

## DESCRIPTION AND ANALYSIS OF THE QUALITY OF PROGRAMS FOR THE TREATMENT OF ANTISOCIAL BEHAVIOR IN THE CITY OF HUELVA

DESCRIPCIÓN Y ANÁLISIS DE LA CALIDAD DE LOS PROGRAMAS PARA  
EL TRATAMIENTO DE LA CONDUCTA ANTISOCIAL EN LA CIUDAD DE HUELVA

DESCRIÇÃO E ANÁLISE DA QUALIDADE DOS PROGRAMAS PARA O  
TRATAMENTO DE COMPORTAMENTOS ANTISOCIAIS NA CIDADE DE HUELVA

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**ABSTRACT:** This study explores the work done in the field of intervention of antisocial adolescent behavior by Community Social Services in Huelva (southern Spain). Forty-seven and eighty-three percent of the total population of professionals in the social centers of the city of Huelva participated in this transversal and descriptive study. We collected data using interviews, one semi-structured and one open-ended, and an ad-hoc questionnaire designed for this research. We analyzed three programs (GUIA, INGENIA and FAYME) in terms of the quality standards in the literature for evidence-based programs. The results indicated that, on the whole, the programs met the criteria related to the ecological approach, theoretical basis and conditions of implementation, but were weaker on intervention evaluation. In conclusion, this study provides an in-depth description of the interventions with adolescents with antisocial behavior in Huelva and underlines the need for more intervention resources with adolescents based on the criteria of evidence-based programs.

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<p><b>PALABRAS CLAVE:</b> intervención psicosocioeducativa adolescencia conducta antisocial programas basados en la evidencia profesionales</p>	<p><b>RESUMEN:</b> El objetivo de este estudio es explorar el trabajo que desde los Servicios Sociales Comunitarios de Huelva se está haciendo en el ámbito de la intervención de la conducta antisocial adolescente. El 47.83% de la totalidad de la población de profesionales de los centros sociales de la ciudad de Huelva participaron en este estudio transversal y de carácter descriptivo. Como técnicas de recolección de datos se utilizaron el formato de entrevista, una semiestructurada y otra abierta, y un cuestionario ad-hoc creado para esta investigación. Un total de tres programas, -GUIA, INGENIA y FAYME-, fueron identificados, y descritos de acuerdo con los estándares de calidad consensuados en la literatura para los programas basados en la evidencia. Los resultados apuntan que los programas cumplían en mayor medida los criterios relacionados con el enfoque ecológico, fundamentación teórica y condiciones de implementación de los programas, y en menor grado con aspectos relacionados con la evaluación de las intervenciones. Todos los programas fueron valorados muy positivamente por los profesionales, siendo el más destacado para el tratamiento de la conducta antisocial el programa GUÍA. En conclusión, este estudio permite describir en profundidad las intervenciones desarrolladas con adolescentes con conducta antisocial en Huelva y establece la necesidad de ampliar los recursos de intervención con adolescentes basándose en los criterios de los programas basados en la evidencia.</p>
<p><b>PALAVRAS-CHAVE:</b> intervenção psicoeducativa adolescência comportamento antissocial programas baseados na evidência profissionais</p>	<p><b>RESUMO:</b> O objetivo deste estudo é explorar o trabalho que estão a fazer os Serviços Sociais Comunitários de Huelva no âmbito da intervenção no comportamento antissocial adolescente. O 47.83% da população total de profissionais dos centros sociais da cidade de Huelva participaram neste estudo transversal de carácter descriptivo. Como técnicas de recolha de dados, utilizou-se a entrevista - uma semi-estruturada e outra aberta - e um questionário ad-hoc. Foram identificados três programas - GUIA, INGENIA e FAYME - que posteriormente se analisaram de acordo com as diretrizes de qualidade consensuais na literatura para os programas baseados na evidência. Os resultados sugerem que os programas cumpriam em maior medida os critérios relacionados com a abordagem ecológica, fundamentação teórica e condições de implementação, e em menor grau os aspetos relacionados com a avaliação das intervenções. Todos os programas receberam avaliações muito positivas por parte dos profissionais, destacando-se o programa GUÍA. Em conclusão, este estudo permite descrever em profundidade as intervenções desenvolvidas com adolescentes com comportamentos antissociais em Huelva e estabelece a necessidade de ampliar os recursos de intervenção com adolescentes adotando os critérios dos programas baseados na evidência.</p>

## 1. Introduction

Adolescence is the transition period from childhood to adulthood characterized by significant biological, cognitive and psychological changes that expose adolescents to new challenges in their daily lives (Lerner & Steinberg, 2009). The characteristics of adolescence make boys and girls of these ages particularly vulnerable to the emergence of risky behaviors, including antisocial behavior (Adams *et al.*, 2016; Rechea, 2008). Thus, some authors refer to adolescence as a critical period in the onset and/or increase of such behavioral problems (Greenberg & Lippold, 2013).

