

Highlighted Article

Evidence-Based Psychosocial Treatments for Adolescents With Disruptive Behavior

**Mike McCart, Ph.D. & Ashli Sheidow, Ph.D.
Oregon Social Learning Center (OSLC)**

Journal of Clinical Child & Adolescent Psychology (2016)

Presented by Scott W. Henggeler, Ph.D.

July 13, 2016

Purposes

- Provides an extremely comprehensive review of the evidence for psychosocial treatments for adolescents with disruptive disorders
- Classifies the relative evidence of these treatments using criteria from the American Psychological Association (APA)
- Separate classifications are provided for populations with more serious antisocial behavior (juvenile justice involved) and less severe antisocial behavior (disruptive behavior not juvenile justice involved)

APA Criteria for Evidence

1. **Well-established treatment:** Favorable outcomes from 2 independent research teams using strong research designs (i.e., randomized clinical trials)
2. **Probably efficacious treatment:** Favorable outcomes from at least 1 research team using a strong research design (i.e., RCT)
3. **Possibly efficacious treatment:** Favorable outcomes from 2 or more studies, but not RCTs
4. **Experimental treatment:** Favorable outcomes in 1 clinical study, but not an RCT
5. **Treatments of questionable efficacy:** RCTs showing no favorable effects

Results for Delinquency

1. **Well-established:**
 - a. MST
 - b. Treatment Foster Care Oregon
2. **Probably efficacious:**
 - a. Aggression Replacement Training*
 - b. Functional Family Therapy
 - c. Solution-Focused Group Program*
3. **Possibly efficacious:**
 - a. Cognitive mediation
4. **Experimental treatments:**
 - a. Several variations of CBT
5. **Treatments of questionable efficacy:**
 - a. Motivational Interviewing
 - b. Aggression Replacement Training + Token Economy*

Taking a Closer Look: APA Criteria are Relatively Lame

- **The second highest category can be achieved too easily.**
 - Aggression Replacement Training has 1 successful RCT published in 1993, with a sample of 20 youth in the ART condition; 3 failed studies; 1 favorable study with Israeli school children; and a variation of ART qualified for the “questionable efficacy” category.
 - Solution-Focused Group Program has 1 efficacy study in South Korea with total N = 40.
- **No attention to long-term outcomes**
- **No attention to the efficacy-effectiveness distinction**
- **No attention to unsuccessful evaluations**
- **No attention to transportability**

Results for Disruptive Behavior - Not Juvenile Justice-Involved

1. **Well-established:**
 - a. None meet criteria* (coding error described subsequently)
2. **Probably efficacious:**
 - a. MST
3. **Possibly efficacious:**
 - a. Several parenting skills/CBT interventions
4. **Experimental treatments:**
 - a. Several behavior management training and CBT models
 - b. Brief Strategic Family Therapy
5. **Treatments of questionable efficacy:**
 - a. Several behavior management training and CBT models

*The Ogden et al. (2004) Norwegian and Asscher et al. (2013) MST RCTs were coded as juvenile justice studies. If coded accurately, MST would have been placed in the “Well established” category.

Research and Clinical Implications

- **Research needs: more**
 - Effectiveness studies
 - Studies with long-term outcomes
 - Studies with minority group representations
 - Research on dissemination
- **Clinical lessons**
 - Complex, multicomponent models are most effective
 - Fidelity and quality assurance are critical

Questions



Presenter Contact Information



Scott Henggeler, Ph.D.

Professor

Medical University of South Carolina

henggesw@musc.edu