

Informing young offender policy in current research: What the future holds

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Knowledge of the general literature of risk is critical in the development of broad-based strategies to assess criminogenic potential in adolescents. Following from the risk principle of case classification,² knowledge and measurement of risk can assist in more effective case planning and selection of appropriate targets for service. According to Hoge and Andrews,³ the assessor must make meaningful assumptions about the general level of risk to guide the intensity of intervention, and specific statements of areas of risk to provide relevance in case planning and targeting for appropriate treatment to take place.

Promising programs

During the past decade, meta-analytic reviews of the young offender treatment literature have contributed significantly to the appreciation that the “nothing works” debate is now over in youth corrections. Current discussions now emphasize the issues of what works and for whom and how to translate existing knowledge of successful programs to other jurisdictions.

Findings from the meta-analyses

Meta-analysis statistically compares the types of treatments that are offered, to whom they are directed and with what outcomes. The number and quality of the studies that are included in the review only limit the meaningfulness of meta-analysis. Fortunately, there is now an adequate quantity of qualitative studies to make interpretations of the treatment literature in youth justice with confidence.

In two separate analyses Lipsey suggested that the overall effect size linking treatment with reductions in re-offending lie between 20 to 40% as contrasted with no treatment comparison groups, and only slightly less when compared to groups receiving some type of “usual service”.⁴ Stronger effect sizes were found in his studies in the following variables; higher risk cases, longer duration of treatment and behavioural-oriented multimodal treatment with a stronger emphasis on “sociological” than psychological orientation of service delivery.

Institutional Versus Non-Institutional Placement for Treatment. Lipsey and Wilson’s subsequent review distinguished placement of treatment, residential versus community, in differentiating characteristics of effective programs. This is a critical differentiation since much of the debate regarding effective youth

justice policies centres on the importance of incarceration as a relevant factor in community safety. Table 1 summarizes factors relevant for effective programs in institutional and non-institutional placements.

Table 1

Program factors contributing to effectiveness for institutionalized and non-institutionalized young offenders

Institutional-Based Components	Non-Institutional-Based Components
Interpersonal Skills	Interpersonal Skills
Teaching Family Model	Individual/Group Programs
Multiple Services	Multiple Services
Behavioural Programs	Restitution/Probation
Individual/Group Programs	Employment/Academic Programs

Effect sizes accounting for total program outcome across both institutional and non-institutional programs suggested that the three factors comprising the highest ranking were; interpersonal skills training, individual counselling and behavioural programs. The second grouping of lesser, yet significant contribution were the two program factors consisting of multimodal services and restitution for youths on probation.

The work of Andrews et al.⁵ was consistent with the findings of Lipsey. However Andrews’ work provides more specificity in regards to appropriate targeting for intervention — known as the risk principle — and increasing sophistication regarding style and type of intervention, namely the importance of cognitive-behavioural oriented interventions. On a broader level, Andrews’ work outlined characteristics of promising programs as:

- Employment of systematic assessment that emphasizes factors relevant to criminality;
- Possess therapeutic integrity;
- Attend to relapse prevention;
- Target appropriately;
- Employ appropriate styles of service.

Andrews and Gendreau⁶ have developed the *Correctional Program Assessment Inventory* which

assess the extent to which the principles of effective service within a particular program may be present *based on the empirical outcomes from the meta-analysis*.

Despite the encouraging findings, Losel⁷ has set forth a cautionary note. While underscoring many of the principle findings from Lipsey and Andrews, his conclusions are perhaps a bit more tentative, and worthy of comment. Losel suggests that while the links to effective intervention are clearly in the positive direction, they remain small relative to the proportion of variance accounted for by error or by factors not accounted for in the evaluations. He cites the need for research to address the following:

- Differential effects of offender characteristics
- Moderator variables such as psychopathy that seem to influence the extent of favourable outcomes
- The lack of replication of documented, effective programs

Specific interventions and service delivery issues

Community-based intervention

Two meta-analyses⁸ have suggested that effect sizes linked to more effective outcomes were characteristic of programs delivered in the community as contrasted to those delivered in residence. Henggeler⁹ suggests that in part this is accounted for by the type and quality of interactions adolescents experience with the social influences that surround them. To be effective, programs need to be in a position to influence those *social* factors that may in turn be interacting with a particular youth's competencies (e.g. problem-solving skills, beliefs and attitudes). Hence, particular attention is now being paid to interventions that influence the systems that are consistent with the major predictors of delinquency risk, namely, families, peers and schools.

