

Beware of Treatments That Harm Adolescents, Pt. I

Elizabeth Ellis, PhD

I have always been interested in research findings that go against our commonly held assumptions. I loved reading *Freakonomics* and I enjoy John Stossel's series on *ABC News 20/20* called "Myths, Lies, and Downright Stupidity." I enjoy explaining to parents that sugar does not make kids "hyper," and being abused as a child does not make you grow up to be abusive to your own children. These are urban myths that have been dispelled through rigorous scientific research.

That may be why I was fascinated to read the results of a study some years ago by Harvard which found that adolescents who go into drug rehab programs actually get worse as compared to those who have no treatment at all. This finding has been called "robust" because it has been replicated in many other studies. That caught my eye because I have been recommending teen drug rehab programs to parents for years, and I was shocked to think I had been recommending a treatment that might be harmful.

The field of psychology has been slow to report the results of research that show that some treatments don't work. In the past if a treatment study didn't yield positive results, it was not published. Editors of journals assumed that either the study wasn't done properly, or that the study of a treatment that didn't help people isn't very interesting to read about. Likewise, studies that indicated people got worse as a result of treatment were also put in the discard pile.

In the last 10 years, however, the scientific community has made a u-turn and begun focusing on these studies. This has been paralleled by a movement in psychiatry to study those medications which do not work or make people worse. The *American Psychologist* dedicated a whole issue, January 2010, to the topic of psychological treatments that harm people. Some of these contrary results were found with treatments that are specifically designed to help adolescents. Other studies focused on adults, though these treatments are commonly adapted to groups of adolescents. To that end I have reviewed a large body of research and will describe the results of some of the most common programs that parents would be familiar with.

Drug Rehab Programs

When parents I've met with become aware that their teen is abusing (or simply experimenting with) illegal drugs, almost their first instinct is to seek out one of the hospital-based drug rehabilitation programs. These programs are widely known due to their advertising and marketing campaigns. Yet the results are not good. Some clinicians who have run drug treatment groups have reported that when teens are in a group talking about getting high, this results in a sense of bonding with the other teens. They tend to form a group identity around being "stoners." They retell dramatic accounts

of their past experiences with getting high, and this makes them have increased urges afterward to get high again. Many teens form intense friendships with other drug using teens they meet in drug rehab programs and, after being discharged from the hospital, get together socially to get high, sell drugs, etc.

Drug Prevention Programs like DARE

What about programs that are designed to deter children and teens from using drugs? Werch and Owen (2002) did a meta-analysis (a review of published studies) in which they analyzed the results of drug prevention programs for youth in the U.S., Canada, and Australia over the period from 1980 to 2000. The studies they selected had to have these criteria: they focused on children ages 9 to 18, they involved an experimental research design (they included a control group), and they had reported negative results. They found 17 such studies. In all of these studies, the children who went through the drug prevention program, and who were followed up from one to five years later, were found to be using *more* drugs and alcohol than the students who did *not* go through the program. What is especially significant are the numbers. These 17 studies reported on a total of 38,771 students!

Werch and Owen analyzed the interventions used in these studies to attempt to explain these negative results. They found that the core component of the program—teaching children to say "no" to peers who offer them drugs or alcohol—worked with children who had conservative attitudes and who had not yet used drugs or alcohol. However, for those students who were already experimenting with drugs and alcohol, participation in the program resulted in their viewing marijuana and alcohol as "no big deal" compared to drugs like cocaine and heroine, and thus gave them justification for their continued usage.

One popular program, for example, is DARE—Drug Abuse Resistance Education.

Rosenbaum and Hansen (1998) studied drug and alcohol use among 1,798 sixth graders, half of whom went through the program, and half who did not. The students came from urban, suburban, and rural schools. After five years those students who went through DARE had significantly *higher* total drug use, total alcohol use, and higher severity of drinking scores. After six years, the suburban students still showed higher drug and alcohol use than the students who never went through the program. Some researchers who have looked at this data have suggested that participation in the DARE program resulted in an inaccurate perception of alcohol use among their peers (i.e., "everybody must be getting high"), which made it more acceptable.



