Free literature review on best form of therapy in working with juvenile delinquen...

Psychology, Behaviorism

1. Quantitative Articles

Kurtz (2002) argues that leading causative factor for teenage offending behavior is a hostile family environment. According to Kurtz (2002), parenting emerges as both a direct and indirect influence for delinquent behaviors because neglectful parenting coupled with inadequate monitoring and supervision contributes to uncouth behavior. He cites psychological interventions such as Aggression Replacement Training Program (ART), Multisystematic Therapy (MST), and Cognitive Behavioral Therapy (CBT) as being among the best strategies for preventing juvenile delinquency (Kurtz, 2002). However, studies conducted showed that Multi-systematic therapy (MST) is the most effective based on the 60% effectiveness rate as compared to the CBT and ART.

Sawyer and Borduin (2011) also cites the Multisystemic therapy as being the best intervention strategy for correcting juvenile delinquency. They conducted a study aimed at investigating the effects of MST on criminal and non-criminal outcomes in midlife (Sawyer, and Borduin, 2011). A study conducted on 176 participants revealed that intent-to-treat analysis showed that those who adopted MST depicted low levels of felony recidivism. MST was felony rates were 34. 8% as compared to 54. 8% obtained using Individual therapy (Sawyer, and Borduin, 2011). MST participants had up to 5 times lower incidence of misdemeanor. These results present the most comprehensive proof that MST is the best approach for the treatment of juvenile delinquents since it creates a long-term positive influence on their behavior.

McDavid (1964) in his studies cites Group Therapy as being the ideal strategy for helping in the realization of immediate response among juvenile delinquents. His paper-and-pencil measure used to measure the effects of reward and punishment events among 89 institutionalized male delinquents showed that tests on juveniles subjected in groups sessions were higher than those applied in pre-therapy (p <. 05) (McDavid, 1964). For this reason, he argued that controlled social interactions subjected under optimal conditions was subject to deliver beneficial experience in bringing social reinforcement (McDavid, 1964). Letourneau, E. J., et al (2009), after conducting a randomized effectiveness trial for 1 year proved that Multisystemic Therapy is the most effective intervention strategy for treating juvenile offenders. Their study compared Multisystemic therapy (MST) and the normal juvenile sexual offenders in the United States (Letourneau, 2009). The juveniles were assessed on a number of factors such as sexual behavior, delinquency, mental health functioning and out of placements. The study found out that multisystemic therapy such as family-and community-based interventions provided considerable promises in overcoming the clinical needs of juvenile sexual offenders (Letourneau, 2009). Henggeler, S. W. et al. (1997) examined the effectiveness of using MST as the ideal therapy for treating violent and chronic juvenile offenders and their families in situations that lack fidelity checks. The study was conducted on 155 youths and it showed that the application of MST led to the reduction of incarceration of juveniles by 47% over a 1. 7 year follow-up period (Henggeler, et al 1997). 2. Qualitative MethodsIn recent years, juvenile service provides have shifted their focus from the traditional facility based treatment for high needs

juvenile delinquents to a more intensive community based approach (DeVore, 2011). DeVore recommends family therapy and Multisytemic therapy as the two most effective home based therapies. He contends that the two therapies deliver the best results compared to other out –of home placements and at a considerably lower price. His position is reinforced by the fact that previous studies have suggested that community based treatments yield better or similar results to facility based treatments. The cost of running community based programs is much lower than running a facility since the efforts and support are provided by family and friends who participate at no cost (DeVore, 2011). Functional Family Therapy (FFT) is practiced on youths aged 10-18 who have exhibited persistent anti-social behavior, violence and /or substance abuse. The therapy focuses on family dynamics between the troubled youth and their adult caregivers (DeVore, 2011). The main goal of therapy is to improve the relationship between the youth and the caregiver by establishing healthy communication channels. On the other hand, Multisystemic Therapy (MST) takes a similar approach to FFT but with a wider scope. MST works from the premise that a young person’s behavior does not occur in isolation but is derived from the systems in which the youth exists (DeVore, 2011). These systems are family, friends and peers. DeVore derived his conclusions from the reports of the Department of Juvenile Services (DJS) in Maryland. The DJS implemented FFT and MST to juvenile delinquents based on their performance in an assessment tool. The state recorded a reduction of 12% in out-of-home placements as a direct result of the two therapies. Out of all the families that completed FFT successfully, 93% had no new incidences of delinquency (DeVore, 2011). For