Multi-systemic Therapy

Multi-systemic Therapy (MST) refers to the consistent application of principles that reflect what is known in the young offender literature. While some reviewers may suggest that MST does not represent "anything new under the sun", it is in the method of service delivery that MST has shown itself to be effective with high-risk youth. Consistent with the risk principle of case classification, MST attempts to influence the major criminogenic risk factors through the application of appropriate strategies in a multi-determined, multi-modal fashion.

In addition to reflecting the knowledge-base in the offender literature, MST has been evaluated with a series of randomized clinical trials that have included appropriate follow-up periods.¹⁰

While MST reflects interventions that have shown themselves to be effective, it is in the method of service delivery *within a specified set of principles* that MST distinguishes itself. The nine principles against which MST adherence is measured consist of the following:

- *The primary purpose of assessment is to understand the "fit" between the identified problems and their broader context.*
- *Therapeutic contacts should emphasize the positive and should use systemic strengths as levers for change.*
- *Interventions should be designed to promote responsible behaviours and decrease irresponsible behaviour among family members.*
- *Interventions should be present-focused and action-oriented, targeting specific and well-defined problems.*
- *Interventions should target sequences of behaviours within or between multiple systems that maintain the identified problems.*
- *Interventions should be developmentally appropriate and fit the developmental needs of the youth.*
- *Interventions should be designed to require daily or weekly effort by family members.*
- *Intervention efficacy is evaluated continuously from multiple perspectives with providers assuming accountability for overcoming barriers to successful outcomes.*
- *Interventions should be designed to promote treatment generalizations and long-term maintenance of therapeutic change by empowering care givers to address family members' needs across multiple systemic contexts.*

Finally, MST may ultimately prove it's worth to juvenile justice and children's mental health systems due to the development of a variety of dissemination manuals and training approaches. One such dissemination effort is taking place in Ontario, where a four year randomized clinical trial is now into its second year of implementation, and it consists of four participating sites in a variety of settings with therapists and supervisors who have participated in an intensive training. This trial is being rigorously evaluated.¹¹

Cognitive-behavioural interventions

Cognitive-behavioural treatment (CBT) with young offenders has received considerable attention. This can be attributed to at least three influences: the general literature regarding effective interventions with children and adolescents has been supportive of CBT; risk factors regarding attitudes, beliefs and values have shown themselves to be strongly related to anti-social behaviour; and recent meta-analyses

have shown CBT to be the treatment of choice related to effectiveness over and above the traditional influences of psychodynamic, medical and behavioural interventions.

Interest in CBT has been based as well on the general theoretical assumptions about the *social-psychological* understanding of the etiological research on the development of delinquency. This body of theoretical work suggests that the interaction of the individual with systems that can influence attitudes and subsequent behaviour may improve the explanatory value of the studies on prediction and assessment. Hence, the importance of understanding how children/adolescents mediate their experience may not only assist in explaining the behaviour, but may also contribute meaningfully in how to alter behavioural outcomes.

Andrews et al. discuss the important aspect of *clinical relevance* in decision-making when important case management decisions arise.¹² Clinically relevant decisions can be considered as those that link the decision to correctly prioritize or target certain behaviours/systems for change with the particular risk profile of the individual. Given the importance placed on attitudes from the prediction literature with young offenders, targeting cognitions would seem to make considerable sense as an important focus for service providers.

Not only has CBT made inroads in the promotion of effective intervention with children/adolescents generally, but numerous programs now exist to train workers in the youth corrections field in both residential and community contexts.

Directed interventions toward violent, substance abusing and sex offending youths

Programs Targeting Violent Youths

Unlike the stability of the construct of antisocial behaviour, violence or aggression in youth is considered a more complex and variable event. Indeed, misconceptions in the belief that childhood/adolescent aggression is a unitary construct may well be one of the main impediments to developing effective solutions. While readers will be familiar with the literature on genetic and biological bases of violence with youths, current research emphasizes the importance of violence as a *learned* behaviour. As such, learning can take place in response to a child/youth feeling overwhelmed and out of control, where the role of aggression may be to reassert control. Violence can also be vicariously learned as a result of experiencing the rewards that are perceived to be associated with exercising power through others.

