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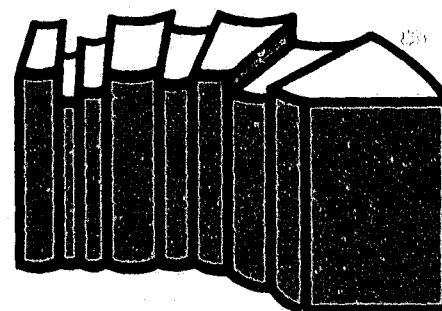
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The St. Louis Conundrum

The Effective Treatment of Antisocial Youths

Introduction to experiment

By virtually every definition, juvenile misbehavior places exorbitant and ever-increasing demands on American society. It imposes a financial burden that exceeds tens of billions of dollars per year. Yet the more telling costs—the physical and emotional tolls imposed on victims and offenders—are inestimable. Consequently, researchers, practitioners, and policymakers must work together to renew, revitalize, and redirect their efforts to deal with this formidable societal problem. The St. Louis experiment represents a step toward this end.

The experiment examined the effects of three sets of factors on the behavior of antisocial and prosocial boys: (1) methods of group treatment, (2) group therapists' levels of experience, and (3) the composition of peer groups created for treatment purposes. The experiment sought to test the theory that treatment that takes place in an open community will be more likely to result in behavioral changes that readily transfer to, and stabilize within, that community. Toward this end, more than 400 antisocial boys, ranging from 8 to 16 years of age, were studied. The

program involved two categories: youths who were referred because of their highly antisocial behavior and those who were not referred. The program setting was a suburban community center in St. Louis, Missouri; the treatment proceeded while virtually all of the subjects lived in the open community and, more importantly, while they engaged in group activities with other boys who were not defined as having behavioral problems.

The St. Louis Conundrum identifies the problems of antisocial behavior and juvenile delinquency, addresses their treatment methods, and describes the theory, methodology, and results of the St. Louis experiment. The term "conundrum" connotes the immense complexity of an intricately interrelated set of problems that the experiment sought to address. A major objective was to ascertain the extent to which community agencies can deliver group treatment services without major alterations in their usual operating patterns. Another was to examine the actual effects of various modes of group composition on both the referred and nonreferred boys who took part in the program.

Study premise

Because the results of treatment programs devised for antisocial youths in correctional and rehabilitative agencies have been very disheartening, there has been a pronounced movement toward community-based treatment. Many such programs find it extremely difficult to generate initial changes in client behavior; however, once these changes do occur, they are more likely to be maintained within the client's natural environment. Even here, though, serious concern exists about adverse stigmatization and the effects of deviant peers on program participants. These two factors represent the most serious barriers to virtually all types of group treatment programs.

Such obstacles can be overcome most readily by offering group treatment in organizations that are not primarily identified as correctional or rehabilitative. Therefore, community centers, neighborhood houses, and recreation agencies can make significant societal contributions by sponsoring group intervention programs for limited numbers of antisocial youth.

The St. Louis experiment operated on the premise that small groups composed of prosocial peers are likely to constitute the best contexts for promoting desired behavior changes in antisocial youths. Previous group treatment efforts have failed largely because the structural preconditions for pro-

Feldman/Caplinger/Wodarski, *THE ST. LOUIS CONUNDRUM: The Effective Treatment of Antisocial Youths*, 1983. Adapted by permission of Prentice-Hall, Inc., Englewood Cliffs, New Jersey.

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moting such changes have been absent. Instead, nearly all previous groups have solely comprised clients referred for some abnormal behavior. Therefore, the peer composition of such groups results in formidable counter-therapeutic pressures, including deviant role models, strong rewards for deviant behavior, and adverse labeling and stigmatization.

Antisocial youths participating in the St. Louis experiment were treated under optimum conditions for prosocial behavior: only one or two antisocial youths were integrated into small groups of prosocial peers; the groups concentrated on recreational, academic, work, and social activities that the youths were likely to encounter in their daily lives; and the programs were located in community-based agencies whose public identity was recreational or educational rather than correctional or rehabilitative. Because data indicate that interventions for antisocial youths should be geared toward the late childhood and early adolescent years, subjects were chosen from these age groups.

The evidence regarding the efficacy of group psychotherapy for antisocial and delinquent youths is mixed, and in recent years there has been a diminished interest in psychodynamic treatments. The sociological/social work methods place great emphasis on contemporaneous problems and behaviors; thus, they strive to enhance the therapeutic qualities of the treatment setting as a whole. The goal of behavioral therapy is to describe the patient's complaints in objective terms while searching for antecedent and maintaining factors and for the means by which each problem can be solved. In contrast with more traditional methods, behavioral therapy is a highly active treatment approach that focuses on overt problems and concentrates on visible behaviors that are interpreted in terms of social learning principles.

Methods

The site of the study was the Jewish Community Centers Association (JCCA) of St. Louis. The JCCA offered recreational and educational services for approximately 16,000 enrolled members and for the community as a whole as well. Each year, approximate-

ly 200 clubs and classes were sponsored for children and adults.

