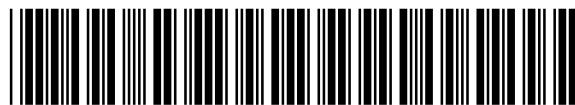


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| | |
|------------------------|---|
| TITLE: | JOURNAL OF EVIDENCE-BASED SOCIAL WORK |
| PUBLISHER/PLACE: | Haworth Press Binghamton, N.Y. : |
| VOLUME/ISSUE/PAGES: | 2005;2(3/4):125-139 125-139 |
| DATE: | 2005 |
| AUTHOR OF ARTICLE: | coyle JP |
| TITLE OF ARTICLE: | Preventing and Reducing Violence by At-Risk Adoles |
| ISSN: | 1543-3714 |
| OTHER NUMBERS/LETTERS: | NLM Unique ID: 101197676 |
| SOURCE: | Unique Key |
| MAX COST: | \$12.00 |
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Preventing and Reducing Violence by At-Risk Adolescents: Common Elements of Empirically Researched Programs

James P. Coyle, PhD, MSW

SUMMARY. Preventing and reducing youth violence, particularly in adolescents who have mental health disorders, is a significant challenge. A review of research-based programs that target at-risk adolescents identified eight common elements that impact effective outcomes (anger management and problem solving; consequences of violence and refuting beliefs supporting violence; prosocial skills and choosing prosocial peers; positive relationships with parents and non-parental adults; effective use of structure and limit setting; focus on strengths and resilience; use of multiple domains—individual, family, peer, and community; and

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The author would like to thank Nancy J. Smyth, PhD, for her guidance during this project.

Preparation of this article was supported by a grant from a partnership between the Center for the Development of Human Services of the Research Foundation of the State University of NY and the School of Social Work at the University at Buffalo.

[Haworth co-indexing entry note]: "Preventing and Reducing Violence by At-Risk Adolescents: Common Elements of Empirically Researched Programs." Coyle, James P. Co-published simultaneously in *Journal of Evidence-Based Social Work* (The Haworth Social Work Practice Press, an imprint of The Haworth Press, Inc.) Vol. 2, No. 3/4, 2005, pp. 125-139; and: *Juvenile Offenders and Mental Illness: I Know Why the Caged Bird Cries* (ed: Lisa A. Rapp-Paglicci) The Haworth Social Work Practice Press, an imprint of The Haworth Press, Inc., 2005, pp. 125-139. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-HAWORTH, 9:00 a.m. - 5:00 p.m. (EST). E-mail address: docdelivery@haworthpress.com].

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doi:10.1300/J394v02n03_09

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treatment matching the adolescent's individual needs). This paper describes specific practice interventions based on these elements. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Violence, adolescence, prevention, intervention

Youth violence is a significant problem. Reports of school shootings, continued inner city violence related to drugs and gangs, and youth's increasing use of violence to resolve conflicts have raised the alarm. At-risk youth are characterized by limited family support, depression, poor stress management, poor school performance, delinquent behavior, and influential relationships with anti-social peers (Dryfoos, 1993). They also are over represented in juvenile and family courts, foster and residential care, and in mental health programs.

The U.S. Department of Justice Office of Juvenile Justice and Delinquency Prevention (U.S. Department of Justice, 1996) and the University of Colorado's "Blueprints for Violence Prevention" (University of Colorado Center for the Study and Prevention of Violence, n.d.) have encouraged and described model programs that effectively prevent or reduce youth violence. Other research studies have demonstrated the effectiveness of interventions that address violence and underlying factors, such as emotional and mental health, family, and peer environment. This paper will describe common elements of these empirically researched programs. These elements provide the best guide for developing and implementing effective interventions for violence by at-risk adolescents.

COMMON ELEMENTS OF EMPIRICAL PROGRAMS

Programs were selected for this review using the following criteria: (a) program studies used experimental or quasi-experimental designs; (b) program research indicated effective outcomes (statistically significant differences in measured variables); (c) the intervention was described in enough detail that associations between methods and outcomes were possible; (d) measured variables addressed intervention

content or methods (e.g., program success); and (e) primary prevention strategies. Programs that measure outcomes associated with interventions were found across

1. Anger management
2. Increasing awareness of beliefs supporting violence
3. Prosocial skills training
4. Development of non-parental support
5. Effective use of consequences
6. Focus on street culture
7. Use of multiple interventions
8. Treatment that addresses underlying factors

Although there is significant evidence that these interventions can be discussed individually, this paper will describe specific interventions and their limitations associated with each.

Anger management is the most common intervention used in most programs that address violence through education. Studies that indicate the effectiveness of anger management training (Boydell, Eddy & Chamberlain, 1991; Henry, 1993; Hovell et al., 1993; Nugent, Bruley, & Chamberlain, 1993) suggest that anger and aggression training can help youth resist taunts, respond to anger, and the importance of feedback. Awareness of anger, and resource management techniques were also found to be effective.

