaningfully to the development and refinement of public

policies by:

- ◆ Replicating the findings of promising prevention and intervention programs.
- ◆ Specifying under what conditions, and with which populations, these interventions work.
- ◆ Clarifying unique characteristics and different typologies of violent adolescents.
- ◆ Exploring specific childhood risk and buffering factors that promote or inhibit future violent behavior.
- ◆ Developing more valid and reliable means of risk assessment.

CONCLUSIONS

Empirical literature on interventions with serious, violent adolescents is rather limited, and there is no single, proven-effective approach to working with these adolescents. There is, however, initial evidence that certain comprehensive interventions show promise.

Public reaction to increasing rates of youth violence, however, has resulted in policy initiatives that center on offense-based punishments. Some states have increased the number of crimes and lowered the age for which transfer from juvenile to adult court is possible or automatic. Courts have developed minimum sentencing for specific offenses.

The problem with those approaches arises from the difficulty of determining to whom they should apply. Unfortunately, offense-based strategies assume that adolescents who commit a violent act are a homogenous group and should be treated accordingly, and they do not consider individual differences, such as maturity, competence and judgment in decision making, or circumstances that may make a youth more or less amenable to treatment. The result may be an over-identification of potentially violent adolescents, and a larger number being automatically subjected to adult courts that emphasize punishment rather than rehabilitation.

Another cost is the effect retributive strategies may have on the search for preventive interventions. Long-term evaluation of promising programs is needed to understand which interventions will be most successful. Such efforts, however, may be dampened by a shift on resources and attention to the goals of retribution.

As mentioned in the beginning of this paper, the policy debate regarding violent delinquents is usually structured so that empirical support for rehabilitative approaches is taken as a counterweight to the case for punishment or retribution. Given what we know and are likely to find about successful interventions for these adolescents, this formulation might be counterproductive. It may be futile to frame the question of what it takes to have an impact with violent juvenile offenders in terms of whether rehabilitation or punishment is the most desirable course. This may not be an

"either/or" situation. A combination of the two might be required.

The intensive, comprehensive, community-based approaches may be most acceptable only when they have a clear monitoring and sanctioning component, and the retributive strategies may only be workable when they incorporate treatment for selected subgroups of violent offenders. Effective intervention could likely lie somewhere in the middle, where ideology could give way to reasoned program design.

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This report is a condensed and revised version of the above-referenced work, edited and restructured to our format, and supplemented with additional information from the following sources:

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