Group Programs for Failing Students

What about programs designed to keep low performing students from dropping out of high school? Lowering the dropout rate in Georgia, which historically has been quite high, has been a primary goal of high schools over the last 10 years. Catterall (1987) developed a four day intensive group counseling program aimed at motivating high school students to stay in school. The thrust of the program was to teach the students teamwork, personal responsibility, self esteem and confidence. They were also assigned to the same homeroom for 10 weeks so the teacher could work with them as a group and provide more monitoring.

What was the result? The students in the treatment group had lower grades and higher dropout rates. How can that be? The answer again is with the peer group. Students in the program enjoyed getting to know other students like themselves, but they formed a bond around a group identity as “slackers” and “dropout material.” They supported each other’s dislike of school and felt more separate and isolated from mainstream students who were doing well.

Group Programs for Delinquent Youth such as “Scared Straight”

A great deal of research has begun to come out over the last 30 years on various types of programs for teens who are at risk for juvenile delinquency. One of the most notable is the Cambridge-Somerville Youth Study (McCord, 2003). This was a very large study, begun in the 1940’s, and conducted in a very scientific manner by a scholar at Harvard University, Richard Clark Cabot, and continued by other researchers who came after him. A group of 253 at-risk boys were selected for the study, and each was matched with a boy from a similar background and with a similar history, who did not participate in the program. Boys in the treatment group had a social worker assigned to them who visited the home twice a month, met with the parents, offered guidance on parenting, and directed them to helpful agencies in the community. The boys were given tutoring, were enrolled in sports, were active in community youth groups like YMCA, and were given summer jobs. Some were able to attend summer camp, and a few got to attend summer camp more than once. The treatment lasted five and a half years, and the boys were followed well into adulthood. It was an elaborate, intensive, and costly program.

By 1948, the figures began to come in on arrest records. A slightly higher number of boys in the treatment group had been to court and had committed more offenses. Between 1975 and 1981, when the boys were reaching middle age, they were re-contacted. For 150 of the pairs, there were no differences in outcome. However, for 103 of the pairs, the treatment group was *more likely to have been convicted of serious street crimes*. How could this be? After analyzing the data in detail, they found that it was the boys in the treatment group that attended summer camp that had worse outcomes. In fact, the 66 boys who went to summer camp twice were 10 times more likely to commit crimes than the boys in the control group. What seemed to be going on is that in summer camp the boys who had committed crimes bragged about it during unsupervised time, and the other boys admired them (Dishion, et al., 1999). When researcher Joan McCord gave presentations on these outcomes, people shouted at her, called her names, and made

threatening phone calls to her. Yet the results speak for themselves.

Here are some results of other such programs for delinquent youth.

In the 1970’s a program was developed in Michigan called the Volunteers in Probation program (Berger, et al., 1975). Juvenile offenders who came before the court were assigned to a volunteer who worked with them. They received individual counseling, group counseling, and tutoring. Those who participated in the program showed increases in the number of crimes committed, while those in the control group showed decreases. Berger stated, “If there is anything that such a study as this one demonstrates, it is the danger of relying exclusively on faith in good works in the absence of systematic data” (p. VIII).

By the 1980’s those who work with delinquent teens hypothesized that the fundamental problem in this group was poor social skills and that they might learn better social skills by being grouped with well adjusted peers. The programs were given names such as “Positive Peer Culture,” “Peer Culture Development,” “Peer Group Counseling,” and “Guided Group Interaction.” Only one study actually collected data on outcomes. Gary Gottfredson (1987) developed a program in the Chicago city schools called “Guided Group Interaction Program” in which he grouped together positive leaders, negative leaders, troublesome students, and average children. The students in the elementary program showed no benefit. However, the high school students who went through the program showed *more misbehavior and delinquency*. He concluded, “For the high school students, the effects appear predominantly harmful” (p. 708).