### 1.1. Antisocial behavior in adolescence: risk and protection

The conceptualization of the term antisocial behavior is ambiguous and is defined as different behaviors reflecting a transgression of social rules and/or an action against others (Kazdin & Buela-Casal, 1999). This definition encompasses a high diversity of actions that are clearly determined by the socio-cultural context in which they are studied. These behaviors refer to actions that

involve the violation of social norms and coexistence, which are quantitatively and qualitatively different from other behaviors that appear in the daily life of adolescents. The label of antisocial behavior encompasses such diverse actions as theft, vandalism, pyromania, school absenteeism, running away from home or aggressions, among others (Alexander, Waldron, Robbins, & Neeb, 2013; Kazdin & Buela-Casal, 1999; Seisdedos, 1988). According to Moffitt (1993), there are two profiles of antisocial adolescents: (1) those whose antisocial behavior is limited to adolescence; and (2) youths whose antisocial behavior escalates in frequency and severity over the years and persists throughout life. According to this author, the confluence of the two groups would explain the increase observed in the number of antisocial acts during adolescence, as well as the decrease in these acts at the beginning of adulthood, coinciding with the disappearance of the first group of adolescents. The scientific literature has shown the existence of these two profiles and there is even talk of the existence of a third group of late starter sin these acts, these profiles are associated with different criminal careers (Jolliffe, Farrington, Piquero, MacLeod, & Van de Weijer, 2017).

The characteristics of antisocial behavior (frequency, intensity, severity, duration, meaning, topography and chronification) may require clinical attention, and in many cases they are directly linked to the world of law and justice (Seisdedos, 1988). In these cases, we are not just talking about anti-social but also criminal adolescents. The report by the Directorate General of Services for the Family and Children (2016) shows that the number of legal measures for a crime in 2014 was very high at this age. This report found that Andalusia was the Autonomous Region with most legal measures (18.22%) executed for infringements committed by its young people in all age segments. Specifically, a total of 3128 minors between the ages of 14 and 17 had legal action taken against them in Andalusia during 2015, and 178 of these were from the province of Huelva (Defensor del Menor de Andalucía, 2016). The consequences of anti-social and criminal behavior of adolescents should not only take into account the threat to their normative development, but also the disruption of their social and family functioning (Henggeler, Schoenwald, Bordin, Rowland, & Cunningham, 2009). An antisocial behavior pattern is associated with problems in interpersonal relationships with peers, parental stress, parental frustration and rejection, strained parent-child relationships, low family satisfaction, and even problems in family living (Cunningham & Boyle, 2002; Fosco, Lippold, & Feinberg, 2014; Seipp & Johnston, 2005). These concomitant consequences further complicate support for this group of young people.

Research conducted with adolescents growing up in at-risk family environments has shown their problems of personal adaptation (Gorman-Smith, Henry, & Tolan, 2004; Lorence, 2013). Specifically, Jiménez (2009) found that an adolescent who has grown up in a Social Services family is three times more likely to show problems of adaptation compared to their peer group. Similarly, other authors have noted the high presence of adjustment problems, such as aggressiveness, antisocial behavior, behavioral disorders, delinquency, anxiety, depression, and suicide (Gwynne, Blick, & Duffy, 2009; Lorence, 2013; Repetti, Taylor, & Seeman, 2002). The prevalence of maladaptive behavior in this group is explained by the situations of risk and vulnerability in which minors are involved, as well as their lack of resources to be able to cope with daily difficulties (Adams *et al.*, 2016; Henggeler *et al.*, 2009; Lorence, Jiménez, & Sánchez, 2009; McLoyd, 1998).

Hence, there is a pressing need for preventive programs capable of enhancing protective factors while eliminating or minimizing the adverse effects of risk in these family contexts (Henggeler *et al.*, 2009; Piquero, Farrington, Welsh, Tremblay, & Jennings, 2009). Andrew and Bonta's (2010) integrated model divides the major risk elements present in the emergence of antisocial behavior into eight categories. The first four (criminal history, antisocial personality pattern, antisocial cognition, antisocial peer relationships) were called the *big four* for their high impact on the onset of problem behavior, the remaining four (family relationships, school performance, leisure activities, and substance abuse) were called the *moderate four*. Lösel and Farrington (2012) grouped the elements of protection from antisocial behavior into five categories: individual characteristics (i.e., positive attitude, low impulsivity), family members (i.e., parental supervision, low physical coercion, positive parent-child relationships), school (i.e., teacher support and supervision), peers (i.e., non-antisocial peers), and neighborhood or community (i.e., non-conflict neighborhood). Both sets of categories should be taken into account when working with these adolescents (Greenberg & Lippold, 2013).

## 1.2. Interventions for reducing antisocial behavior in adolescents. Evidence-based programs

The vulnerability of adolescents to antisocial behavior, associated with the fact that an early onset of these behaviors increases the likelihood of antisocial and criminal adulthood, is of concern to professionals working with children from families at social risk (Garaigordobil & Maganto, 2016; Piquero, Farrington, & Blumstein, 2003; Rutter, Giller, & Hagell, 2000; Tremblay, 2000). At present, it is clear that not all interventions are effective, and it is precisely those that meet minimum quality standards which are successful (Henggeler *et al.*, 2009). According to the definition of Davies (2004), the evidence-based movement emphasizes the decision-making and programming either fundamental actions, from the theoretical point of view and research, by providing policy makers and practitioners the best available evidence. In the context of Spain, Jiménez and Hidalgo (2016) present a synthesis of twelve general quality criteria related to evidence-based programs that are taken as a reference in this work.