A broad variety of social service agencies referred youths to the St. Louis experiment. In virtually all instances, referral staff were highly trained and experienced professionals. Each referral agent was asked to complete a referral checklist for any boy to be referred to the program. The agent was required to estimate the number of times during the preceding week that the youth engaged in a variety of criterion behaviors that were deemed to hurt, disrupt, or annoy others. To qualify for an enrollment interview, a youth had to commit at least 21 antisocial behaviors each week.

Those youths who qualified were invited to come with their parents for an intake interview at JCCA. The parents were then asked to complete a behavioral checklist that was virtually identical to the one prepared by the referral agent. The parents also had to report at least 21 episodes of antisocial behavior per week in order for their son to be admitted to the program.

Parents were told whether their son would be admitted within 1 or 2 weeks of the interview. To minimize isolation and stigmatization, the referred youths were issued JCCA membership cards so that they could use all of the agency's facilities. Following random assignment to activity groups, the referred youths participated under the same circumstances and in the same fashion as regular agency members. Group leaders were never told who, if any, of their members were referred by an agency.

All youths were assigned to small groups on the basis of three discrete dimensions: extent of group leader's prior experience, method of group treatment, and mode of group composition. There were two types of leaders (experienced and inexperienced), three group treatment methods (behavioral, traditional, and minimal), and three modes of group composition (referred, nonreferred, and mixed).

All referred youths were entered into a single age pool and were assigned randomly to either a referred or a mixed group. Nonreferred groups consisted solely of boys who were regularly enrolled members of the JCCA. Each

mixed group consisted of nonreferred boys plus one or two randomly assigned referred youths.

Prosocial, antisocial, and nonsocial behavior was measured. Prosocial behavior is defined as any action that is directed toward completion of a peer group's tasks or activities. Antisocial behavior is defined as any action by a group member that hurts, disrupts, or annoys other group members or that prevents them from participating in the group's tasks or activities. Nonsocial behavior is defined as any action that is not directed toward completion of a group's tasks or activities, but that does not interfere with another youth's participation in those tasks or activities.

Two different types of behavioral data were collected: one set consists of behavioral inventories and questionnaires completed by referral agents, parents, group leaders, and the youths themselves; the other consists of time-sampling data collected through the systematic recordings of trained nonparticipant observers.

Referred boys who participated in the experiment were disproportionately Protestant or Catholic, black, and from lower socioeconomic strata than nonreferred boys. Referral agents and parents considered them highly antisocial prior to their enrollment. According to the youths' group leaders and nonparticipant observers, referred youths were nearly twice as antisocial as regular agency members. Also, the nonreferred boys were significantly better integrated into their peer groups than referred boys.

Results

Treatment outcomes

Contrary to much of the available literature, the data from nonparticipant observers show that professional training is an important determinant of favorable treatment outcomes for both antisocial and nonsocial youths. Only experienced leaders were able to generate significant longitudinal gains, especially during the early, and particularly crucial, phases of group treatment. Significantly larger percentages of youths who were treated by experienced leaders improved on all behavioral criteria and during every treat-

ment period. In contrast, substantial numbers of youths became more antisocial when they were treated by inexperienced leaders. They tended to drop out before the conclusion of treatment and, moreover, while their behavior was decidedly antisocial. By comparison, treatment method was not an especially potent predictor of positive outcomes. While considerable evidence points to the failure of traditional group work, interactive analyses demonstrate that such failure was mediated by peer-group composition. The greatest deteriorations in behavior were observed among referred youths who were treated in unmixed groups by inexperienced leaders using traditional group work.

The data for dropouts and survivors reveal that homogeneous groups of referred youths are as likely to experience failure as success. In fact, groups that cluster antisocial youths together are not able to achieve success until the most intransigent members discontinue treatment. The antisocial youths registered especially significant gains when they were placed in groups that consisted essentially of prosocial peers.

Participants' perceptions of treatment

Youths did not perceive a significant difference between the overall treatment capabilities of experienced and inexperienced leaders. In the youths' estimation, none of the three treatment methods was especially superior to any other.

Nonreferred members of mixed groups reported no adverse behavioral outcomes in comparison with nonreferred boys in unmixed groups. In their own estimation, prolonged exposure to one or two referred youths did not produce adverse forms of behavioral contagion. To the contrary, at the end of treatment, their self-reported weekly frequencies of antisocial behavior averaged at least one-third lower than those for peers without referred boys in their groups.

Group leaders' perceptions of treatment

Group leaders were somewhat less sanguine about the effects of mixed

groups. Though they generally reported that referred youths fared better in mixed groups than in unmixed ones, the multivariate trends were not statistically significant. The leaders considered that nonreferred members of mixed groups benefited much more than nonreferred boys in unmixed groups, particularly when interactions with treatment methods were taken into account. Furthermore, they reported that each treatment method in mixed groups fostered more favorable outcomes for referred boys than in unmixed groups. Group leaders also reported that three out of five youths who were treated by experienced workers achieved favorable outcomes. Less than half did so when they were treated by inexperienced leaders. More importantly, many youths who were treated by inexperienced leaders showed a marked deterioration in behavior.

