

# EFFECTIVENESS OF SKILLS GROUPS FOR ADOLESCENTS IN CORRECTIONAL SETTINGS

## A SCIENTIFIC SYSTEMATIC REVIEW

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*According to the Office of Juvenile Justice and Delinquency Prevention (2014), approximately 50,821 adolescents are held in residential placement facilities on any given day in the United States. Data suggests that about 20% of these adolescents suffer from mental health issues (Shelton, et al., 2011). This paper reviewed studies of three different group work-based treatment interventions: mindfulness, cognitive-behavioral therapy, and dialectical-behavioral therapy. The analysis will examine whether these interventions can effectively reduce maladaptive cognitions and decrease self-destructive behaviors, and whether they can be applied to adolescents aged 12-19 in correctional settings. Five studies met inclusion criteria; however, due to limitations including small sample sizes, a lack of follow up, a variety of behaviors being measured, and a range of different types of skills groups, several were excluded. For the purposes of this review, the term “residential setting” will refer to correctional settings, inpatient psychiatric settings, and residential settings, and the terms “youth,” “juveniles,” and “adolescents,” will be used interchangeably.*

### INTRODUCTION

The vast number of juveniles under the age of 18 involved in the United States criminal justice system means that there is a significant need to better understand effective treatments for this specific population. In 2008, research found that 75% of youth involved in the criminal justice system had experienced trauma (Ko et al., 2008). Youth who are exposed to adverse experiences are more likely to adopt risky and deviant behaviors, such as aggression (Baron, 2003). Youth who display these behaviors typically struggle with emotional and behavioral regulation. Emotional dysregulation can present in multiple ways, such as depression and anger, while behavioral dysregulation is characterized by a lack of inhibition and the inability to use socially desired behaviors to obtain one’s goals (Linehan, 1993a). Because these behaviors are primarily learned patterns, dysregulation can be attributed to a failure to acquire the necessary skills throughout childhood development (Goldstein, 1999).

Justice-involved youth often miss out on opportunities for socialization, such as attending school and engaging with peers, which are necessary for development and future endeavors. Moreover, trauma and the extreme stress associated with being placed in a correctional setting can contribute to more self-destructive behaviors and recidivism post-release. The relationship between trauma and delinquent behavior indicates there is a critical need to provide treatment for this population (Ko et al., 2008).

Although correctional facilities offer enrichment and therapeutic programs, therapists and counselors face barriers in developing and modifying effective and appropriate modalities (McCann, Ivanoff, Schmidt, & Beach, 2007). For example, a comprehensive treatment model can be costly to implement, there is a lack of extensive clinical training for providers, and service providers have limited access to clients (Banks, Kuhn, & Blackford, 2015). Due to the barriers associated with this setting, there is a critical need for more evidence-based treatment adapted to meet the needs of this population (Banks, Kuhn, & Blackford, 2015). This systematic review analyzes the use of skills group interventions with incarcerated juvenile or justice-involved youth in correctional settings and the relevance of these practices to future interventions and research.

### TRAUMA, ADOLESCENTS, AND THE JUSTICE SYSTEM

Trauma is a common factor among youth involved with the juvenile justice system. Childhood trauma occurs when a child or adolescent is exposed to a situation that overwhelms his or her ability to cope with the experience, and it can adversely affect psychosocial development (Putnam, 2006). Adolescents who have been exposed to trauma may exhibit a range of symptoms such as physically and verbally aggressive behaviors, self-harm, suicidal and homicidal ideations, destruction of property, and engagement in delinquent behaviors (Fasulo, Ball, Jurkovic, Gregory, Miller & Alec, 2015). In addition, research indicates that victims of trauma are less likely to complete their education or maintain employment, and are more likely to have serious legal problems (Putnam, 2006).

Youth in the juvenile justice system express more post-traumatic stress disorder (PTSD) symptomatology compared to their counterparts in the wider community (Fasulo et al., 2015). Young people who display these maladaptive and difficult-to-manage behaviors are often stigmatized as delinquent and often do not have opportunities to have their trauma histories and symptomatic behaviors assessed and successfully treated.