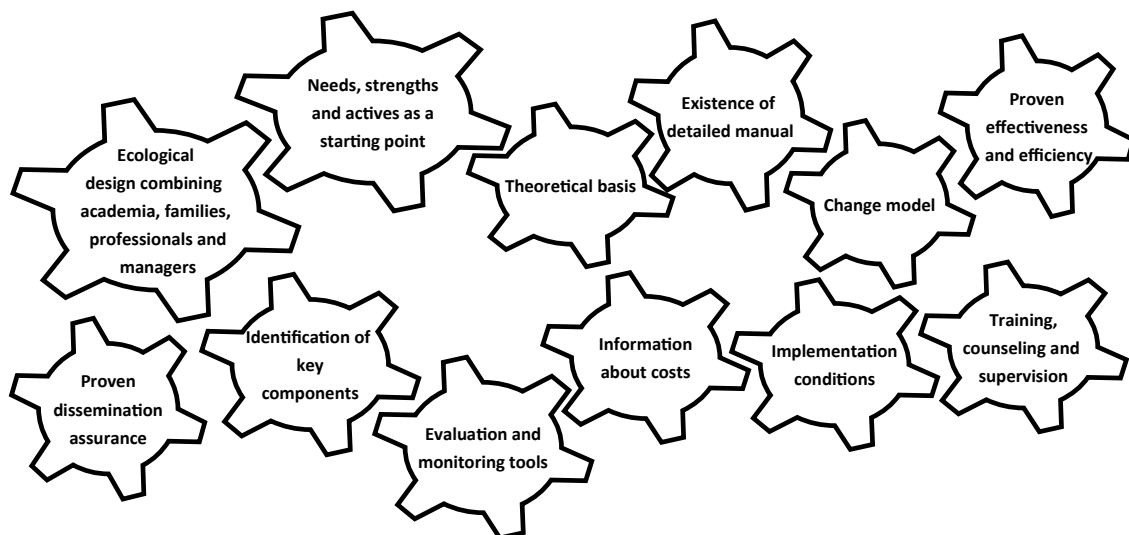


Figure 1. Quality criteria for evidence-based programs (retrieved from Jiménez and Hidalgo, 2016)

One of these general criteria refers to the need for an ecological perspective on program (Bronfenbrenner, 1979), also a prominent feature in the treatment of antisocial behavior (Henggeler *et al.*, 2009). Thus, antisocial behavior is understood as the complex combination of factors from different areas that interact between themselves and specifically affect minors. In this area, network and interdisciplinary work should be highlighted as they involve agents from different ecological environments in which the child participates (Melendro & Cross, 2013).

Regarding the theoretical principles that explain the model of change in work with adolescents, the most successful methodologies applied have been those influenced by cognitive-behavioral and systemic approaches (Orte & Amer, 2014). Furthermore, there is evidence demonstrating the success of interventions in both markedly cognitive-behavioral (Dretzke *et al.*, 2009; Garaigordobil, 2010) and systemic counseling (Henggeler *et al.*, 2009; Von Sydow, Retzlaff, Beher, Haun, & Schweitzer, 2013) for antisocial behavior. There have also been successful outcomes following socio-educational action with adolescents at social risk (Garaigordobil, 2005; Melendro, Cruz, Churches, & Montserrat, 2014; Melendro, Gonzalez, & Rodriguez, 2013). These orientations, far from being mutually exclusive from a theoretical viewpoint, are often combined in practice because of their complementarity (Pascual, Gomila, & Amer, 2015). The use of an integrated approach combining various methodologies appears to be an important feature of interventions with at-risk adolescents (Rutter & Giller, 1983). International evidence-based programs for troubled teens such as Functional Family Therapy combine systemic principles with parental training from a psychoeducational approach (Sexton, 2011).

Successful interventions seek effects not only in adolescents but also in their socializing agents to generalize treatment and maintenance over time (Henggeler *et al.*, 2009; Sexton, 2011). Training parents in parenting skills (e.g., setting rules and boundaries, communication, negotiation, etc.) has been highlighted as a core element of successful treatment of antisocial behavior, for their positive effect on parent-child relationships and, in turn, on the adjusted behavior of minors (Bernazzani & Tremblay, 2006; Piquero, Farrington, Welsh, Tremblay, & Jennings, 2009; Sexton, 2011). Involving parents in the intervention does not mean excluding adolescents as active agents: both should be involved in the change process (Fossum, Handegård, Martinussen, & Morch, 2008; Oruche, Draucker, Alkhattab, Knopf, & Mazurcyk, 2014; Welsh & Farrington, 2006). Parents and children should be recognized as primarily responsible for their own development, localizing their potential and establishing a helping relationship based on shared responsibility (Melendro *et al.*, 2014).

