Editorial

Intervention and prevention with adolescents

Research can contribute to the improvement of practice in different ways. The enlightenment model illustrates the indirect and long term influence that research may have on practice through the way problems are conceptualized and analyzed, and how problems are approached and solved. The research-based model on the other hand demonstrates a more direct link between research and practice in which research findings are disseminated or implemented directly into practice.

Intervention research, being an example of the latter, aims at gathering empirical support for programs developed for the prevention and reduction of youth problem behavior. Much of the existing knowledge about “what works” in fostering healthy development and positive adaptation in adolescents has been accumulated over the last three decades. The overarching goal of this research is to implement research findings into effective practice. When new interventions are evaluated in efficacy trials, programs are tested under optimal conditions. In effectiveness trials however, new approaches are tested in real world practice. Efficacy research using randomized controlled trials (RCTs) which maximize internal validity and establish causal relations between intervention and outcomes has provided essential information about empirically supported practices. Causal relations can also be established in effectiveness studies which increase external validity of the interventions and the generalizability of outcomes. Most of the articles in this special issue of Journal of Adolescence belong to this last category of studies.

Intervention research has been concerned with the development, implementation and evaluation of programs, but also with evaluating effects of variables such as age, gender and social background. Interventions have targeted manifested problem behavior, but also risk and protective factors which are known to impact the developmental paths of young people. Longitudinal research on healthy and unhealthy development has been used to establish treatment and prevention programs targeting a range of adolescent problem behaviors such as violence and antisocial behavior, substance abuse, mental health problems (particularly anxiety and depression) and problem behavior in school (bullying, dropout, school disengagement). Some interventions focus on single problem behavior, for example violence or drug abuse, while others include a broader range of interrelated problem behaviors known to co-exist in adolescents at risk.

The development and testing of intervention programs has been dominated by US scholars as documented by Ferrer-Wreder, Stattin, Lorente, Tubman, and Adamson (2004). In their book, the authors present a broad range of interventions and examine their trans-Atlantic relevance as they have been implemented in Europe. The book also introduces a growing body of research on European initiatives which aim at improving services for children and youth. The increasing interest in intervention research at both sides of the Atlantic is further documented in the present issue which contains contributions from the United States, Canada and Europe, and includes several examples of cross-national collaboration. By dedicating a special issue to intervention research, the journal has challenged and inspired an international group of researchers to communicate findings of prevention and treatment approaches. In this way the journal signals the value and importance of such research and it helps to create a better balance between systematic reviews (including meta-analyses) and the primary studies on which these reviews are dependent.

Each of the papers in this special issue presents empirical data that evaluate intervention programs with adolescents. In the first article, Moretti and Obsuth (this issue) present encouraging outcomes from a small scale evaluation of the ten-week manualized Connect treatment program targeting parents of at-risk teens. The program has a group format and focuses on the building blocks of secure attachment: parental sensitivity, cooperation, reflective capacity and effective dyadic affect regulation. In the first wait-list control study, parents of at-risk teens reported significant increases in perceived parenting satisfaction and efficacy and reductions in adolescents’ aggression, antisocial behavior and other mental health problems. The treatment program was well received by parents who also reported enhanced parenting experiences, less parenting burden and fewer adolescent behavior problems at program completion and at 12 months follow up. Moreover, the program was effectively transported across communities as reported in a second study of Connect groups.
In the second article in this issue, Kerpe1man, Pittman, Adler-Baeder, Eryigit and Paulk report from an evaluation of a statewide youth-focused relationships education curriculum. The Relationships Smarts Curriculum was tested with classes from public high schools which were randomly assigned to intervention or control condition. Reporting both qualitative and quantitative results, the curriculum was found valuable and showed changes in knowledge and attitudes from pre- to post assessment. Follow-up data showed that the outcomes were maintained in the intervention group one year post treatment, but differences between the two groups had disappeared by the 2-year follow-up.

