

HALO-GROUP: HANNU MOGK,
TIINA RÖNING, PÄIVÄ REIMAN-
MÖTTÖNEN, JAANA ISOJÄRVI,
EEVA MÄKINEN

HANNU MOGK

Specialist in Psychiatry and
Adolescent Psychiatry, Deputy
Chief Physician
Psychiatry Center, Helsinki
University Hospital
E-mail: Hannu.Mogk@hus.fi

Cognitive behavioural group therapies for adolescent aggression

Background

Learning to cope with aggression in socially meaningful and accepted ways is an important developmental task in adolescence. Repeated and deviant aggressive behaviour is often a sign of psychiatric disturbance and may harm a young person's psychological and social development.

Psychotherapeutic group methods are favoured to treat problematic aggressive behaviour, since they offer a chance for practising social skills with peers and for receiving immediate feedback from the group. Most interventions are based on a cognitive behavioural (CBT) background. One of the best known CBT interventions for youth is Aggression Replacement Training (ART), invented in the 1980s. ART is implemented as a ten-week programme with three weekly sessions, using a manual as support. It focuses on three major areas of practising: anger control, social skills and moral reasoning.

Methods

This systematic review aims to assess the effectiveness of CBT group therapies targeted at adolescent aggression. It covers controlled and uncontrolled peer-reviewed studies of youth with aggressive behaviour problems at 12–18 years of age with a minimum of three months follow-up after the intervention.

Results

Nine original studies from six different countries fulfilled the criteria, including five randomized studies. Interventions were carried out in either schools (n = 4), outpatient clinics (n = 3) or institutions (n = 2). ART was a part of the intervention in three studies. Outcomes were measured mainly with established psychological instruments measuring changes in anger or aggressive behaviour rated by youth, parents or professionals. Recidivism was measured in four studies.

The four school interventions showed uniform results in improving anger control and/or prosocial behaviour, although the good results often seemed to fade away in time. These interventions were carried out alongside the normal school curricula targeting students with aggressive behaviour. Results on recidivism were weaker; only one in four studies with an intensive intervention showed positive results. Two studies reported negative changes in intervention groups: increasing recidivism or impaired school behaviour. Supervisors' good adherence to an intervention programme might support positive outcomes. Strong conclusions are impeded by methodological flaws in original studies, among them a great loss of study population in five studies.

Conclusions

None of the specific CBT methods under evaluation showed evidence of superiority over the others. School based interventions seemed to succeed best in this review. On the other hand, youth with more serious problems, e.g. criminal behaviour, may not benefit from this type of intervention as much as other youth. More good quality research is needed to evaluate effective means to reach and stabilize positive changes, also covering different types of aggression problems.