The other quality criterion of evidence-based programs concerns the importance of relying on assessments of both the needs and strengths of the target population, to identify the core components of the intervention, provide information about costs and terms of implementation, have a detailed presentation of the program manualized, describe the training and advice received by professionals, and meet the guarantees of effectiveness, efficiency and dissemination of treatment (Jiménez & Hidalgo, 2016). After the review, apart from the evaluation results, there was very little scientific evidence for the last group of criteria. The assessment made by the professionals responsible for the implementation and/or coordination of these interventions is an important communication tool.

They are in a privileged position to report the adaptation of these programs to these quality standards (Orte, Amer, Pascual, & Vaqué, 2014). While it is not an indicator of efficiency, social agents' perception of intervention is useful because it shows not just how satisfied they are with the program, but also the actual impact it has had on their participants. Thus, Social Service professionals often provide information in program evaluation studies (Montserat & Melendro, 2017).

Both the administration and its professionals are increasingly aware of the need to know not only what is being done but also how one is doing, in order to make professional decisions and develop policies to ensure the continuity of successful programs (Hamby & Grych, 2013). This work is intended to contribute to this field of knowledge, the main aim being to explore the work done in the field of intervention of antisocial adolescent behavior by the Social Services in Huelva. It analyzes the characteristics of intervention programs from the perspective of the Social Services professionals with two specific aims:

- Describe intervention programs for adolescents with antisocial behavior being implemented in Huelva in accordance with the quality standards of evidence-based programs.
- Gauge the Social Service professionals' perception of the interventions, finding out how much they know about them, whether they think they are suitable for the treatment of antisocial adolescent behavior and whether they should be continued.

## 2. Methodology

### 2.1. Sample

A total of 11 social service professionals (from Huelva, southern Spain) participated in this study. For data collection, researchers contacted the entire target population (N = 23), with a response rate of 47.83% professionals, including psychologists, social workers and social educators, working in the city. The distribution of the professionals' workplaces was: Center (27.27%), Marismas del Odiel (18.18%), La Orden (18.18%), Torrejon (18.18%), Cristina Pinedo (9.09%), and Lazareto (9.19%).

The average age of participants was 39.8 years with an unequal gender distribution: 77.73% female and 22.27% male. They had an average of 16.82 years' experience in Community Social Services, and 45.5% had a degree in social work, 18.18% in psychology and 36.36% in social education. All participants reported having additional training in the field of adolescence in general and specifically in antisocial behavior.

To complete the information given by these professionals about the intervention programs analyzed in this study, information was also requested from those responsible for the GUÍA and FAYME programs, implemented in Huelva by the PONTE Association and District V, with one person from each organization giving us information about the programs.

### 2.2. Instruments

We collected data using two personal interviews and an ad hoc questionnaire.

- Initial interview. Semi-structured interview to gather socio-demographic (gender, age and qualifications) and professional (area of work, profession exercised, years of experience and additional training in adolescence and antisocial behavioral problems) information. In addition, we asked three closed questions about the catalog of existing programs for the adolescent population in the area "Does Huelva have a wide range of programs and resources for adolescents aged 11-17? (yes/no)"; "Should there be more resources or programs for adolescents in this city? (yes/no)"; "Could you evaluate your satisfaction with teen programs offered in Huelva? (Answer from 1 to 5, 1 low and 5 high satisfaction). Finally, the interview finished with an open question "What programs are currently being implemented in Huelva for the treatment of teenagers with antisocial behavior?" With this question is to identify the programs at the time of the evaluation were being implemented in this city.
- Open interview about the GUIA, INGENIA and FAYME programs identified in the final question of the initial interview. We asked about the following: a) general characteristics (general description, contact details of the authors, presentation format, theoretical orientation, territorial scope, participant profiles and objectives), b) methodological characteristics (individual / group methodology and model change intervention), c) implementation process (content, timing and profile of professionals implementing it) and d) evaluation of interventions (internal/ external assessment, design evaluation, dissemination of evaluation results).
- Ad-hoc questionnaire: six dichotomous (yes / no) questions per program to gauge professionals' perception about the program, its suitability for the treatment of adolescent antisocial behavior problems and relevance of its continuity. This questionnaire ended with an open question "Do you know of any other program aimed at teenagers (other than

those mentioned above) which has been implemented in Huelva over the last three years and which tackles the problems of antisocial behavior during adolescence?”.

### 2.3. Procedure

It should be noted that the fieldwork of this research was conducted in 2013. According to the classification of Montero and León (2005), the design used in this study is transversal and descriptive. The following section summarizes how we collected the information.

Firstly, we asked the director of Huelva Community Social Services for permission to contact psychologists, social workers and social educators of all the interdisciplinary teams in the city’s social centers. We used email, phone calls and personal visits to workplaces to contact all the professionals working in Huelva’s six Community Social Service centers, but only 11 of them decided to voluntarily participate in this research.

We then conducted the initial interview by phone with each professional, which is when the three interventions analyzed in this paper were identified. Following this, we interviewed the professionals in person to gather information about the GUIA, INGENIA and FAYME programs. The ad-hoc questionnaire designed for this study was completed by most professionals at this meeting, although some preferred to send it by email.

Finally, we performed a similar interview with the organizers of the GUIA and FAYME programs. This gave us information about the characteristics

of the interventions which was unknown to the social service professionals.