Garcia-Lopez, Muela, Espinosa-Fernandez and Diaz-Castela (this issue) explored the relevance of Expressed Emotion (EE) to the treatment of social anxiety disorder in adolescence. A group of 16 adolescents with clinical diagnoses of anxiety disorder were screened from several schools and participated in 12 weekly group sessions in a school-based, cognitive behavioral treatment aiming at overcoming social anxiety. Adolescents whose parents had low EE reduced their social anxiety significantly after treatment while those who had parents with high EE did not. The outcomes were maintained and consolidated over a 6-month follow-up for the adolescents with low EE parents.

Investigating the effectiveness of a school-based expressive writing intervention among Italian adolescents, Giannotta, Settanni, Kliwe1er and Ciairano (this issue) found no intervention effects on post-traumatic stress symptoms or on internalizing problems. Relative to the other groups, however, the intervention group of victimized youth increased their use of positive cognitive reframing coping strategies and avoidance coping. The level of peer victimization moderated the effects of the intervention on coping strategies. That is, a relatively easily applicable intervention may be applied in normal life context and it positively affects particularly those who might need to use coping strategies more than their mates because of recent victimization by peers.

Wenzel, Weichold and Silbereisen (this issue) investigated whether the Life Skills Program IPSY (Information + Psychosocial Competence = Protection) which is a program originally developed for the prevention of substance misuse also could have positive influences on the school context and on school bonding. IPSY is a universal prevention program that combines life skills training with the training of skills related to substance abuse and it also included lessons explicitly focusing on school. The basic program is implemented over three years and targets 5th grade student incorporating booster lessons in grades 6 and 7. Using a quasi-experimental design with school-wise assignment to the intervention and comparison groups, students’ self-reports indicated positive program effects on alcohol use and school bonding. Positive influences on school bonding following program participation partially mediated effects on alcohol use.

In the next article, Kimber and Sandell (this issue) report on the outcomes of a Swedish program for social and emotional training (SET) over five years with emphasis on the prevention of substance use. The SET program applies a long term perspective, having multiple components and covering grades 4–9 in compulsory school. The effectiveness study had a quasi-experimental design and applied latent-class analyses to investigate the program’s impact using students’ self-reported substance use. In general, SET students displayed less substance use over time than did students at schools which did not implement the program. The program appeared to have a preventive effect on non-and light users, more than it affected young people with an arguable substance-use problem.

In the first of two studies of Multisystemic Therapy (MST), Grimbos and Granic (this issue) investigated whether maternal depression was associated with MST outcomes for Canadian adolescents with co-occurring externalizing and internalizing problems. The authors also examined if maternal depression distinguished between two aggressive subtypes, pure externalizers and mixed externalizers/internalizers. Findings suggested that mothers of adolescents with mixed problems were more likely to be depressed than mothers of youth with externalizing problems only. And examining the concurrent change in maternal depression and treatment outcomes for the two subtypes, they found that reductions in maternal depression were related to successful treatment outcomes for the mixed group only.

In the last study, Ogden and Hagen (this issue) examined gender differences in intake characteristics and treatment outcomes following Multisystemic Therapy in Norway. Results indicated that the similarities between girls and boys far outnumbered their differences, and that the girls in the study did not exhibit more co-occurring conditions at intake than did boys, a specific hypothesis that was tested. And even if girls presented a somewhat different problem profile than did boys, few gender differences emerged in treatment outcome as measured by the multi-informant assessments of behavior, substance use, delinquency and out-of-home placement. Furthermore, girls were no more prone to drop out of treatment than their male counterparts and the families of girls were equally satisfied with the treatment as were the families of boys.

