

Consequences of research on maladjusted adolescents

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At a time when new legislation for young offenders is under discussion, it is essential to recall that certain research findings have been interpreted in a questionable manner. The managers of Quebec's system of residential rehabilitation centres for adolescents, who are responsible for the secure custody of juvenile delinquents, set up eight commissions of inquiry between 1975 and 1998, commissioning a large number of reports and issuing policy statements. They also encouraged scientific research (although the number of studies actually conducted was small) on the effectiveness of residential centres.²

Thus, the research findings were disseminated through a variety of media, such as books, reports, and scientific articles. Then the mass media joined in, giving voice to their own conclusions. Opinions were also shared on the findings at forums, such as conferences and seminars, as well as during chance meetings with managers and educators. That still left plenty of room for personal interpretation of the findings, which has created a very grey area in the transfer of knowledge. This article is a discussion of two examples of research findings whose interpretation was distorted or had adverse consequences. Other examples are analysed in a different article.³

Length of stay

Around the time when we began our evaluation of Boscoville, the rumour was spreading that this facility's good results were attributable to its selection procedures: Boscoville only admitted the "best" cases, i.e., the most intelligent, least maladjusted boys. However, research showed that, although a significant number of adolescents were refused admission in the first place, or chose to leave Boscoville at a later date, this charge was unfounded.⁴ Moreover, two key discoveries were made. First, boys who spent more than two years in Boscoville stopped making notable improvement in terms of psychological development after the two years. Second, the improvements in question were obtained after a stay of 12 to 15 months, depending on the individual.

These findings buttressed another way to promote a policy of deinstitutionalization. A study of all youth rehabilitation centres in Quebec⁵ confirmed that boys sent to secure facilities were spending an excessive amount of time there. As a result of this study, a new policy was established making it impossible to order a term of more than two years in a centre for delinquents. Thanks to this policy, the length of the stay could be tailored to the specific needs of the adolescent clients of the centre and gave educators the flexibility they needed to work toward the boys' rehabilitation.

At the beginning of the 1980s, the clinical and organizational imperatives had been met. A reasonable policy had been implemented on the basis of the research findings. However, managers and practitioners in the field of residential measures say that it is now rare for a youth to spend more than

one year in a residential facility. The only available statistics are on young offenders in the province of Quebec.⁶ Secure custody placements of fewer than six months, which had accounted for 55% of all placements in 1984–1985, increased to 80% in 1993–1994. This indicates that the system created for helping young offenders has been favouring shorter periods of secure custody.

This decrease in the length of the stay in a residential centre has made it impossible to rehabilitate delinquent youth effectively in that environment. Our research shows that it is unrealistic to expect significant change in less than a year. This means a reasonable policy has been applied in a severely distorted manner, considering the degree of social and psychological maladjustment experienced by teenagers in conflict with the law.⁷ For example, 63% of teenaged wards of the courts had been the subjects of previous judicial measures, whereas 40% of young offenders found themselves in the same situation.

The residential setting: From ideal to reality

According to our observations, Boscoville proposed a program of treatment that had been well thought out and implemented by a competent casework staff. It was a healing environment, and the program was of high quality. The results were in keeping with the expectations. Boscoville claimed that the results were excellent and that the psychoeducational model could be applied to all troubled adolescents with adjustment difficulties.

At first glance, the results emanating from Boscoville were indeed excellent.⁸ The troubled teens who were admitted to Boscoville made statistically significant gains during their stay there in terms of their social and psychological adjustment. These gains could be attributed to the program at Boscoville, as these teens appeared to make greater progress than teenagers who had received no treatment or had been placed in a different centre. Boscoville's clients, therefore, appeared to have showed more improvement than could have been expected as a result of the normal maturing process.

However, the evaluations of Boscoville and of the Boys' Farm showed that the personality of the young offenders had not been changed — all that had occurred was that their ability to function psychologically had improved.⁹ Youths who had spent time at Boscoville had a lower recidivism rate and made a more successful transition back to their communities than teenagers who had been in similar facilities.¹⁰ Fewer than half of all “graduates” reoffended within the two years following their release. This suggests that if a former resident of Boscoville did reoffend, he was more likely to do so fairly soon. Also, their reoffending was less likely to be more severe than their earlier offence. There were important differences to be noted among individuals, depending on whether they had

completed their treatment, with those who finished the treatment obtaining better results than those who did not. Finally — and this is surely an important result — recidivism did not appear to depend on how much treatment had improved a boy's ability to function psychologically. It was far more likely to be a result of lifestyle choice, particularly when the lifestyle was characterized by idleness, association with delinquent peers, drug or alcohol abuse, etc. Another point that emerged is that, at the Boys' Farm, a

process of community reintegration with real support from the residential centre made it possible to limit the psychological regression that frequently occurred after a stay in such an institution.¹¹ In retrospect, these results rank among the best. Boscoville achieved a 30% reduction in recidivism — a very good outcome. Boscoville could also be described as a member of the school of cognitive-behavioural intervention that is structured around a system of responsibility; activities that reinforce social skills; the setting of behavioural objectives; and regular evaluation of progress toward their attainment. It is precisely this school of intervention that obtains the best results at the present time.¹²

