
COGNITIVE BEHAVIORAL INTERVENTIONS FOR AT-RISK YOUTH

VOLUME II

Barry Glick, Ph.D., NCC, ACS, LMHC



Civic Research Institute

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This book is dedicated to:

Ed (EJT)

Juliana (JT)

Rosanne (RG)

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Introduction

IN THE BEGINNING

“We’ve come along way, baby!” Indeed we have in the area of cognitive behavioral programs for at-risk youth. Since the 1950s practitioners have evolved in knowledge, experience, and technology as they have attempted to provide effective and efficient programs to the various at-risk youth populations. What was once an era of trial and error and seat-of-the-pants programming has become a sophisticated science of interventions that work. This school of cognitive behavioral interventions joins other disciplines such as behaviorism and client-centered and psychoanalytic therapies. However, such development was not serendipitous. In fact, there have been a set of fortuitous circumstances that provided opportunities for academicians, researchers, program developers, youth practitioners, and entrepreneurs to develop programs and services for at-risk youth. The following paragraphs provide a brief summary of the development of this field that has become the bastion for evidence-based programs that have been proven effective for the at-risk populations.

HISTORY AND DEVELOPMENT

Cognitive behavioral interventions are comprised of two schools: cognitive skills and cognitive restructuring. Albert Bandura (1962) is credited as the founder of the cognitive skills school; Aaron Beck (1961) is considered the father of the cognitive restructuring school. Both disciplines developed independently but parallel in their advances of programs and services, primarily because of social, economic, and scientific influences (see Glick, 2006a, 2006b, 2006c, 2006d).

The cognitive behavioral movement began with these two critical thinkers who were able to articulate the philosophical and theoretical foundations on which interventions were designed and developed. However, it was their students—the practitioners—who took the theories and applied them in concrete, viable situations, giving utility to each theory. The cognitive restructuring movement—positing “it is your thoughts, feelings, beliefs and attitudes that control your behavior”—began to develop techniques and tools to change the behaviors of at-risk youth. Similarly, the early practitioners in the cognitive skills movement, who believed it was “your behavior that influenced your thinking, feelings, beliefs and attitudes that effected behavioral change,” also developed techniques and tools to change that behavior based on Bandura’s theory and philosophy.

However, it was the social upheaval of the 1970s that brought about the significant resources, both financial and people—along with the technological advances of the computer age—that catapulted these two schools into functional, practical science. The advent of the computer chip placed desktop computers into the hands of statisticians and researchers, which resulted in new concepts and thinking of how to change at-risk youth behavior. Such historical events as the Attica Prison Riot in 1971; the meta-analysis by Martinson, concluding that nothing that we do in corrections, adult

or juvenile, works; and the social turmoil in human services, which led to the first civil rights for special needs youth, that gave rise to standardized programs that reflected the initial theory and practices of both the cognitive skills and cognitive restructuring schools. At the same time, governments at all jurisdictional levels demanded programs that worked. Thus, the federal government, through the National Institute of Corrections, created a think tank of experts across disciplines known as the “What Works Project” to inform policy and identify those outcome-based, cognitive behavioral programs that held promise to change at-risk youth (and adult) behaviors.

By the 1980s, there was enough experience delivering programs to at-risk youth populations to give rise to curriculum-based interventions. Practitioners and program developers began to design curricula for specific, targeted populations. It was these pioneers who provided the substance for practitioners to implement differential programming, becoming ever more sophisticated in prescribing detailed evidence-based interventions to target specific behavioral outcomes. The field had evolved into a science that had a theoretical base, a data bank, a unique body of research, program evaluations, and individuals willing and able to question theory and practice. In the last decade of the twentieth century, practitioners began to expand their parochial views, now crossing the once impervious barriers of both the cognitive skills and cognitive restructuring schools to build multimodal programs and services taking theory and techniques from both schools and applying them to the complex behaviors exhibited by their at-risk youth populations.

The African proverb, “We stand on the shoulders of our ancestors,” teaches us that all of us are here because of those who came before us; that we are a product of what our forebears have done for us. So too, do the cognitive behavioral programs “stand on the shoulders of their ancestors.” This volume and its predecessor volume are possible because of what others have developed over the last sixty-five years.

KEY PRACTICE ISSUES

Given the state of the art and science of the cognitive behavioral movement, practitioners need to address specific issues that are part of the territory for those who work in the field.

Staff Development

In most human services systems, staff development and staff training are synonymous. However, I submit that staff development, although it includes staff training, has much broader goals and specific professional outcomes for staff. Staff development includes a training plan for each individual that identifies tasks, skills, and knowledge the individual wishes to acquire. A staff development plan is also a blueprint for the system. It is the system that must provide specific training and competencies to its staff in order to provide quality services to its at-risk youth. Toward that end, an agency or jurisdiction must develop and publish a system-wide staff development plan. The plan should project a three- to five-year mission, with goals and objectives that form the basis for agency policy and budget making. It is within the context of this plan that appropriate cognitive behavioral interventions may be identified.