### MALADAPTIVE COPING SKILLS

The development of effective coping skills is critical during adolescence due to the attachment bonds created during this time (Putnam, 2006). Justice involved adolescents often cope with serious stressors, such as poverty, family separation, abuse and neglect, and substance abuse—not to mention the normative changes and challenges that occur for all adolescents

(Smith & Carlson, 1997). Like other functions, coping skills follow a developmental trajectory: some are present at birth, while others are shaped and influenced by learning during childhood (Shelton, Kesten, Zhang, & Trestman, 2011). Many factors influence the way behavior is shaped, including personal experiences, modeling, emotional vulnerability, and pressure from peers (Shelton, Kesten, Zhang, & Trestman, 2011). It is important when developing treatment to be aware of how adolescents cope with serious stressors in their environment when developing their treatment plans.

Evidence-based interventions for adolescents involved with the justice system tackle the idea that due to the development of less effective coping skills, youth will revert to engaging in aggressive and delinquent behaviors (Shelton, Kesten, Zhang, & Trestman, 2011). Correctional settings exacerbate maladaptive coping skills, such as emotional instability, anger management problems, aversive affect, interpersonal dysregulation, self-damaging behaviors, cognitive disturbances, cognitive rigidity, and self-dysfunction (McCann, Ball, & Ivanoff, 2000). One likely cause is that the criminal justice system incorporates practices, such as the use of pathological labels and mass punishment, that conflict with the recommendations of treatment providers (McCann, Ball, & Ivanoff, 2000). In addition, within correctional settings are often environments where engaging in delinquent and aggressive behaviors is most effective (personal communications, November, 2016; personal communications, December, 2016). In practice, these deficient skills and challenges may lead to the accumulation of behavioral violations, which may in turn lead to more legal issues. This negative feedback cycle further underscores the need for an appropriate treatment model specifically for adolescents in correctional settings, in order to better assist them in managing the developmental and environmental stressors they face.

## SKILLS GROUPS

Skills training groups have been associated with moderately effective improvements in social and community functioning skills, as well as a decrease in aggressive and disruptive behaviors (Farmer & Chapman, 2016). The goals of skills training in a correctional context are to increase effective behaviors and to decrease the ineffective externalizing and internalizing behaviors often exhibited by justice-involved adolescents. Skills training is applicable to several areas of life, including anger management and depression (Farmer & Chapman, 2016).

The term “skill” is conveyed to mean using one’s existing knowledge and learning, often to reach the desired outcome (Linehan, 1993a). Skills training involves acquiring skills, strengthening skill knowledge and ability, and generalizing skill use in all areas of a person’s life (Linehan, 1993a). The goals of skills training in a correctional context are to increase effective behaviors and to decrease the ineffective externalizing and internalizing behaviors often exhibited by justice-involved adolescents. Skills training groups have been associated with moderately effective improvements in social and community functioning skills, as well as a decrease in aggressive and disruptive behaviors (Farmer & Chapman, 2016). It is a cost-efficient treatment, and in past studies correctional mental health staff have reported that it is highly effective and easy to implement (McCann, Ivanoff, Schmidt & Beach, 2007).

## METHOD

The following research was developed using multiple databases and online catalogs. ScienceDirect, JSTOR, PSYCHInfo, PubMed, Scopus, and ProQuest were all used. Multiple replications of the same studies were found on different sites. There was little difference in the search results for “adolescents,” “youth,” and “juveniles.” All terms were used because of an apparent colloquial shift in the use of these terms after the 1990s from the term “juveniles” to now using the term “adolescents” or “youth” when describing people under the ages of 25 (Benekos, Merlo, & Puzanchera (2011). There were a total of 20,186 hits from the databases examined.

Articles had to meet the following criteria to be included in the review:

1. The sample size could not be less than 10.
2. The article had to be published in a peer-reviewed journal.
3. The study could not include adult populations.

These criteria narrowed the results of the search to 5 studies.