All of these studies used a sample size of more than 50 subjects; the

's individual needs). This paper de-
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EMPIRICAL PROGRAMS

view using the following criteria:
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content or methods (not just arrest rates or generalized measures of cli-
 ent success); and (e) interventions focused on at-risk adolescents (pri-
 mary prevention studies designed for all youth were not included).

Programs that met these criteria (see Table 1) were analyzed for ele-
 ments associated with effective outcomes. The following interventions
 were found across multiple studies:

1. Anger management and problem-solving skills training
2. Increasing awareness of the consequences of violence and refut-
 ing beliefs supporting violence
3. Prosocial skills training and choice of prosocial peer relationships
4. Development of positive teen relationships with parents and with
 non-parental adults
5. Effective use of structure and limit setting
6. Focus on strengths and resilience
7. Use of multiple domains (e.g., individual, family, peers, commu-
 nity)
8. Treatment that matches the adolescent's individual needs

Although there is significant overlap between these elements, each will
 be discussed individually and program examples will be used to de-
 scribe specific interventions used in each of these areas. Strengths and
 limitations associated with each of these elements will be noted.

Anger management and problem solving was the cornerstone of
 most programs that sought to prevent or reduce teen violence, either
 through educational methods or modeling improved approaches. Studies
 that indicated improved behavior following anger management
 training (Borduin et al., 1995; Chamberlain & Reid, 1998;
 Eddy & Chamberlain, 2000; Guerra & Slaby, 1990; Hammond &
 Yung, 1991; Henggeler, Melton, Smith, Schoenwald, & Hanley,
 1993; Hovell et al., 2001; McCarthy-Tucker, Gold, & Garcia, 1999;
 Nugent, Bruley, & Allen, 1998) taught teens the difference between
 anger and aggression, how to express anger appropriately, ways to
 resist taunts, responses to other's anger without using aggression,
 and the importance of appropriately giving and accepting negative
 feedback. Awareness of triggers, body sensations associated with
 anger, and resources for self control, assertiveness, and relaxation
 techniques were also used in some of the programs.

All of these studies showed improvement in anger management, al-
 though some had small samples (7 had less than 100 subjects; 3 had less
 than 50 subjects); the observational measures were not as significant as

TABLE 1. Empirically-Based Programs for Preventing and Reducing Violence by At-Risk Adolescents

| Intervention | References |
|--|--|
| Aggression Replacement Training | Coleman et al., 1992; Nugent et al., 1998 |
| Anger Management Skills Training | Hovell et al., 2001 |
| Anger Management Training | McCarthy-Tucker et al., 1999 |
| Big Brothers Big Sisters | Tierney et al., 2000 |
| Bullying Prevention Program | Melton et al., 1998; Olweus, 1993, 1994 |
| Cognitive-Behavioral Skills Training | Hawkins et al., 1991 |
| Cognitive Mediation Training | Guerra & Slaby, 1990 |
| Functional Family Therapy | Alexander et al., 2000; Parsons & Alexander, 1973 |
| Gang Resistance Education & Training | Esbensen & Osgood, 1997 |
| Mentoring Program | Jackson, 2002 |
| Moral Reasoning & Development Program | Arbuthnot & Gordon, 1986 |
| Multidimensional Treatment Foster Care | Chamberlain & Reid, 1998; Eddy & Chamberlain, 2000 |
| Multimodal Approach | Morrissey, 1997 |
| Multisystemic Therapy | Borduin et al., 1995; Henggeler et al., 1993 |
| Positive Adolescent Choices Training | Hammond & Yung, 1991 |
| Quantum Opportunities Program | Hahn et al., 1997 |
| Residential Care | Scholte & van der Ploeg, 2000 |

self-report measures; and the follow-up measures showed reduction in skills since posttest. But the face validity and broad-based use of this element suggest that it is an important part of effective intervention.

Problem-solving skills helped teens with decision-making by helping them identify options, resist peer pressure, and develop alternatives to violent responses. Esbensen and Osgood (1997) used improved problem solving skills to help youth avoid gang membership and two other studies (Hawkins, Jenson, Catalano, & Wells, 1991; Morrissey, 1997) rewarded teens in residential care who chose behavior that followed institutional rules. Cognitive Mediation Training (Guerra & Slaby, 1990) improved social problem-solving by helping teens question their perception of others' hostility, search for further information about the situation, generate alternative solutions, identify consequences of violent solutions, and prioritize solutions according to the effectiveness of the desired outcome or goal. Methods were primarily cognitive-behavioral

and educational, and ples. Such cognitive for youth whose act poor self image, or c

Female aggression Shute, & Slee, 2000 gression, such as ex indirect form of agg focused on the social as opposed to comp Problem-solving a and in many instanc

Consequences of sion were also topic grams. The Gang I Program (Esbensen discuss the impact of vi tivity and prejudice without gang memb and problem solvin only measured outo responsibility, and b

The Bullying Prev 1993, 1994) focused cific, enforceable ru al levels). Olweus for power and host family patterns. Bul thy, and have the str therefore emphasize quences, and attempt through school enfo powered students to

Cognitive Mediat to change student be consequences of vic asked to present arg mate response to co nificantly affect the

CMT, G.R.E.A.T sion-making skills.