In general, group leaders perceived few differences in the relative effectiveness of the three methods. However, regardless of which treatment method was applied, experienced leaders tended to report relatively favorable outcomes. Inexperienced leaders reported extremely negative outcomes for referred boys who were treated in unmixed groups. Much better results were reported for such boys when they were treated among prosocial peers.

Both the youths and the group leaders exhibited an unusual degree of consistency in their perceptions about treatment performance. Though no treatment method was clearly superior to the others, the particular combination of experienced leaders and mixed groups yielded outstanding results for antisocial youths.

Social integration

The behavioral intervention method in mixed groups often promoted positive social changes in referred youths. However, the changes that typically occur in unmixed groups of referred youths have negative impact, and do little to deter reductions in antisocial behavior. The unique combination of experienced leaders and mixed groups is especially productive. The integrative changes that occur in such groups tend to yield highly favorable outcomes for referred youths, while averting adverse outcomes for nonreferred ones.

Parents' and referral agents' perceptions of treatment

Parents and referral agents agreed that referred boys benefited from the program. Furthermore, they said that virtually every combination of treatment program contributed to a significant reduction in antisocial behavior. They concluded that both experienced and inexperienced leaders fostered significant reductions in the antisocial behavior of referred youths.

Summary

Since treatment takes place in an open community agency, the gains from programs such as the St. Louis experiment are likely to be transferable to the participants' natural environments. Indeed, the limited followup data strongly support this conclusion. The findings clearly point to the advisability of locating treatment programs in community agencies that are not identified publicly as correctional or mental health institutions. As a result, stigmatization is less likely to flow from the institution to the youth. Furthermore, when treatment takes place among prosocial youths, incipient behavioral gains are less likely to be neutralized by adverse labeling or by untoward pressure from antisocial peers.

The research points convincingly to the effectiveness of integrated treatment programs for young offenders. It also makes a strong case for intervention programs directed at antisocial behaviors that may not be extremely serious but nevertheless occur at a high base rate. Likewise, it demonstrates the utility of programs that can engage antisocial boys with conventional youths while weakening their ties with delinquent peers. The study clearly demonstrates that the behavior of antisocial youngsters can be shaped by prosocial modeling and by peer reinforcement for conventional behavior. Finally, the data clearly demonstrate that it is advisable to employ experienced group workers for integrative programs. Besides being able to generate favorable outcomes for referred youths, they are especially adept at mitigating adverse outcomes on the part of nonreferred youngsters.

The methods and findings of the St. Louis experiment are of potential im-

portance for evaluation research, small-group experimentation, social work education, juvenile corrections, and social service program planning because the most important study finding suggests that the resultant interplay of integrating antisocial youths into groups of prosocial youths is positive and rewarding with few, if any, adverse consequences for the prosocial peers.

Sources on this topic:

Boys Clubs of America (BCA)
771 First Avenue
New York, NY 10017
(212) 557-7755

[Provides information on their youth programs and how to contact local chapters.]

Outward Bound, Inc.
384 Field Point Road
Greenwich, CT 06830
(800) 243-8520

[Provides descriptions and schedules of their programs.]

Project New Pride, Inc.
1618 Ogden Street
Denver, CO 80218
(303) 832-1945

[Provides abstracts on program components and program history.]

Further readings:

"Antisocial Adolescents—Our Treatments Do Not Work—Where Do We Go From Here?" NCJ 79262. By S.J. Shamsie. *Canadian Journal of Psychiatry*, V. 26, N. 5 (August 1981), p. 357-364. Availability: NCJRS microfiche (free).

"Application of Helper Principle in Working with Delinquents." NCJ 07640. By M.K. Ho, Administrative Office of the Courts, Washington, D.C. *Federal Probation*, V. 36, N. 3 (September 1972), pp. 26-29.

"Hillcrest School of Oregon—Guided Group Interaction in a Juvenile Institution." NCJ 70368. By M. Robinson, D. Gould, and K. Hanneman, Simon Fraser University. *Female Offender*. NCJ 70360. By C.T. Griffiths and M. Nance, 1980. pp. 143-162. Availability: Simon Fraser University, Criminology Research Centre, Burnaby, BC, Canada V5A 1S6.

"Positive Peer Culture and a Level System—A Comparison in an Adolescent Treatment Facility." NCJ 74685. By J.D. Mitchell and D.L. Cockrum. *Criminal Justice and Behavior*, V. 7, N. 4 (December 1980), p. 399-406.

Replication of Project New Pride. NCJ 77213. Sponsored by the Law Enforcement Assistance Administration 1981. 244 p. Availability: NCJRS microfiche (free).

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