The Detrimental Effects of Group Placements/Services for Youth with Behavioral Health Problems

In a recent report entitled *Deviant Peer Influences in Intervention and Public Policy for Youth*¹, the Society for Research in Child Development (SFRCD) posits that rather than helping children, current policies regarding intervention may actually have an adverse effect. Indeed, the study concluded that at-risk adolescents’ propensity to become further unruly or delinquent is exacerbated through association with other antisocial individuals and peer groups. Group residential programs, not only reduce intended benefits of interventions but actually encourage deviant behavior as youth seek out others who are “like them,” a phenomenon called *homophily*.

According to the report, “placement of deviant teens into groups with other deviant youth is the most common and most costly of all public policy responses to deviant behavior by a child.”² Despite prevailing evidence of this problem, segregation of youth with problem behavior from the mainstream peer group and “quarantined” placement with other juvenile youth continues to be a widespread occurrence in the mental health, education, and juvenile justice systems. The authors conclude that “the children whom we are attempting to help may in fact be made worse by our efforts.”³

**Ineffective Group Settings**

The report indicates that “well-intentioned adults and government programs may exacerbate deviant peer influences by placing youth into programs and settings that are populated by other deviant youth.”⁴ Placement in antisocial groups is considered more financially and logistically efficient than individual treatment, especially considering the public’s desire to keep classrooms and communities orderly by segregating unruly youth.⁵

- **Mental Health**: Segregation is commonplace in the mental health system. Group treatment options include residential therapies, day treatment programs, group homes, group therapy and social skills training programs.

- **Education**: Schools frequently segregate disruptive students by placing them outside the classroom or in alternative settings. Detrimental practices also include grade retentions, suspension and expulsion. The research found that grade retention, in particular, has increased due to the No Child Left Behind Act, further isolating troubled youth and drawing them to each other rather than mainstream peers⁶, while the Individuals with Disabilities Education Act (IDEA), despite its mandate for inclusion, allows special education students to be excluded from mainstream classrooms.⁷ In addition, the 1995 Gun-Free Schools Act and its federally mandated zero-tolerance policy⁸ resulted in unparalleled rise of school suspensions and expulsions. These approaches often lead to poor academic performance, increased behavioral problems and, as students grow to identify themselves as “failures,” they often become dropouts.⁹

- **Juvenile Justice system**: Segregation takes the form of training schools, detention centers, other residential facilities and day treatment centers. In fact, about 20 percent
of the nearly two million youth brought before juvenile courts in 2000 were placed in detention facilities with other offenders. This does not include adolescents who were adjudicated by the adult criminal justice system or remanded to “brat camps,” military-style boot camps and wilderness challenges.

- **Community and housing programs.** High-risk youth are often placed together in after-school programs, youth development programs and community centers. Approximately 3.6 million young people are involved in after school centers; most tend to come from underprivileged, single-mother homes. These programs, designed to keep children off the streets, have little adult supervision or structure, amounting to a “hang out.” Foster care placements and public housing do not purposely group youth with problem behavior, but they result in at-risk youth congregating in a manner unobserved in more affluent neighborhoods.

**Why the Settings Don’t Work—Peer Influences**

Finding that most interventions are less effective when administered in a group rather than individually, researchers note: “Rarely is placement with deviant peers associated with no or an incremental positive impact; more frequently, the marginal effect is negative.” The effects of labeling, being part of a cohort group with non-normative behavior, reinforcement of deviant behavior, and deviance training are all factors contributing to adverse outcomes.

- **Labeling and the self-fulfilling prophecy.** Labeling individuals leads to self-fulfilling prophecies for both the child and his peers. There is a link between being “booked” in juvenile court and future offending, suggesting the negative influence of labeling someone as a member of a deviant group.

- **Placement with other deviant youth fosters peer influence.** Undesirable behavior escalates when youth with deviant behavior are grouped together. Research suggests that these youth are more likely to influence each other in negative rather than positive ways, frequently providing motives and opportunities to use drugs, obtain weapons and instigate gang rivalries and hostility to authority. Aspiring to be successful with their peers, these youngsters perceive that the behavior norms of the group are the bad behaviors which brought the group together in the first place. This dynamic perpetuates patterns of bad behavior that are positively reinforced by the peer group.

  In RTCs, for example, research suggests that peers are more likely to respond to a youth’s behavior than staff, giving peers greater power to shape behavior. A study involving girls in a RTC found that over two thirds of peers’ responses to poor behavior were reinforcing while staff failed to consistently punish or reinforce any behavior.