Cognitive behavioral interventions require staff to be trained. However, staff training is often placatory and diluted, and not taken seriously in most jurisdictions. Many times, staff are left to their own devices to deliver programs, without adequate preparation and development. Even if staff are provided training, they often leave training excited, armed with new skills, but return to their organization without the support needed to implement the programs with integrity. Far too often trainers hear complaints from disgruntled and demoralized staff about their experiences when attempting to deliver programs. Take, for example, some of the comments heard from staff at a recent cognitive behavioral intervention training institute in one of the largest state jurisdictions:

I received a memo from my supervisor directing me to attend this five-day training last Friday, with no time to plan for travel, child care or personal business for the week . . .

We deal with the most violent at-risk youth in the entire state; nothing we do will work with this population. We need to just lock them up for twenty-three hours to survive . . .

You want us to use an overhead projector? We can't even get paper to have the youth write letters. Our administration won't give us that. It's not in the budget . . .

We have too many other things to do already; how will we be able to meet youth two or three times a week for this cognitive program. They already have too much to do in the schedule . . .

The union will want us to get overtime; it is not in our job description . . .

These statements are the most negative, but they do reflect the tone of many staff who attend training, who were not well prepared for the training session, and who were not provided adequate information in a timely fashion. Cognitive behavioral interventions are sophisticated, well-detailed curricula, as you will appreciate when reading this volume. Such interventions require that staff learn the program to be implemented but also develop the skills necessary to deliver these services to their at-risk youth populations. Administrators must take the time to adequately prepare staff for their own learning and professional development. A few guide rules will make the training experience more successful. Administrators should:

- Inform their staff about the policy decisions of the agency to implement cognitive behavioral programs;
- Adequately advise staff, with plenty of lead time, when training will occur, for how long, and where;
- Consult with supervisors and staff about training schedules and how to best integrate such training into existing calendars;
- Provide staff with support and incentives to attend training and reinforce their learning with adequate supervision for program implementation;

- Treat training as a primary function of the agency rather than an add-on;
- Provide suitable, pleasant, and adequate training facilities to enhance the learning environment for staff.

The foregoing suggestions may seem obvious, and most managers would agree they are critical for successful staff development. However, all too often, none are executed; often the training experiences for staff are negative, unpleasant, and counterproductive. The literature is replete with studies that indicate that when staff are not adequately trained, the cognitive behavioral programs are often provided to youth with less integrity, leading to the opposite outcome behaviors for the population than were expected (Barnoski, 1994; Van Voorhis, Cullen, & Applegate, 1995). Yet, not all is as pessimistic as it appears. More agencies and jurisdictions realize the importance of sound program design and planning, including staff development and training. Even if the policies and procedures for such training are in place, it is often the middle managers and inadequate quality assurance systems that undermine such executive vision. Greater attention needs to be paid to this problem, along with adequate assessments and evaluations to support the case for training resources and staff development. We shall now turn to a most important component for cognitive behavioral programs and services—ethics.

Ethics

“Ethics,” from Greek ethos, which means customs or practice . . .

I have made the case throughout this Introduction—as indeed have my colleagues through their contributed chapters in this volume—that cognitive behavioral intervention is a science, and we no longer jump on the “fad” bandwagon, choosing programs through trial and error, to deliver to at-risk youth populations. Thus, as practitioners, we are obliged to pay greater attention to those customs and practices we engage in as we provide the cognitive behavioral interventions we purport work for our targeted populations.

The cognitive behavioral schools (i.e., cognitive skills and cognitive restructuring) have yet to develop a code of ethics for practitioners. What is a code of ethics, and what should it include? Most ethicists would agree that a “code” should include the following:

- A set of values;
- A set of rules, obligations, and behaviors;
- A set of principles; and
- A set of consequences for inappropriate behavior (i.e., violation of values, rules, and principles).

In our case, that translates into the following: What ideas and concepts should we as cognitive behavioral practitioners strive for? What should be our goals and ideal

modes of behavior? What approaches should we embrace? How do we hold each other accountable?

Specifically, we as practitioners should be clear and articulate in a standardized code of ethics what our conduct and responsibility should be. Some common ethical principles include but are not limited to:

- Trustworthiness;
- Competencies and skills to deliver programs and services;
- Conflicts of interest;
- Obligations to our field (cognitive behavioral practitioners); and
- Compliance with the laws and statutes of our various jurisdictions.

A code of ethics should also detail the relationships we should have with our colleagues, supervisors, and the public. These include statements that address such issues as:

- Boundaries (relationship);
- Respect;
- Interdisciplinary collaboration;
- Credit for work;
- Impairment (inability or unwillingness to perform according to program standards); and
- Reporting and documentation.