## STUDY RESULTS

In our search five studies met the criteria. Apsche, Bass, & Houston (2006) examined the effectiveness of Mode Deactivation Therapy (MDT) versus the effectiveness of Dialectical Behavior Therapy (DBT) in a residential treatment center. This analysis will focus on the DBT aspect of the study. The study evaluated 10 adolescent males aged 15-18. Participants were randomly assigned to either DBT, MDT, or a control group. In DBT, clients attended weekly individual therapy sessions and one DBT skills group per week. The Beck Depression Inventory (BDI-II) and the Reynolds Suicidal Ideation Questionnaire (SIQ) were administered as outcome measures for pre- and post-test assessments. Daily Behavior Reports and Behavior Incident Reports, which indicate the number of aggressive acts and other crises a participant is involved in, were evaluated pre- and post-study. The results revealed that all participants in the DBT group benefited from treatment, as evidenced by a reduction in Daily Behavior Reports and Behavior Incident Reports. BDI-II showed a decrease in rates of depression, and the SIQ showed a reduction in depression and suicidal ideations.

Leonard, et al. (2013) employed a Cognitive Behavioral Therapy/Mindfulness Training (CBT/MT) intervention in their Randomized Control Trial. They used the Power Source intervention (PS), which is a group-based cognitive-behavioral/mindfulness meditation intervention created for youth in the criminal justice system by Casarjian and Casarjian (2003). The PS intervention uses the theoretical framework of “the process model of emotion regulation,” which identifies five points where emotions can be regulated: situation selection, situation modification, attention deployment and appraisal, cognitive change, and response modulation (Leonard, et al., 2013). Leonard, et al. (2013) used multiple self-reporting measurements, including The Self Report of Offending and a computer-assisted self-interviewing format as well as The Attention Network Test, which measured focus pre- and post-test. These tests did not have statistically significant results.

Leeman, Gibbs, and Fuller (1993) examined the effectiveness of Equipping Youth to Help One Another (EQUIP) with incarcerated adolescents. EQUIP is a multicomponent group treatment program that incorporates social skills training, anger management, and moral education. Leeman, et al. (1993) evaluated 57 justice-involved adolescent males between 15-18 years old who were incarcerated at a medium-security correctional facility. The EQUIP group was compared to the control groups and showed gains in both mediating variable and behavioral outcomes, and was shown to be effective in increasing social skills as well as reducing recidivism (Helmond, et al., 2012). For the purpose of this study, mediating variables included moral judgement and social skills. The Sociomoral Reflection Measure-Short Form (SRM-SF) measured moral judgement and the Inventory of Adolescent Problems-Short Form assessed social skills. Behavioral outcomes were measured by pre-incarceration archival data, post-incarceration disciplinary incident reports, and self-reported questionnaires concerning pre-intervention delinquent behavior and institutional misconduct. Social skills, moral judgement, and self-reported institutional misconduct measures were administered pre- and post-intervention. However, scores on mediating variables were not statistically significant.

Helmond, Overbeek, & Brugman (2012) also examined the effectiveness of EQUIP with incarcerated adolescents. The study included 115 males and females with a mean age of 16 years old. Helmond, et al. (2012) measured the social skills, moral value, and moral judgment for both the EQUIP group and the control group. Social skills were measured via the Inventory of Adolescent Problems-Short Form Objective. The SRM-SF was also adapted into a shorter measure, the Sociomoral Reflection Measure-Short Form Objective (SRM-SFO) to measure moral value evaluation and moral judgment. This study did not find any significant increase in social skills or moral development, but did find that the EQUIP intervention group's scores for both remained stable while the control group's scores decreased (Helmond, et al. 2012).

Shelton, Kesten, Zhang, and Trestman (2011) authored a secondary data study from a larger study of adults and youth using an adapted version of the Dialectical Behavioral Therapy-Corrections Modified (DBT-CM) intervention developed by Trestman, Gonillo, and Davis in 2004. The purpose was to examine the effectiveness of DBT-CM with difficult to manage, impulsive, and/or aggressive incarcerated male adolescents. The study evaluated 26 males aged 16-19 and sought to address whether DBT-CM showed a reduction in aggressive behaviors, lowered impulsivity, and improved coping skills. Participants received DBT-CM skills groups for 16 weeks. The Overt Aggression Scale-Modified and the Brief Psychiatric Rating Scale were used for pre-test assessments. The Buss-Perry Aggression Questionnaire (BPAQ), Ways of Coping Checklist (WCCL), and Positive and Negative Affect Scales (PANAS) were administered as outcome measures for pre- and post-test assessments. Disciplinary ticket information was collected 12 months prior to treatment and six months after treatment was terminated. There was a significant reduction in disciplinary tickets pre- and post-test. There were slight improvements on the PANAS and WCCL, but not enough to be statistically significant. The BPAQ showed statistically significant improvement post-test.