The results of this work were processed and analyzed using SPSS 18.00.

### 3. Results

The child welfare professionals who participated in this study expressed their dissatisfaction with the general catalogue of programs aimed at adolescents in Huelva (100% considered it necessary to increase the number of programs to cater for the city’s adolescent population). Thus, in a range of 1 to 5, these professionals valued with an average of 2.86 (*min* = 1; *max* = 4.5; *SD* = 0.95) their satisfaction with the programs offered by Huelva to their adolescents in general. We have split the results into two sections, in line with the objectives of this study.

#### 3.1. Characteristics of Huelva intervention programs for adolescents with antisocial behavior problems

The professionals referred to three psycho-educational intervention programs: the GUIA program run by the PONTE Association; the INGENIA program run by the technical team of the Marismas del Odiel social center; and the FAYME program run by District V of Huelva. The characteristics of design, methodology, implementation, and evaluation of these programs are presented in Tables 1 (GUIA program), 2 (INGENIA program), and 3 (FAYME program).

**Table 1. Characteristics of the GUIA Program**

GUIA PROGRAM	
General characteristics	
General description	A preventive care program for families affected by a relational crisis in which parents demand help in the presence of violent/antisocial behavior in their children.
Contact information	asociacionponte@hotmail.com
Presentation	Does not exist in any format
Theoretical orientation	Not specified.
Geographical scope	Huelva, Almonte, Lepe, Villanueva de los Castillejos, Trigueros, Cartaya and Villalba del Alcor.
Participants	Children aged between 14 and 17 with violent/aggressive behavior. Family of the adolescents (father, mother, grandparents and siblings).
General objectives	To contribute to the improvement of family relations through the creation and promotion of an area of common interest. Encourage early intervention experiences, as it is necessary to intervene before the problem becomes entrenched and subsequent conflicts develop.

Methodological characteristics	
Methodology	Parents' Guide Workshop. Active and participative didactic group intervention that encourages reflection on conflict issues. The aim is to promote the creation of a link that allows the acceptance of new opinions from others in the same situation, avoiding the "expert role". Youth Guide Workshop. Approach to group work where young people are invited to find one or more points of common interest and work on them in two ways: playful (learning while having fun) and cultural (expression through performing arts). Family Guide Workshop. Family intervention in which parents and adolescents discuss the family conflict together.
Implementation characteristics	
Contents	Difficulties in conflictive family relationships (aggressiveness) are discussed. Sharing experiences. It facilitates a group experience of mutual support in its most therapeutic aspect. They are provided with listening and dialogue skills. New alternatives are tested and schemes and rules are made more flexible to optimize family relationships.
Schedule	The program consists of 9 weekly sessions of 2.5 hours each.
Professionals	2 psychotherapists and between 2 and 4 actors from the PONTE Association. Professionals from Child Welfare Services and Family Treatment Teams: Psychologists and social workers.
Evaluation characteristics	
Evaluation type	External evaluation. University of Huelva
Evaluation process	Evaluation process: Before the implementation of the program, the professionals involved in the selection of the families participating in the groups were asked to assess the general characteristics of the program. After program completion, the professionals were again asked for to evaluate the program. Parents and adolescents were asked about their attitude to the program, relevance, change process, availability of resources, effectiveness and integrity.
Results dissemination	Scientific paper (Soto & González, 2014)

**Table 2. Characteristics of the INGENIA Project**

INGENIA PROJECT	
General characteristics	
General description	Type of program of social and family intervention in vulnerable situations. Program developed by the Municipal Child Welfare Services professionals "Marismas del Odiel" (area with social transformation needs) aimed at children in this area, especially those most vulnerable to social risk. The name of the Project comes from the recognition of the "ingenuity" of minors.
Contact information	Child Welfare Services of the Marismas del Odiel area.
Presentation	Paper and pdf format.
Theoretical orientation	Not specified.
Geographical scope	Social work area No. 3 in Huelva, which includes the depressed neighborhoods of Marismas del Odiel, Santa Lucía, Cárdena, La Navidad, El Carmen, Las Colonias and Los Dolores.
Participants	Children in general.

<b>General objectives</b>	<p>Attempt to normalize the process of socialization of minors, raising the levels of social competence and creating comprehensive alternatives to generate positive social behavior.</p> <ul style="list-style-type: none"> <li>o Training in social skills to improve interpersonal relationships.</li> <li>o Increase personal autonomy for social readjustment.</li> <li>o Enhance self-esteem for better satisfaction of needs.</li> <li>o Encourage a positive attitude to “learning to learn”.</li> </ul>
<b>Methodological characteristics</b>	
<b>Methodology</b>	The methodology followed by this project is to use leisure as a facilitator of the intervention, making use of the toy library with the main function of making them think about a place where they can have fun. With adolescents, we also use the token economies technique aimed at promoting behavioral change.
<b>Implementation characteristics</b>	
<b>Contents</b>	<p>Motivation: start from what the children know, what they like, their environment. It's about finding out what motivates them and developing this.</p> <p>Behavior modification. Working with techniques such as modeling, molding, token economy...</p> <p>Leisure and free time: painting workshops, marquetry, clay, library, theatre, games, songs, inventions, etc.</p>
<b>Schedule</b>	Two weekly sessions are carried out with children and adolescents for 6 months. There are sessions with parents every two months.
<b>Professionals</b>	Psychologists, monitors, street educators.
<b>Evaluation characteristics</b>	
<b>Evaluation type</b>	Internal evaluation
<b>Form of evaluation</b>	<p>Assessment with children and adolescents is carried out by observing their behavior and social skills.</p> <p>With the parents, an evaluation is carried out using attendance reports and motivation questionnaires.</p>
<b>Results dissemination</b>	Unknown.