Finally, a code of ethics for cognitive behavioral intervention practitioners must speak to the relationship between the staff and at-risk youth. The code should detail the following:

- Confidentiality;
- Informed consent;
- Nondiscrimination;
- Human dignity/self-determination; and
- Preventing harm and enhancing help for the at-risk youth.

It is not my intention to develop a code of ethics here for our work in cognitive behavioral programs and services. However, it is critical that we do address and, where appropriate, develop documents that detail a code of ethics for our customs and practices within the cognitive behavioral interventions discipline. We have advanced as a field to the point where we must attend to this task and not ignore its importance to our development. Systems and jurisdictions have the organizational means to sup-

port such efforts, if it is their will. Professional associations and organizations, labor unions, and work forces all have the ability and talent to accomplish this important obligation. To do otherwise is unethical.

ABOUT THIS VOLUME

This volume is the second in a series dealing with interventions for at-risk youth, specifically those outcome-based, cognitive behavioral programs and services that have been shown to be effective and cost-efficient interventions. Volume I presented a broad overview of the cognitive behavioral interventions field. It included an extensive review of the history and development of the two disciplines within the cognitive behavioral interventions school: cognitive skills and cognitive restructuring. That first effort also presented the seminal works of key program developers in our field, as well as a glimpse of the systems and jurisdictions that first incorporated the cognitive behavioral interventions that work. Finally, it also identified those management and administrative issues pertinent to the implementation of such effective programs.

This volume endeavors to expand on that base. Our purpose is not to duplicate that effort. Rather, Volume II concentrates on targeted and specific programs that work; those program models that have been demonstrated to be cost-effective and program-efficient. More important, this book assumes the reader is a sophisticated practitioner, well versed with the basic information about cognitive behavioral interventions, so that we may better emphasize a more focused and detailed review of programs and services.

Part I presents presents nine cognitive program models that are exemplary. In Chapter 1, Daniel Anonowicz describes reasoning and rehabilitation, designed and developed by Ross and Fabiano. He masterfully reviews the twenty years of research and program refinement with this seminal intervention for at-risk adolescents.

In Chapter 2, Barbara Schwartz, an author in her own right, provides us with insights into the treatment of the mentally ill and cognitively challenged youth with sexually inappropriate behaviors. She provides us with her wisdom and thoughts about this most difficult population.

Millicent Kellner has been developing anger management and anger control programs for years. In Chapter 3, she provides us with her expertise as she describes the programs she has developed.

We are fortunate to have Marilyn Van Dieten share with us, in Chapter 4, one of the few programs specifically designed for girls. She eloquently articulates the needs of girls, how they differ from their male counterparts, and what the practitioner must do in order to effectively serve this population.

Chapter 5 presents three time-tested cognitive behavioral interventions that have been demonstrated to be effective through program evaluations and research. I discuss programming that deals with social skills for adolescents. However, rather than describing a particular program (as I did in Volume I), here I challenge practitioners to use the basic knowledge they already have about social skills interventions and apply that knowledge to more sophisticated concepts to better their ability to implement skills programs for at-risk youth.

Practitioners in our field have been challenged to deal with adolescents who are

so clinically depressed that they withdraw from programs and services, refuse to attend treatment, or end up as suicide statistics. In Chapter 6, Batkins and Greenway provide us with a comprehensive guide to treating this difficult population, giving us techniques and tools to cognitively intervene successfully.

Taymans and Malouf discuss their work with problem-solving cognitive behavioral interventions in Chapter 7. This chapter, again, builds on Taymans's experience in developing and implementing problem-solving programs, presenting refined strategies and concepts for practitioners to use in their everyday work with at-risk youth.

In Chapter 8, Luther describes motivational interviewing, a program but also strategies and techniques, on which many of our cognitive behavioral interventions are now based.

Finally, to conclude this sequence of program models, in Chapter 9, Gibbs, Potter, DiBiase, and Devlin describe the EQUIP program, the basic goal of which is social perspective taking for responsible thought and behavior.

Part 2 deals with cognitive behavioral interventions from a systems-wide perspective. Each of these chapters articulates the challenges faced by policymakers, executives, administrators, managers, supervisors, and line staff when implementing cognitive programs and services within entire jurisdictions.

Savage (who also wrote two chapters for Volume I) teams up with Evans, a program director with the Boys and Girls Clubs of America to present a program that has been used within the organization for twenty years. In Chapter 10, they describe the original design of this program, but then go on to detail how a large organization undergoes system change in order to address the changing needs of at-risk youth. Together, they provide us with a blueprint for both program and organizational change.