With this issue, we present a collection of papers that are based on presentations held at the Xth biennial conference of the European Association for Research on Adolescence (EARA), which took place in Turin, Italy, in May 2008. About 496 participants from 31 countries all over the world enjoyed this conference. Altogether, there were 42 symposia, 112 posters, and 118 contributions to thematic sessions. Various adolescent topics were presented and discussed at the conference, including biological and neuropsychological aspects, cognitive development, identity and self concept, parents, friends and romantic partners, political and civic development, prevention, promotion and intervention, pubertal maturation, risk behavior and protective factors, social integration and immigration, stress, coping and psychopathology.

A major theme at this conference was exactly intervention and prevention with adolescents, as shown by several symposia and posters presented by researchers from different countries. All these colleagues were invited to submit abstracts for this special issue. From 30 submitted abstracts, the guest editors selected a shortlist of 10 abstracts with great Interrater reliability (intraclass correlation = .85). Selection was based on a set of a criteria decided a priori, including the abstract being based on the Turin program (origin), the topic matching the theme of the issue, strong conceptualization of concepts and research questions, clear hypotheses, general interest of the research (content), sample, measures and analyses, credibility and fitting
in with the research questions (method), promising results and clear tables of figures (results), and use of English language. Authors of selected abstracts then prepared and submitted their papers, of which 8 finally made it to this special issue, after a thorough and blind review process.

Together, the articles presented in this issue represent several countries including Germany, Italy, Spain, USA, Canada, Sweden and Norway and they are spanning a broad range of prevention and treatment approaches targeting families, schools and communities. All of the evaluations presented in this issue are effectiveness studies, conducted in regular practice, making the researchers trading off some scientific control to gain relevance and generalizability of outcomes. The different contributions illustrate several of the challenges facing intervention researchers. First, before any evaluation can be conducted, the interventions must have funding, core components must be described in a treatment protocol and implemented with fidelity. Second, random assignment to intervention conditions is the gold standard, but is often difficult to achieve due to practical obstacles as well as ethical and philosophical objections. Third, intervention studies are inherently expensive and difficult to conduct because data have to be collected both before and after the intervention, and follow-up studies are necessary in order to assess the long term impact of the interventions. Fourth, in order to study the numerous predictors and indicators of good practices, large samples are needed. Practical and economic constraints, however, often force the researchers to accept smaller participant groups. Additionally, high drop out rates are an inherent problem of most intervention studies and selection processes represent a constant threat to the generalizability of the findings. The number of participants may eventually end up too few in order to be able to detect small, but potentially important group differences in outcomes. And even if multi-informant and multi-method assessments are preferable in order to avoid method overlap, the investigators often have to rely on self reports or data from a single informant group. Most intervention studies have to accept limitations to outcomes and generalizations when they are measured against the ideal prototypes of experimental studies. Still they are important contributions to the growing body of knowledge of what works in the prevention and treatment of youth problem behavior and in the promotion of health and competence. The major topic of this special issue centers around intervention and prevention and the articles demonstrate a number of approaches and outcomes that have implications for practice. Some studies confirm common knowledge in the practice field, others challenge the way problems have been approached and handled in regular practice. Hopefully they are inspiring as well as challenging to both researchers and practitioners.

Acknowledgments

We would like to thank the following expert reviewers who contributed to this special issue: Andreas Beelman, Bill Hale, Catherine Sabiston, Daan Brugman, Davide Margola, Denise Bodden, Denise Sloan, Dianne Chambless, Geert Jan Stams, Jessica Asscher, Joanne Frattaroli, Joseph Durlak, Judi Mesman, Laura Ferrer-Wreder, Margaret K. Keiley, Marilyn Montgomery, Mark Greenberg, Patricia Chamberlain, Peter Prinzie, Scott Henggeler, Silvia Ciairano, Stephanie Madsen, Steven Sussman, Sven Bremberg, Terje Ogden, and Theodore Beauchaine. Special thanks also go to Ann Hagel and Emma Pendle who guided us fluently through the editorial process for this issue. Finally, special thanks to Håkan Stattin and Margaret Kerr who wrote an excellent general discussion for this special issue.

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