<b>Table 3. Characteristics of the FAYME Program</b>	
<b>FAMILY AND CHILDREN PROJECT (FAYME)</b>	
<b>General characteristics</b>	
<b>General description</b>	Socio-family intervention program for adults in charge of families with minors in the Child Welfare Services of District V of Huelva who are in a situation of psychosocial vulnerability.
<b>Contact information</b>	Child Welfare Services of the “El Torrejón”
<b>Presentation</b>	Paper and pdf format.
<b>Theoretical orientation</b>	Not specified.
<b>Geographical scope</b>	Child Welfare Services of the District V, formed by the depressed neighborhoods of Diego Sayago (El Torrejón), Verdacruz, Hispanidad and Tres Ventanas.
<b>Participants</b>	Parents in District V who have children under their care.
<b>General objectives</b>	<p>To help prevent and/or avoid those situations that may constitute an obstacle to the optimum development of minors and adolescents.</p> <p>Raise parents' awareness of the importance of the family in the well-being of children and strengthen their skills so that they can play a more successful role in parenting.</p>



Methodological characteristics	
Methodology	The methodology used to carry out this project is, on the one hand, with parents, through a parent school format, the "Fayme", with modules for the education of children and others dedicated to the personal, physical and emotional care of the participants. On the other hand, a group is created for adolescents and workshops are also held for children under 12 years of age.
Implementation characteristics	
Contents	The users are motivated by the knowledge of the parental functions. Training is provided in the acquisition of healthy eating, health and hygiene habits. The different basic needs of children are made known depending on their stage of development. Appropriate patterns of behavior are encouraged in terms of educational styles, for the good psychosocial development of minors. Conflict resolution techniques. Techniques of domestic organization oriented towards the needs of minors, including the rational management of economic resources. Training actions on topics of interest that participants can propose to improve family functioning. Workshops for the expression of feelings.
Schedule	It is carried out from March to August, with the possibility of extending it until September if there is funding.
Professionals	Educators, psychologists and animators.
Evaluation characteristics	
Evaluation type	Internal evaluation.
Form of evaluation	The evaluation of this program is carried out in groups, using satisfaction questionnaires and according to the objectives. The information is collected at the beginning and end of the workshop/course.
Results dissemination	Unknown.

The information gathered shows that the three programs were aimed at the group of adolescents at psychosocial risk, with the GUIA program designed for the treatment of antisocial behavior. The tables show that there are both similarities and differences in the characteristics of these interventions.

### 3.2. Professionals' view of the GUIA, FAYME and INGENIA programs

All the professionals emphasized the scarcity of programs and interventions for the treatment of adolescent antisocial behavior, demanding more interventions focusing on this problem. The general evaluation of the

programs addressing these behavioral difficulties in their city was, on a scale from 1 (low) to 5 (high), 3.5 points ( $SD = 0.85$ ;  $min = 2$ ;  $max = 5$ ).

Regarding the questionnaire for professionals of the GUIA, FAYME and INGENIA programs, the data showed that all the professionals were aware of the GUIA program, but this was not the case with the other two programs. One professional did not know about the INGENIA project, and three were unaware of the FAYME project, possibly because it is a project in a specific area with a small number of applications. Table 4 shows the percentages of professionals who answered YES to the questions to assess the adjustment of programs to the treatment of anti-social behavior and their continuity over time.

**Table 4. Percentage data of the information provided by the professionals about each of the programs**

	GUIA (n = 11)	INGENIA (n = 10)	FAYME (n = 8)
Does this program accept the referral of adolescents with antisocial behavior problems?	100%	60%	75%
Would you recommend this program to yourteen users with antisocial behaviors?	100%	60%	75%
Do you consider this program to be appropriate for dealing with antisocial behavior problems?	90.91%	60%	75%
Do you think this program should continue over time?	100%	100%	100%
Do you think it should be extended to other areas?	Not applicable*	100%	87.50%
Overthe last three years, have you referred any teen users to this program?	90.91%	40%	37.50%

\*The GUIA program was being implemented in all the territorial areas of Huelva.

