



Family-Focused, Multicomponent Treatments are the Best Bets for Disruptive Teens

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Teens with disruptive behavior—the most common problem for adolescents—often experience devastating consequences later in life, including school dropout, unemployment, drug addiction, incarceration, and even premature death. Until the 1990s, the assumption was that “nothing worked” for reducing disruptive behavior (such as fighting, property destruction, and stealing) in these youth. Fortunately, research in the past few decades has identified several effective treatments for disruptive teens.

Drs. Michael R. McCart and Ashli J. Sheidow from the Oregon Social Learning Center recently completed a comprehensive review of the 86 empirical studies on disruptive behavior treatments published over the past 48 years. Two treatments were identified as “well-established,” the highest level of research support—Multisystemic Therapy (MST) and Treatment Foster Care Oregon (TFCO). These are highly intensive treatments designed for justice-involved youth who are at risk for out-of-home placements and incarceration. Both are multicomponent in nature, integrating strategies from family, behavioral, and cognitive-behavioral therapies; view disruptive behavior as multidetermined; and see the family as the primary agent of change. The models reduce disruptive behavior by improving family functioning and empowering parents to address risks in the youth’s environment, including deviant friends and poor school performance. Positive outcomes associated with MST and TFCO have been sustained for numerous years after treatment has ended.

Four treatments were identified as “probably efficacious,” the second level of research support. These included MST for youth who are not justice involved in addition to another multicomponent treatment (Functional Family Therapy) and two cognitive-behavioral treatments (Equipping Youth to Help One Another and the Solution Focused Group Program) for justice-involved youth.

The review also identified treatments with limited or no empirical support. For instance, psychodynamic interventions and brief (that is, one-to-two session) cognitive behavioral treatments have been tested and fail to demonstrate reliable reductions in disruptive behavior among youth relative to comparison conditions.

In sum, findings indicate that effective treatments do in fact exist for disruptive teens, particularly for justice-involved youth who are at the most severe end of the disruptive behavior continuum. Interestingly, fewer treatments are available for disruptive teens who have not yet become justice involved. This is concerning from a mental health care perspective because non-justice-involved disruptive youth comprise the vast majority of referrals to community mental health clinics. Until further research is conducted, therapists in those clinics will have limited evidence-based treatment options from which to choose for their clients.

Source: McCart, M. R., & Sheidow, A. J. (in press). Evidence-based psychosocial treatments for adolescents with disruptive behavior. *Journal of Clinical Child & Adolescent Psychology*.

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RESOURCES: For more information, interested readers can go to www.effectivechildtherapy.com. The website offers free videos on a variety of child/adolescent therapy topics. The [Journal of Clinical Child & Adolescent Psychology](#) (JCCAP) is the flagship journal of the [Society for Clinical Child & Adolescent Psychology](#) (SCCAP), Division 53 of the [American Psychological Association](#). SCCAP is a non-profit organization whose mission is to encourage the development and advancement of clinical child and adolescent psychology through integration of its scientific and professional aspects. SCCAP promotes scientific inquiry, training, practice, and public policy in clinical child and adolescent psychology as a means of improving the welfare and mental health of children, youth, and families.