- **Peer Influence.** Juvenile delinquents influence their peers. This phenomenon occurs when one youth demonstrates rebellious behavior and the group elevates him to high status. Other adolescents in the group begin to emulate this behavior, further strengthening the deviancy of the group. The “training” has been observed regardless of adult presence or supervision.
Solutions in Mental Health

The pitfalls of grouping young delinquents strongly underscore the need for alternative strategies. While group therapy remains the most common treatment, research supports individual-level mental health interventions which promote the development of parental behavior management skills and the child’s interpersonal skills. Alternative approaches include:

- **Family-based interventions that utilize behavioral principles.** This approach has proven to be the most effective in reducing conduct issues and is becoming a standard in the mental health field. Also related to family-based therapy is the implementation of social skills training programs along with multimodal programs that include family involvement, skills training with youth and school behavior management.

- **Family-centered treatments directed to individual children.** This approach has been successful in quelling behavior and emotional challenges in youth. Within this context, children are consistently monitored to prevent deviancy “training” and contagion.

- **Intensive parenting support.** There is an observable benefit to linking parental support with mental health services. When out-of-home placement is required, the optimal solution is treatment foster care.

Solutions in Education

The report suggests several remedies to this complex problem. Among them are:

- **Eliminating the routine practices of aggregating students by academic achievement.** Isolating low-performing students in a classroom, compulsory grade retention, self-contained classrooms for special education students, group in-school suspension, alternative schools and expulsion are practices that should be avoided whenever possible.

- **Implementing school-wide behavior management policies.** Effective school-wide behavior management policies have been proven effective. The positive behavioral support model emphasizes good behavior without segregating youth with deviant behavior from the general population.

- **Teacher intervention.** Intervening with teachers through training, incentives and supports for effective behavior management practices can help reduce delinquent behavior.

- **Integrating social competence enhancement in school curricula.** Programs offering alternatives to negative behavior have been found to decrease problem behavior in schools.

- **Peer intervention programs.** Dyadic coaching programs matching one child with problem behavior with a well behaving peer for cooperative learning or skill development have
proven to have a positive impact on the child with deviant behavior but no undesirable effect on the non-deviant youth.

- **School-based individual-family interventions.** This approach, which involves families through various components using behavioral principles, has the strongest, most reliable evidence of effectiveness in reducing negative behavior.

### Moderating Factors

- **Individual characteristics.** Various factors such as a child’s age, behavior history and self-regulation ability contribute to contagion effects in both group interventions and the natural environment.\(^{21}\) Young adolescents are most susceptible to peer influence.

- **Cultural norms.** The cultural norm of promoting at risk behavior is a strong mechanism in contagion. Facilitating a pro-social culture is contingent on vigilant planning.

- **Leaders, structure & theory of the interventions.** Several factors may mitigate deviant peer group effects.\(^{22}\) The first is the therapeutic experience; at-risk boys with inexperienced therapists, for example, became increasingly more antisocial while competent therapists were able to thwart this shift. The study’s authors also concluded that high levels of structure in the groups tended to hamper any deviant peer contagion effect.

### Recommendations

**Across systems:**

- Terminate programs, placements and treatments that aggregate youth with deviant behavior, and have been shown to be ineffective and costly.
- Create positive youth development models (PYD) that promote positive development, rather than just treating deviancy or trying to prevent future occurrences of it.
- Parents, schools and communities should be viewed as resources that offer alternative opportunities to standard group placements.

**Mental Health System:**

- Replace group residential programs with home- and community-based services that are more therapeutically effective. These alternatives produce better short and long-term results and are less disruptive to children and families.
- Implement wrap-around models or systemic therapy models, which reduce delinquency, behavioral problems and the likelihood of out-of-home placement.

**Education System:**
• Schools should adjust their school discipline policies to avoid alternative group placements for students with behavior problems.

• Schools should initiate approaches such as school wide PBS, which are effective in reducing problem behaviors. Such models promote effective behavior management practices for the entire school, without creating “pull out” programs for deviant youth.

• Collaborate with mental health systems for provision of intensive community services for children and adolescents with serious mental health problems (tiers two and three of PBS).

Juvenile Justice System:

• Eliminate juvenile justice group programs such as boot camps and placement of first offenders with more hardened juveniles.

• Expand juvenile justice diversion programs, linked to effective community mental health services.

• Implement treatments programs that are family-centered and directed to individual children, such as multi-systemic therapy.

Child Welfare System:

• Replace group placements, particularly residential treatment center placements, with services in therapeutic foster care and other home-like settings.

• Fund evidence based practices, such as wraparound, for at-risk children with serious mental health problems so they can remain with their families.
Notes


2 Ibid.

3 Ibid.

4 Ibid.


16 Ibid.


