Cognitive behavioural therapy for violent behaviour in children and adolescents: a meta-analysis
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CRD summary
The review concluded that results tentatively suggested potential for using cognitive behavioural therapy to reduce violence in children and adolescents. However, further research was needed before any solid conclusions can be drawn. The author's cautious conclusions reflect the evidence presented but given the limitations in the review methodology and reporting of study characteristics, the conclusions may not be reliable.

Authors' objectives
To evaluate the use of cognitive behavioural therapy for treating children and adolescents who demonstrate high levels of violence.

Searching
MEDLINE, PsycINFO and ERIC databases were searched from 1997 to March 2009; search terms were reported. A previous review was searched for papers up to 1997. Only articles published in English in peer reviewed journals were included.

Study selection
Eligible randomised controlled trials (RCTs) included behavioural, cognitive or cognitive-behavioural interventions compared with active or passive control in participants aged between six and 18 years with a diagnosis of violent behaviour. Trials had to report post-treatment data for at least one outcome measure assessing violence. Trials had to report data for at least one cognitive, coping, behavioural or psychological target post-treatment.

Interventions include social cognitive programmes, social skills training, cognitive behavioural therapy, mode deactivation therapy and parent management training. Treatment settings included correctional facilities, clinic or home setting. A wide variety of outcome measurement tools were used. The age of included participants ranged from seven to 18 years. The included studies were published between 2004 and 2007.

The author did not state how many reviewers selected studies for inclusion.

Assessment of study quality
The author did not report that a validity assessment was conducted.

Data extraction
Data were extracted and standardised means used to calculate effect size and 95% confidence intervals (CIs) using Cohen's D. Small sample bias was corrected using methods by Hedges and Olkin. Odds ratios were calculated for dichotomous data together with 95% confidence intervals. The author did not state how many reviewers extracted data.

Methods of synthesis
Pooled estimates and 95% confidence intervals were calculated using a random effects model. Heterogeneity was assessed using the Q statistic.

Results of the review
Six studies were included in the review (307 participants).

Cognitive behavioural therapy had a small effect in reducing violence in children and adolescents compared to control groups (mean effect size -0.094).

The results of a cumulative meta-analysis were also reported.
Authors' conclusions
The results tentatively suggested potential for using cognitive behavioural therapy to reduce violence in children and adolescents. However, there was only a small body of research exploring this relationship and further research was needed before any solid conclusions can be drawn.

CRD commentary
The review question was clear with appropriate inclusion criteria. Several relevant sources were searched although the limitation to peer reviewed studies published in English meant there was potential for language and publication bias. It appeared that one unpublished study was included. Study quality was not assessed and so the reliability of the evidence presented was unclear. The author did not report whether appropriate methods were used to reduce reviewer error and bias in the review process. Few details were reported for participants and detail about duration of intervention and period of follow-up were not provided. The pooled effect size was of limited value as it was not reported alongside 95% confidence intervals. Additionally there was some discrepancy in the interpretation of this result in terms of whether it represented a small or medium effect. Results of the test of statistical heterogeneity were not fully reported.

The author’s cautious conclusions reflected the evidence presented but given the limitations in the review methodology and limited reporting of study characteristics, the reliability of the conclusions was unclear.

Implications of the review for practice and research
Practice: The author did not state any implications for practice.

Research: The author stated that further RCTs were required to evaluate cognitive behavioural therapy for the treatment of children and adolescents with violent behaviour.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on
the reliability of the review and the conclusions drawn.