
This article is based on the Campbell Review:

Armeliuſ B-Å, Andreassen TH: *Cognitive-behavioural treatment for antisocial behaviour in youth in residential treatment*. The Campbell Collaboration 2007. The review is also published in Cochrane Library.

*This article is written by the Nordic Campbell Centre. The article has been approved by the authors of the review.
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Treatment reduces criminal recidivism in young people

Antisocial young people who have received cognitive behavioural therapy or other types of treatment in residential settings, do better than young people who have not been offered such treatment. Twelve months after leaving the residential setting, the risk of recidivism is reduced from 53% to 43%. These are the findings of a systematic Campbell/Cochrane review of the best international research in the field.

Antisocial behaviour in youth is a serious problem

Antisocial behaviour is characterised by thoughtless conduct and the lack of ability to accept the boundaries and requirements of society. Young people with antisocial behaviour find it difficult to meet their social obligations and become easily frustrated, aggressive or violent. They are likely to fall foul of the law and to become involved in drug and alcohol abuse.

Around 5% of all adolescents demonstrate a persistent and extremely antisocial pattern early on. This group is thought to be responsible for 50-60% of all criminality carried out by young people. Some of these antisocial adolescents are treated via interventions in the family home, but many are placed in a residential setting during their youth.

Over the years, many types of treatment have been tried on antisocial young people, but the results have not been encouraging. Placing young criminals together in an institution can have a directly negative effect on their behaviour. Family treatment or other types of treatment are often, therefore, favoured over placement in a residential setting. In this research review, Nordic researchers have studied whether cognitive behavioural therapy reduces the criminal behaviour of antisocial youth placed in residential settings.

Cognitive behavioural therapy leads to a 10% reduction in recidivism

The review shows that the young people who have received cognitive behavioural therapy do better 12 months after their release from the residential setting, than young people who have not received the treatment.

Of the young people in the review who *did not* receive cognitive behavioural therapy, 53% had been convicted of criminality again 12 months after their release from the residential setting. For the young people who had received cognitive behavioural therapy, the figure was only 43%.

In practice, this means that ten antisocial young people need to be treated with cognitive behavioural therapy to help *one extra young person* not to return to criminality.

The results of the review also suggest a positive, but not significant, effect in the follow-ups at 6 and 24 months after release. The researchers emphasise that this may be due to the fact that few

studies have been published regarding these follow-up times. Fewer studies mean fewer young people on which to base measurements, and the fewer people involved, the more difficult it becomes to differentiate between coincidences and a small positive effect.

The study also shows that cognitive behavioural therapy is no more effective than other interventions such as “Attention Control”, “Stress Management Training” and discussion groups. This might suggest that the type of treatment that young people receive is not necessarily all-important, but rather the fact that they have been offered a type of treatment at all. This result is, however, based on only a few studies, and the possibility that new and larger studies could find a difference cannot therefore be ruled out.

Cognitive behavioural therapy

The general principle behind cognitive behavioural therapy is that our behaviour is closely linked to thoughts, images, convictions and attitudes. The treatment should therefore be aimed at *both* cognitive and behavioural aspects of the criminal behaviour and not just at *one* of these aspects.

The treatment in the review consisted of different types of cognitive behavioural therapy and included both extensive programmes and less intensive programmes. The programmes do, however, always include both cognitive and behavioural aspects. The total treatment varied from a total of 20 hours to daily activities over a year.

The young people who did not receive cognitive behavioural therapy participated in standard prison activities, different types of training schools or placement at a standard residential setting. In a few of the studies, a group was offered a type of treatment other than cognitive behavioural treatment.

In the review, the effect was measured on whether the young people committed any form of criminality in the period after release from the residential setting. A search was also made for psychological and behavioural outcome measures, but there was insufficient data to comment on this in the studies included in the review.

About the systematic review

This review is a good example of the value of preparing a systematic review. The studies included in the review do not, in themselves, show any effect, as they each cover relatively few young people. However, by compiling the results, the researchers achieve a considerably more solid set of data, and are thereby able to detect a small, yet positive effect.

The review covers twelve different studies, with a total of over 4,500 young people aged 12-22 (average age 15-16 years). The young people have, on at least one occasion, broken the law and have been placed in a residential setting due to antisocial behaviour. The residence may be both in a secure or non-secure setting. Residential settings also include prisons and prison-like institutions and other types of training schools that use a type of cognitive behavioural therapy.

Most of the studies include only boys, but there are also studies with both sexes and one with girls only. The studies are from the US, Canada and Great Britain and were conducted from 1973 to 2005. The follow-up periods vary, but a report is made at 6, 12 and 24 months after the young people have left the residential setting.

Recommendations for future research

The review is a good example of the fact that other methods than randomised controlled trials also can contribute to give a qualified estimate of the effect of an intervention. Of the 12 studies, five are randomised controlled trials, while seven are trials whereby an alternative has been used to establish a control group. The researchers point out that, in future, register data can be used to measure the effects of this type of intervention.