Alaska is a geographically large state. Not many of us realize that we can take the state of Texas and fit it into the state of Alaska about three and one-half times. The challenges for practitioners to provide state-wide programs and services to at-risk youth are enormous for Alaskans. How they develop, design, and implement cognitive behavioral programs to enhance change in at-risk youth is a fascinating story. In Chapter 11, Rob Seward tells this story in a way that will help practitioners to learn and also to appreciate the genius of program implementation by a creative system.

Winokur and Blankenship are part of the executive team for the Florida Justice Research Center. In Chapter 12, they cull, from their vast experience providing training, research, and program evaluation for systems and agencies throughout Florida, how a state coalesces to provide cognitive behavioral interventions for its at-risk youth. They describe a system approach to develop, design, train, implement, research, and evaluate cognitive programs. Practitioners will find this chapter instructive and useful for their own work.

We end this section with a description of an international system. In Chapter 13, Morawski and Morawski provide us with the insight and knowledge on how to develop cognitive behavioral practitioners within an Eastern European culture. Poland has one of the most creative and innovative systems for providing cognitive behavioral interventions for at-risk youth. I have stated elsewhere that youth are the same the world over. Indeed, the Morawskis provide valuable insight into how similar youth are, no matter what their society.

Part 3 deals with the research, evaluation, and cognitive tools available for the practitioner. We begin with what we have learned about effective juvenile cognitive behavioral and family interventions, as studied by a research group from the University of Cincinnati. In Chapter 14, Ndrecka, Bechtel, Lowenkamp, and Latessa combine their talents and provide us with the results of their efforts over the last several years. Practitioners, whether they are researchers, administrators, policymakers, or direct line staff, will surely benefit from the information in this chapter.

Lovins and Lovins, in Chapter 15, discuss cognitive behavioral tools for practitioners that are well tested and have proven effective. Indeed, the tools they describe and suggest are used in a variety of programs already identified in this volume and its predecessor.

We end this section with two chapters that deal with women's issues. Bauman, Gehring, and Vanvooris, in Chapter 16, provide us with an overview of those cognitive intervention programs and services that work with at-risk young women. It is a powerful chapter that incorporates some of the earlier thinking of Gilligan (1982) along with some of the developers of programs targeted to at-risk girls.

Rice and Taymans, in Chapter 17, provide us with a synthesis of the literature on aggression in girls. This practitioner's guide to the literature highlights the special needs of at-risk girls. Their treatment of the knowledge gleaned in this area with their insights about how cognitive behavioral interventions and programs may be applied to yield effective, positive outcomes for this challenging population is enlightening, refreshing, and optimistic.

ACKNOWLEDGEMENTS

As with any major project, many have contributed to this book to make it a reality. I joined with myriad other program developers, authors, applied researchers, practitioners, and friends to produce this volume. I view this product as a labor of love and a testament to the thousands of youth who are truly at risk yet have dedicated and devoted adults working with them daily to change their futures.

I have already enumerated those individuals who have graciously contributed to this volume. I want to be clear that their written words are but a reflection of who these people are: colossal in their field, each bold thinkers, risk takers who practice what they preach, not "naysayers" but rather fastidious professionals who are not afraid to challenge the establishment, ask the hard questions, and seek the very best practices to serve the at-risk youth populations. To each of them an expression of gratitude is but a token of the appreciation I have for them. Together, I believe we have made a huge contribution to our profession that will set the benchmarks for future program design and development—a hallmark of the standards that we must meet in order to be effective and efficient practitioners.

I also especially want to thank Deborah J. Launer, Executive Vice President of Civic Research Institute, and her wonderful organization, who shared this vision with me and placed just enough challenge in my path to produce this work. Deborah is a long-time professional colleague who has allowed me to also be a friend.

Finally, but most critically—for those who were curious enough about the dedication of this book—permit me to share some very personal and intimate thoughts. All of us have heroes and heroines. I, too, have individuals who have been my models,

my heroes and heroines. I have dedicated this book to three individuals who have in the very recent past faced, literally, what was the challenge of their lifetime. Each contracted a virile form of cancer, and each chose life over death. Yes, I say “chose” because they all continued to look at their life circumstances as a “glass half full,” rather than “half empty,” refusing to be overtaken in this battle. Indeed, they literally live the sage advice: “You have cancer; cancer does not have you. Live your life to its full extent.” But that is not the only reason I dedicate this work to these individuals. All three have contributed to their profession in their own right, winning recognition from their colleagues for their efforts, changing the world through their knowledge, experience, and humanity. I have known them for a very long time and they have always been there to offer their ideas, opinions, thoughts, and feelings to any and every issue I brought to the table. They are truly cognitive behavioral change agents. Two happen to be friends, one a family member—all my heroes and heroines. I wish each of them health, happiness, success, and most of all (selfishly) . . . long life.

This book is truly dedicated to the giants in my life:

Edward J. Latessa; Juliana Taymans; Rosanne Glick

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