Unfortunately though, some of the findings were very disappointing. First, the theory of phased progress was not supported. The most disappointing result was definitely what we call the differential effect. Boscoville had claimed that the psychoeducational model could be applied to all troubled adolescents, but our results showed that intervention clearly worked better with teenagers who displayed neuroses than with those who were more egocentric. This finding was corroborated by our study of the Boys' Farm.¹³ Since then, it has become more widely recognized that the application of a method that is thoughtfully designed and thoroughly familiar to a competent staff does not necessarily produce uniform results with all delinquents.¹⁴

These findings were greeted with delight by the detractors of Boscoville, and particularly by the critics of residential centres, and they contributed to the creation of a new myth: psychoeducation isn't as good as it's claimed to be, and Boscoville accepts only the best cases, which is why it can boast good outcomes. The findings were interpreted unfairly, and so the psychoeducational model came to be discredited.

The most adverse consequence of these findings was that Boscoville was undermined and educators were discouraged. They lost confidence in the phased progress theory as a frame of reference; they tried to introduce new intervention models without real conviction or adequate support; and they experimented with alternative measures (e.g., social workers in the schools, day centres, opportunity classes).

The eventual result of this process was to confuse people about what the psychoeducational model actually involved. Some of the model's components were retained, while others were dropped. They no longer formed a cohesive whole, for various reasons. Even at Boscoville, educators were hired who were not trained psychoeducators. Others did have training, but no experience with the model we described earlier. The collapse of the model can be seen from the following data. A 1993 analysis of the team environment and of the social atmosphere in a number of centres for delinquent boys, including Boscoville, showed that these centres obtained appreciably the same averages (around 6 out of 10), whereas in the late 1970s Boscoville had obtained better results (in the neighbourhood of 8 out of 10).¹⁵ The other side of the disintegration of the Boscoville model is that the centres that had obtained mediocre results in the 1970s are performing much better now. The up-side is that residential centres appear to be getting better, but the down-side is that this improvement is occurring at the cost of diversity, for the centres are adopting more uniform treatment methods. Therein lies another distortion of the research findings. Seeing differential results, managers ought to have realized that a degree of

specialization is necessary if the needs of all types of maladjusted youth are to be served. Unfortunately, the bureaucratic reflex to standardize everything seems to have carried the day.

It must be admitted that Boscoville was pursuing an ideal: to re-educate all troubled teens. Reality was quite different: significant improvements were achieved with some of these boys. The discrepancy between the ideal and the real was quite a shock. This was the adverse consequence of evaluative research. At the same time, other centres gradually improved the quality of their services by incorporating components of the psychoeducational model. The results of the evaluative research were distorted to the point that the product was standardized intervention at the expense of the specific needs of some categories of troubled adolescents.

Conclusion

In this article we have sketched out an analysis of the relationships between our evaluative research studies and the policies on residential centres for young offenders. Our analysis certainly does not pretend to be exhaustive, but it does reveal some of the problems in transferring knowledge. These problems stem not only from the interpretation of research findings on the basis of individual experience, training and social roles, but also from the political and administrative constraints of the day. Our analysis has identified certain adverse consequences and distortions that result from an intervention model in which theory and practice are too far apart. Each obeys the dictates of its particular discipline — whether it be science, management, or education — which drive theory and practice further apart instead of bringing them closer together. How can they be reunited?

We believe that the field of psychosocial intervention must integrate research and development into an intervention environment that assumes responsibility for a group of clients every day. This environment must be given a specific intervention mandate and supplementary resources; a team must be built from the best-trained, most highly motivated, and most creative clinical practitioners and managers; they must be supervised by the most competent professionals; the most experienced research staff must be assembled; and, finally, the organization must be allowed to work with maximum administrative and clinical autonomy. This fits the description of a teaching hospital, which sets itself apart from other categories of hospitals. At a time when we are discussing new legislation for young offenders, we believe it is relevant to recall this model of research and development in the field of residential rehabilitation.

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