Theorizing that at risk adolescents might benefit from participation in sports programs, a group of researchers in Australia developed a program called Social Options for Teenagers Like You (SOFTLY). Besides participating in sports, they were taught better social skills, better decision making, and to evaluate the consequences of their actions (Duffy & Richards, 1978). Peer groups met twice a week for 10 to 12 weeks. Court records identified a greater number of offenders among the treatment group than among the control group during the first three months after the treatment ended. Only the control group showed significant decreases in the number of offenses committed. As a consequence, the SOFTLY program was disbanded.

Remember Scared Straight? This was a program designed by inmates at Rathway Prison in New Jersey who suggested that giving wild teens a taste of prison might deter them from a life of crime. It was wildly popular, and Scared Straight programs took off in 38 states. Finally, research was conducted to see if the programs worked. Adolescents were randomly assigned to San Quentin’s Squires Program (a version of Scared Straight) or to a control group (Lewis, 1983). Twelve months later, 81% of the experimental group had committed crimes compared to 67% of the control group (the group who had not gone through the program). How could this be? The program leaders noted that many of the teenagers claimed to have committed crimes to prove they were not scared.

Other similar investigations of programs that attempt to scare teenagers into better behavior found that they didn’t work (Petrosino, et al., 2000; Petrosino, et al., 2002). Petrosino examined all published and unpublished studies of programs where early delinquent youths were exposed to confrontational, shock programs and exposure to prison life, finding 9 studies which were scientifically conducted, i.e., youth were randomly assigned to the treatment group or to the control group, and data was collected on various measures of offending at intervals after the treatment was concluded. Of these 9 studies, 2 showed no differences between the treatment and control groups, but 7 of the studies found that the treatment group had worse outcomes than the control group. Rates of arrest for offenses ranged from a few percentage points higher in the treatment group



to as much as three times higher. Petrosino concluded that for some of these boys who had no stable home or sense of belonging, the “shock” exposure to prison life actually gave them a sense of belonging and enabled them to see prison as a place which was safe and secure and would provide a stable community of friends.

Boot Camp Interventions for Juvenile Offenders

In the 1990’s a new form of treatment for juvenile offenders was developed which was modeled on boot camps developed by the military. These programs were built around strict discipline, obedience to authority, and harsh physical conditions.

The hypothesis was that the adolescents would get the discipline that they weren’t getting at home, and that the similarity between boot camp and jail would deter them from committing crimes in the future. Like Scared Straight programs, they were part of the “get tough” model of juvenile justice. By the early to mid-2000’s, the results were beginning to come in and they were mixed at best.

A meta-analysis of these programs found that 9 studies showed positive results, 12 studies showed no results (boot camp yielded no better results than traditional juvenile offender programs such as probation, close supervision, and community service), and 8 studies showed that adolescents who went through boot camp had worse outcomes (see: Bottcher & Ezell, 2005; Parent, 2003; Weiss, Wilson, & Whitmarsh, 2005). Some of the results suggested that adolescents who entered these programs voluntarily did better than those who did not. Also, those boot camp programs that lasted longer, offered more treatment services, and included more intensive supervision post-release had better outcomes. MacKenzie et al., (2001) found that those adolescents who had a history of abuse fared worse in these programs and better in traditional programs.