There was a high degree of consensus among professionals in the responses to the GUIA Program, compared to the FAYME and INGENIA programs where greater discrepancies were observed. However, the professionals' overall assessment of the three interventions was very satisfactory. On a scale from 1 to 5, the program that received the most positive evaluation was the GUIA Program ( $M = 4.40$ ;  $SD = 0.84$ ;  $min = 3$ ;  $max = 5$ ), followed by FAYME ( $M = 4.14$ ;  $SD = 0.69$ ;  $min = 3$ ;  $max = 5$ ) and finally INGENIA ( $M = 3.50$ ;  $SD = 0.85$ ;  $min = 2$ ;  $max = 5$ ). There was no association between the valuations given by the professionals, and the Pearson correlation coefficient was not statistically significant in any of the peer associations made between the three programs ( $r_{\text{guia-ingenia}} = -.12$ ;  $p = .74$ ;  $r_{\text{guia-fayme}} = .18$ ;  $p = .71$ ;  $r_{\text{ingenia-fayme}} = -.30$ ;  $p = .51$ ).

Finally, we asked whether the professionals were aware of any other programs, apart from those mentioned, that had been implemented between 2010 and 2013 in Huelva in collaboration with the Child Welfare Services and that involved adolescent anti-social behavior. From our sample, 70% replied that they were unaware of any other programs, while 30% referred to programs in Huelva or programs in which Child Welfare Services were not involved.

#### 4. Discussion and conclusions

As national statistics put Andalusia at the top of the list for juvenile offenders in Spain (Directorate General of Services for the Family and Children, 2016), the need for interventions to treat anti-social behavior in places such as Huelva is a priority.

Huelva is a small city which favors access to professionals and facilitates in-depth description and analysis of interventions with adolescents with antisocial behavior. The high rate of juvenile offenders in Andalusia is particularly worrying given the dissatisfaction of the Child Welfare Service professionals in this city not only with the programs aimed at the adolescent population but also with the low number of specialized interventions in the prevention and/or intervention of antisocial behavior.

The professionals who collaborated in this study mentioned three group intervention programs (GUIA, INGENIA, FAYME) for the treatment of adolescent antisocial behavior. These programs were aimed at adolescents at psychosocial risk, with a preventive intervention of a mainly secondary level. The application scope of the three programs was not specific, but there were several groups in operation, including the GUIA program. These programs had similarities and discrepancies in terms of compliance with the quality criteria of evidence-based programs. The characteristics of these interventions will be discussed in terms of the quality standards proposed by Jiménez and Hidalgo (2016), as well as the available evidence regarding the treatment of antisocial behavior.

In terms of quality criteria, the three interventions approached the problem in accordance with the ecological model (Bronfenbrenner, 1979). Programs implemented using this framework consider adolescent development as the result of the influence of different contexts. However, in practice, the only context in which they intervened was the family context, to the detriment of direct intervention in other important contexts for adolescent development such as schools and

neighborhoods. Melendro and Cruz (2013) argue that integrated intervention with family, school, friends and neighborhoods continues to be a challenge for professionals working with families and children at risk in Spain.

One of the strengths of the programs described is networking and interdisciplinary work (Melendro & Cruz, 2013). Both social science and education professionals make up the Child Welfare Service teams and are involved in the implementation of the programs; they consider the anti-social behavior of adolescents as an issue to be addressed by integrating different perspectives. Regarding the complementary training of professionals, this study provided data on specialization in the field of adolescence and antisocial behavior, but we do not know of any specific training in the application of the programs. The training of professionals is known to improve fidelity, understood as the degree to which the application of the program is faithful to its original design (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005), which is essential for standardized interventions that can be validated (Orte *et al.*, 2014). Pre-training is important not only because it has been accompanied by better results in the intervention (Durlak & Dupre, 2008), but also because it promotes attitudes and beliefs in professionals that are more consistent with the program's approach (Orte, Ballester, Amer, & Vives, 2017). The lack of preliminary professional training courses is a pending issue for all three interventions analyzed.

The comparison of these programs also showed interesting differences between them. Contrary to the quality standards of the programs, none of the professionals was able to specify the theoretical model of change behind the interventions; however, the objectives, contents and methodology described in Tables 1, 2 and 3 offered clues about the approach of at least two of the programs. Thus, the GUIA program can be understood as a fundamentally systemic family intervention with a psychodramatic orientation. The INGENIA Project can be seen as a program based on both cognitive-behavioral and socio-educational strategies. The theoretical coverage of both interventions has been empirically supported by previous studies (Dretzke *et al.*, 2009; Garaigordobil, 2010; Melendro *et al.*, 2014; Orte & Amer, 2014; Von Sydow *et al.*, 2013), which could anticipate their success. The theoretical principles underlying the FAYME project are vague, seeming to combine techniques from different theoretical approaches without opting specifically for one, thus failing to meet this criterion of program quality.

All the programs took into account the family context of adolescents in their interventions,

although the degree of involvement of their members was not the same. According to the theoretical review of this paper, the importance of involving adults and children in the program is one of the key elements in successful intervention programs with families at social risk (Fossum *et al.*, 2008; Welsh & Farrington, 2006). In this sense, the inclusion of the family context in intervention programs with conflictive adolescents has been shown to favor the maintenance of long-term results (Sexton, 2011). Therefore, and according to systemic principles (Oruche *et al.*, 2014), it is essential to focus on working with the family system to achieve changes in parents and adolescents. This only occurred in the GUIA program, which proposed a multi-modal systemic approach combining parental, filial and family work, further strengthening the factors protecting antisocial behavior (Gutiérrez, 2015). In contrast, the FAYME project proposed an intervention based exclusively on parents from the exercise of positive parenting; while the INGENIA program did not involve parents at all, with minors being the only protagonists.