Preventing and Reducing Violence

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 chose behavior that followed in-
 Training (Guerra & Slaby, 1990)
 helping teens question their per-
 further information about the sit-
 identify consequences of violent
 ording to the effectiveness of the
 re primarily cognitive-behavioral

and educational, and they often used role-plays and multimedia exam-
 ples. Such cognitive-behavioral approaches were particularly helpful
 for youth whose acting-out behavior was related to family insecurity,
 poor self image, or depressed world view (Kelley, 1993).

Female aggression was found to be different from males (Owens,
 Shute, & Slee, 2000), with females using more indirect methods of ag-
 gression, such as exclusion and telling false stories about others. This
 indirect form of aggression required problem solving approaches that
 focused on the social connections that often underlie female aggression,
 as opposed to competitive, power plays seen in male aggression.

Problem-solving and anger management skills overlapped each other,
 and in many instances were presented together.

*Consequences of violence and changing beliefs that support aggres-
 sion* were also topics that were presented, to some degree, in most pro-
 grams. The Gang Resistance Education and Training (G.R.E.A.T.)
 Program (Esbensen et al., 1997) used uniformed police officers to dis-
 cuss the impact of violence and drugs on the community, cultural sensi-
 tivity and prejudice, personal responsibility and meeting own needs
 without gang membership. They also discussed conflict management
 and problem solving. Since a decrease in gang membership was the
 only measured outcome, the direct effect on youth attitudes, personal
 responsibility, and behavior is less clear.

The Bullying Prevention (BP) Program (Melton et al., 1998; Olweus,
 1993, 1994) focused on changing beliefs about violence through spe-
 cific, enforceable rules in schools (at the school, classroom and individ-
 ual levels). Olweus (1993) reported that bullying resulted from a need
 for power and hostility toward others—perhaps related to anti-social
 family patterns. Bullies tended to react aggressively, have little empa-
 thy, and have the strength or size to use physical coercion. The program
 therefore emphasized responsibility for actions, enforcement of conse-
 quences, and attempted to eliminate the benefits of bullying behavior
 through school enforcement of rules against bullying, which also em-
 powered students to resist bullying.

Cognitive Mediation Training (CMT, Guerra & Slaby, 1990) sought
 to change student beliefs that aggression is acceptable and discussed the
 consequences of violent versus non-violent options. Participants were
 asked to present arguments refuting beliefs that aggression is a legiti-
 mate response to conflict, that it enhances self-image, and does not sig-
 nificantly affect the victim.

CMT, G.R.E.A.T. and BP have all effectively improved youth deci-
 sion-making skills. They showed significant results with samples of

more than 100 subjects, although replications of BP have been less effective than the original researcher's studies. BP also tended to focus on younger children, and use with adolescents may be less effective, since teens may not respond as positively to the limit setting used.

Changing beliefs about aggression involved assessment of the adolescent's learning style and moral reasoning. Kelley (1993) described how children who feel unsupported by family and have negative beliefs about the world have an increased likelihood of perceiving another's actions as hostile, which then lead to hostile responses (pp. 440-442). Kelley suggested that staff who modeled non-aggressive responses and showed unconditional positive regard and emotional support were necessary additions to behavioral training in order to change this frame of reference. Arbuthnot and Gordon (1986) studied youth who were identified as aggressive, impulsive, disruptive, or involved in stealing, lying, vandalism, or fire setting. They found that improved behavior was associated with cognitive interventions that focused on improving moral reasoning, such as guided discussions of examples of moral dilemmas, e.g., witnessing shoplifting; modeling openness, acceptance, and respect for other's views; and listening and communication skills training.

Prosocial skills and choosing prosocial peer relationships were associated with reducing antisocial behavior in adolescents (Kazdin, 1985). Aggression Replacement Training (Coleman, Pfeiffer, & Oakland, 1992) used role plays and exercises to teach ten social skills: "expressing a complaint, responding to the feelings of others; preparing for stressful conversation; responding to anger, keeping out of fights; helping others; dealing with an accusation; dealing with group pressure; expressing affection; and responding to failure" (p. 54). Although participants showed a significant increase in knowledge of social skills, observed behavior did not change, suggesting that social-skills training was not effective enough by itself to result in more than modest outcomes.

Multisystemic Therapy (Borduin et al., 1995; Henggeler et al., 1993) presented interventions that included reducing associations with deviant peers, and Esbensen and Osgood (1997) focused on reducing antisocial peer relationships in a program for reducing gang membership. These programs encouraged prosocial peer relationships through membership in church youth groups, organized sports programs, and after school activities. They emphasized parental monitoring of peer relationships, since lack of monitoring is associated with deviant peer relationships (Ary, Duncan, & Hops, 1999; Simons, Chao, Conger, & Elder, 2001). Although these studies showed improved adolescent be-

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