Wilderness Therapy Camps

Another type of program for at risk adolescents is a form of boot camp which is held in wilderness settings. One factor to consider in these programs is the possible negative outcome of death. In 2003 the *Salt Lake Tribune* reported on five deaths that had occurred in Utah wilderness therapy programs since 1990. Michelle Sutton, 15, died 5-9-90 of altitude sickness, dehydration, and heat exhaustion. Kristen Chase, 16, died 6-27-90 of heatstroke. Aaron Bacon, 16, died 3-31-94 of a perforated ulcer and peritonitis. Katie Lank, 16, died 1-13-2002 from a fall into a crevasse. Ian August, 14, died 7-13-2002 of hyperthermia. All were in different programs which later closed down. Research by the *Salt Lake Tribune* found a total of 30 other teens who had died in similar circumstances in wilderness therapy programs, boot camps, and therapeutic boarding schools around the country. In February, 2006, a boy died in Panama City, Florida, in a boot camp. In the wake of this event, the military style program was shut down (see: “8 Charged,” 2006). In July of 2005 a 13 year old boy suffocated to death while being restrained by counselors at the Appalachian Wilderness Camp in Cleveland, Georgia (see: “Death at Youth Camp,” 2005).

Summary

The results of 50 years of research on treatments for adolescents who are acting out and at-risk for juvenile delinquency have consistently found that grouping them together is not a good idea. Why is this? Arnold and Isley (1999) reviewed a large body of research in arriving at a model of what happens in these programs. First of all, we have to understand that the values of the peer group are the most powerful predictors of adolescent behavior. It is a more powerful factor than the values of the family. Adolescents who see themselves as rule-breakers seek out similar adolescents as friends. As the bonds of friendship strengthen, the effect of the peer group on the individual is to increase acting-out behavior. When we group *deviant* (outside the mainstream) teens together, and they are shopping for a peer group, say Arnold and Isley “not only do we

bring the mall to the child, but also, we put the child in his or her preferred specialty store” (p. 110). The group leader conducts exercises to strengthen an individual’s bond with the group, and that is what happens. The teens begin to identify with each other, to dress alike, talk with the same vocabulary, and use the same gestures.

The more aggressive and older youth engage in aggressive behavior toward group members, and they follow his lead. The teen who brags about breaking rules elicits laughter from the group, and the laughter is very reinforcing.

This enhances his status in the group and makes the others want to be like him. It also results in his engaging in more acting out. Adolescents who have low levels of involvement with parents and are not well monitored by the family seem to be more susceptible to the influence of the peer group. They view the group as their new family, their brothers and sisters.

Unfortunately, these programs have been used throughout the nation because they are popular with parents and community leaders. Their popularity seems to arise out of the fact that drug rehab, DARE, Scared Straight, boot camp, and wilderness camp seem like good ideas on the face of it. It has only been when researchers collected data on actual outcomes that we found out they were not working and actually causing harm.

We’ll review more treatment studies in the next issue.



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Dr. Elizabeth Ellis

Trusted by families, respected by colleagues

2400 Pleasant Hill Road, Suite 165
Duluth, GA 30096

www.dr-elizabethellis.net

Dr. Ellis has been in practice in the Atlanta area since 1980. She works with children, families, and adults. Her specialties are: evaluating children and adults for ADHD, working with adolescents and their families, and conducting court ordered evaluations of children and parents. She is the author of two books:

Raising a Responsible Child

(Birchlane Press, 1995) and

Divorce Wars

(American Psychological Association, 2000)



In October, 2010, Dr. Ellis' paper "Intervention Strategies for Parent Coordinators in Parental Alienation Cases," with co-author Susan Boyan, was published in *The American Journal of Family Therapy*.

CONTACT HER:

770-476-1967

2400 Pleasant Hill Rd., #165
Duluth, Georgia 30096

You can email her at:

elizabethphd@bellsouth.net

You can view her web site at: **www.dr-elizabethellis.net**

Coming Soon...

When a traumatic incident arises at a school, such as a school shooting or a student suicide, counselors are called in for what is called "critical incident stress debriefing." This is a good idea, right?

When a teen's friend or parent dies, parents seek "grief therapy" for that adolescent. Isn't this a good idea?

The answers may surprise you. We'll cover these and other forms of treatment that may be harmful to children and teens in the next issue.