There were also discrepancies between the three programs regarding their manualization. In terms of quality standards, the INGENIA and FAYME programs had written documentation of the objectives, actions and procedures to be implemented in the interventions; this was not the case for the GUIA program. A manual with this information is considered an important quality standard because it means the intervention can be faithfully replicated (Flay *et al.*, 2005).

Despite the progress made in the last decade in the evaluation of family programs (Dretzke *et al.*, 2009), there are still too few studies with sufficient and contrasted evaluations in the area of Child Welfare Services (Melendro *et al.*, 2014). The results of this paper confirm this deficit. We found an evaluation protocol in all three interventions but, according to the available information, none met the quality standards concerning evaluation of efficacy, effectiveness and efficiency (Flay *et al.*, 2005; Small, Cooney, & O'Connor, 2009). Despite this common non-compliance, it should be noted that the GUIA program had begun its process of quality evaluation, had already had an external evaluation by the university and had published evaluation results (Soto & Gonzalez, 2014).

This paper lacks sufficient information to complete the quality analysis of these programs according to the standards of evidence-based programs (Jiménez & Hidalgo, 2016). Specifically, it would be useful to investigate the following aspects: study of needs and strengths prior to the intervention; information about its costs; identification of the key components of the intervention; advice and

supervision of the professionals in charge of its implementation; specific conditions of implementation; detailed information about program evaluation design, as well as the evaluation process. We understand that these complications could be overcome if those responsible realized the importance of writing manuals and/or protocols for their interventions, as well as providing access to the materials necessary for their application and disseminating the results of their evaluations.

In short, according to the quality standards of evidence-based programs (Jiménez & Hidalgo, 2016), these programs were remarkable for both their compliance and non-compliance with these criteria. According to the available data, the GUIA program met the greatest number of quality criteria, standing out positively from the rest for being a family intervention that works from a fundamentally systemic approach, in which adolescents and parents participate in all sessions, with many applications in different parts of Huelva, and for which there appears to be an evaluation that meets minimum standards of rigor. This quality analysis coincides with the perception of the professionals. The GUIA program was the most highly rated in the survey carried out at the end of the study. Without underestimating the high scores obtained by the other programs, the Child Welfare Service professionals highlighted the fact that this intervention was suitable for the adolescent population with antisocial behavior problems, so much so that all the professionals confirmed that they had at some point referred some of their families and supported their continuity over time. Against this backdrop, the professionals' perception of the suitability and continuity of the FAYME and INGENIA project was more varied. The results found in the comparison of the three programs are understandable, if we bear in mind the profile of participants for whom they were designed. Thus, although the three programs included adolescents with antisocial behavior, the GUIA program was the only one of the three that was designed to work with this group of adolescents, so its actions were adapted to the particularities of this group.

It is worth noting that no association was found between the answers in the evaluations given by the professionals of these three programs. This result is interpreted positively, as it demonstrates the ability and judgment of professionals to discriminate between the issues we asked about in each program. This independence of judgment of the professionals for each program demonstrates their neutrality, their knowledge of the programs, and therefore, their relevance as informants for program evaluation (Montserrat & Melendro, 2017).

This paper indicates that much effort is being put into work with adolescents with antisocial behavior problems by the Child Welfare Services in the city of Huelva. Some of these interventions, which are highly valued by social center professionals, meet some of the quality criteria for evidence-based programs. However, increasing the number of services for troubled adolescents and testing and guaranteeing the effectiveness of intervention programs in the Spanish context continues to challenge psychology professionals in this field. These programs require many improvements, and the lack of knowledge of the professionals in charge of their implementation and/or coordination from Child Welfare Services is evident. This lack of knowledge represents one of the great limitations of this study, since it has prevented an exhaustive examination of the characteristics of these programs in accordance with the quality standards proposed by Jiménez and Hidalgo (2016). It would have been interesting if all the professionals from the social centers had participated in this study to establish whether such ignorance was widespread. Another of the limitations of this work concerns the transversality of the study. The data presented refers to a specific time period, 2013, when the information was collected from the professionals who were active then. It would have been interesting to monitor the programs to trace their evolution over time. It should be noted that after this study, the PONTE association showed particular interest in the quality analysis of its GUIA program. Since then, it has received individualized counseling that has enabled it to achieve ten of the twelve quality criteria presented in Figure 1, except for those referring to the existence of a detailed manual (in the process of final preparation) and having proven evidence of its dissemination. In addition, it has been implemented in other Andalusian cities such as Seville.

This study from Huelva is a clear example of the usefulness of studying the adequacy of the quality standards of evidence-based programs in interventions developed in a specific local area from a comparative approach. Providing evidence and gathering the opinion and perception of professionals involved in these programs means giving them an active role in decision-making. Rather than constricting professionals as external agents of the programs they implement in their city, this encourages them to be experts, participants and evaluators of these interventions and thereby maximize their effectiveness (Orte *et al.*, 2014). Such studies are needed to improve these interventions and thus the social policies of the geographical area they cover.

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