the families that completed MST sessions, 78% of the juveniles had no new incidences. However, DeVore acknowledges that the process requires the commitment of parents and caregivers. It also requires the support of the community, especially the extended family. This is because most delinquents come from troubled families where there are incidences of criminal activity within the family (DeVore, 2011). Multisystem Therapy has been established as an effective mode of treatment for antisocial behavior among youths. However, there is little research conducted into the impact of MST on the participating family. This paper presents the findings of a qualitative study into the experiences of parents and young people while undergoing MST. The paper focuses on the processes employed during intervention and how they impact change. Tighe and his colleagues used 37 semi-structured interviews that were administered to a sample size of 21 families (Tighe, Pistrang, Casdagli, Baruch, G., & Butler, 2012). The randomized controlled trial was conducted in the United Kingdom. The team’s thematic analysis was grouped into two domains of the process of engagement in MST and secondly, the outcomes which were positive or negative. The team found that initial modalities of engagement were important for establishing rapport between the therapist and the families. They also found that MST outcomes were complex because the reaction of the family and the offender may not be uniform at all times (Tighe, Pistrang, Casdagli, Baruch, & Butler, 2012). The teams findings supported the MST theory of change but recommended additional adaptations that may be incorporated into MST to improve effectiveness. The improvement would target deviant peers and extend family support even beyond the treatment period. Other researchers have

recommended Mode Deactivating Therapy as the best treatment for adolescents with behavioral issues such as anger, defiance, physical and sexual aggression (Apsche, Bass, & DiMeo, 2012). This is in recognition to the fact that these behaviors are prerequisite to delinquent conduct. Apsche. Bass and DiMeo believe that this approach offers the timeliest intervention that reduces cases of recidivism (Apsche, Bass, & DiMeo, 2012). Their approach is more preventative than curative in the sense that it seeks to cure adjust behavior in adolescents before it amounts to juvenile delinquency (Apsche, Bass, & DiMeo, 2012). Additionally, some studies have been conducted into cognitive behavioral therapy and its effectiveness in treating juvenile offenders. In the studies conducted by Redondo, Martinez and Andres within a Spanish juvenile parole system, the researchers found that cognitive treatment was effective in improving self-esteem and social skills among participants (Redondo, Martinez-catena, & Andrés-pueyo, 2012). The treatment comprised of 6 therapeutic components which were assertiveness, cognitive restructuring, empathy, and problem solving, self-control and relapse prevention. Cognitive therapy reduced aggressiveness and improved social skills and self-esteem. However, the treatment had minimal effect on cognitive distortions, empathy and impulsiveness (Redondo, Martinez-catena, & Andrés-pueyo, 2012). This is the biggest weakness of cognitive behavioral treatment as a therapeutic process. Sander, Sharkey, Olivarri, Tanigawa, and Mauseth, (2010) argued that interdisciplinary issues among juveniles can be related to the high rate of juvenile delinquencies. Six families were recruited to facilitate a study on the effects of using advocacy to control cases of juvenile delinquency. It was

found out that preventionist strategies and self-determination can help in controlling juvenile delinquency. Disciplinary policies must also be flexible to achieve the desired results (Sander, Sharkey, Olivarri, Tanigawa, and Mauseth, 2010). 3. Effects of Frustration on Behavior of Juvenile DelinquentsThe anti-social behavior in the juvenile delinquents based on the past and the current research is attributed to the low frustration tolerance. From the current research, two main questions have been raised based on this observation. These two questions are how frustration will influence the conduct of delinquents in a simple chore following aggravation, and if there is a relationship between the results of frustration and the inspirational activity (Golin, & Silverbtein, 1965). Based on these two questions, some hypotheses were formulated. It was hypothesized that frustration impairs with the delinquents performance and that there was an increased impairment for a motivated group. In order to approve the hypothesis statement, the researchers conducted an experiment that involved 32 males who portrayed in their actions some kind of antisocial behavior, in order to determine their levels of frustrations, the participants were divided into groups of two, one group was termed as frustrated and the termed as a no frustrated group (Golin, & Silverbtein, 1965). When the same experiment was conducted with the college students and delinquents, the results obtained was the same in that the end sound effects of frustration , as defined in the experimental procedure was significant only and under motivated condition. However, some experimental results showed that frustration in college students improved their performance while it impaired with that of the delinquents. The results obtained from the research are

consistent with the clinical observations. According to Golin (1965) it is concluded that behavior modification among the delinquents should be used to give them success experience rather than motivating them (p. 5). 4. Evaluation of a Predoctoral clinical psychology internship program by intern graduates. In the second experiment that was carried out, the research pertained suggestions by the intern graduates for explicit additions and revision of internship training. Although there is a lot of literature concerning graduate training in psychology, there is very little systematic research in clinical psychology internship experience. Based on the questionnaire given to former interns, it was found out that many of the comments they gave rotated within areas of research, clinical supervision and teaching (Holmes, Cook, & Rothstein, 1991). The comments that were provided with regard to research experiences were varied among the individual who filled in the questionnaire. Some individuals felt that internship period should be a time of concentrating on clinical skills development and did not view internship as time or a place for gaining research skills. For those that were interested with research studies, they suggested that research areas should entail treatment outcome research, program evaluation and assisting the faculty with the ongoing projectApsche, J. A., Bass, C. K., & DiMeo, L. (2012). Mode Deactivation Therapy (MDT) Comprehensive Meta-Analysis. International Journal of Behavioral Consultation & Therapy, 7(2/3), 46-53.

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