## LIMITATIONS

The treatments delivered in the studies were not initially developed for adolescents who are in correctional settings. Therefore, the researchers made adaptations to the treatments to fit the population. This is a limitation because the adaptations affect treatment validity. Small sample size, implementation, and feasibility issues arose in each study with regard to limitations imposed by correctional facilities, the length of time a participant spent in a certain facility (either because of transfer, sentencing, or released), and/or resources available to be used. Helmond, et al. (2012) was the only study to evaluate adherence to treatment. Four out of five studies lacked follow-up assessments or data showing the lasting results of the interventions. Shelton, et al. (2011) also reported that the assessment instruments they used were not designed for the populations being treated. Finally, Leonard, et al. (2013) had difficulty identifying the specific mechanism for outcomes, and the effect the subsystems of the groups and the facility had on the participants.

## DISCUSSION AND RECOMMENDATIONS

There are increasing numbers of adolescents involved in the criminal justice system who exhibit significant mental health and behavioral problems, yet few evidence-based mental health treatment programs have been designed for this population. Although there is a looming number of adolescents held in some form of correctional settings, the data on effective treatment is limited. Some research demonstrates that group treatment can be cost-efficient for correctional administrators (McCann, et al., 2007). Skills groups have been shown to be associated with medium effect in improving behavior among group participants (Farmer & Chapman, 2016). To date, the most effective treatment includes some form of cognitive-behavioral treatment focused on decreasing behavioral deficits and increasing adaptive coping skills.

Due to a lack of empirical research and the limitations of existing studies, it is difficult to point to the effectiveness of skills groups with incarcerated youth. One reason for this scarcity is the difficulty in administering randomized control

trials in correctional settings (personal communication, Ivanoff, 2016). More appropriate measurement tools must be identified or developed in order to enhance the validity of research outcomes. Furthermore, professionals must develop trainings in intervention methods found to be successful. It is also important that follow-up assessments be completed to test the lasting quality of the treatments. Due to the limitations, additional research with larger sample sizes and follow-up data are needed to determine if these findings are essential for developing adequate treatment in juvenile settings. Given our research we found Shelton et al. (2011) had the greatest effectiveness in reducing behavioral incidents and therefore, we suggest the future research continues to implement DBT-CM with adolescents who are incarcerated. Studies should also continue to examine the impact of trauma on justice involved youth to better inform correctional staff. It would be beneficial for scholars to complete other systematic reviews on this topic within the next few years and include the many dissertation studies on skills training groups with incarcerated adolescents published in peer-reviewed journals. The implementation of skills groups is a promising intervention for healthy adolescent skill development. In turn, acquiring skills would help justice-involved adolescents better navigate everyday life in their communities and avoid further involvement with the criminal justice system.

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**LUCY NONAS-BARNES** Lucy is a native New Yorker, a former dancer, and about to be a graduate of the Columbia School of Social Work (CSSW). Lucy has been working within the juvenile justice/criminal justice systems for the past seven years across the country, starting while getting her bachelors at the University of Michigan. Lucy then moved to Southern California where she worked in group homes, school, and correctional facilities. Lucy spent her first year of graduate school at the University of Pennsylvania, in Philadelphia, where she also worked at the Philadelphia County Prison. For the past year, Lucy has been trained in Dialectical Behavior Therapy (DBT) through the Dialectical Behavior Therapy Training Program at CSSW and has been working as a Mental Health Intern at RMSC on Riker's Island. Lucy has worked in public policy, research, community organization, mental health services, and behavior management with people between the ages of eight and seventy. Lucy's future interest lie in evidence-based practice and research, specifically related to DBT. Lucy plans to earn her PhD and continue to work with incarcerated and at-risk populations and to work towards reforming the criminal justice system.