Social skills training and anti-bullying programs have also become popular, particularly in light of encouraging findings.¹³ They suggest that strategies targeting aggressive children — anti-bullying — can bring about meaningful reductions *not only in those children who receive the program, but in general levels of aggression within the schools which employed the program.*

Programs have also been developed to target safe and secure practices that are delivered within the juvenile justice system. Such factors as the availability of social skills programs, “dawn to dusk” programming, training that emphasizes the development of conflict resolution skills, classification for purposes of identifying perpetrators and likely victims of violence are components of safer practices within detention.

Programs Targeting Substance Abusing Youths

Substance use stands alone as a major risk factor for chronic/persistent young offenders. It is also highly related to peer associates in the context of affiliation with peers who endorse antisocial values as opposed to prosocial values. Hence, to be effective, programs need to be tailored to the developmental significance of the behaviour. Substance abuse programs need also to be intensive and include strategies such as: monitoring, being system-based (situated within the family and peer group) and include a relapse prevention component that is planned in a way to capitalize on changes that take place within the formal structure of the intervention.

Programs Targeting Sex Offending Youths

Interest in adolescent sex offending has not been well developed from a research perspective and no doubt represents one of those areas that will require a great deal more emphasis both for purposes of improving assessment and treatment.

Appropriate selection of treatment will follow from an understanding of the type/nature/duration of the offending pattern. Treatment strategies typically include a combination of cognitive interventions, anger management, social skills training, alcohol and substance abuse programs, victim empathy and age appropriate development of socially acceptable sexual behaviour.

Restorative Justice Programs

Revisions to Canada’s youth justice legislation are providing considerable impetus for the development of alternatives to the traditional court system. This trend in Canada is keeping pace with similar initiatives in Western Europe, Australia and New Zealand.¹⁴ The development of such alternatives is

recognition that for lower risk and some moderate risk youth, an alternative to court that attempts to reconnect the youth to the values of their immediate community may have more long term benefits and provide a cost saving to the community.

Restorative justice programs typically include the involvement of a community justice panel or community group that meet with the youth and their family. This meeting symbolizes community level accountability and often will also include the victim or a representative of the victim (e.g., the manager of the store where a shoplifting incident took place). Some programs may utilize a form of 'public shaming' that is used to extract an apology while others will require not only an admission of guilt/responsibility but also tangible compensation back to the individual/community as reflected in the completion of a financial restitution order or community work.

Future directions

It is clear that considerable knowledge is now available to guide intervention not only at the practitioner level, but for policy and lawmakers as well. So many of the program issues related to young offenders relate to the courts, as well as other aspects of the children's mental health and child welfare systems and with the laws that govern practice at both the federal and provincial levels. An integrated children's service delivery system that is mindful of the latest findings from research and program evaluation is now seen as an imperative in capitalizing on current knowledge. Several issues however do stand out in

their importance for service development in the young offender field. Several suggestions for future development include:

- Development of protocols that enhance the implementation of those programs that have shown themselves to be effective already. Implementation with integrity guided by adherence to proven models — what is referred to in some venues as *technology transfer* — is clearly needed to capitalize on the findings from the outcome literature.
- Emphasis on selected groups that have been largely overlooked in the literature thus far. These groups would include young girls and adolescent women as well as the very young offender. This group is comprised of those youth who, from as early as the age of 4 to 6 years, may begin to demonstrate behaviours that are predictive of later offending. Such work is a necessary precursor to the further development and refinement of prevention and early intervention programs for youths to inhibit their coming into contact with the formal juvenile justice system.
- Losel pointed out in his meta-analysis that there continues to be an absence of replication studies that seek further validation for those interventions that have shown themselves to be effective in reducing offending. It may very well be that through replication and refinements, generalization of those effective strategies can lead to a broader more influential knowledge base to guide the development of the next generation of effective programs. ■

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² For a more complete review of the risk-based concept of classification, see Andrews, D.A., Bonta, J. and Hoge, R.D. (1990). Classification for effective rehabilitation: Rediscovering psychology, *Criminal Justice and Behavior*, 17, p. 19-52.

³ Hoge, R.D. and Andrews, D.A. (1996). Assessing the youthful offender issues and techniques. Plenum Press, New York, NY.

⁴ Lipsey, M.W. (1992). "Juvenile delinquency treatment: A meta-analytic inquiry into variability of effects". In T.D. Cook, H. Cooper, D.S. Corday, Hartman, L.V. Hedges, R.J. Light, T.A. Louis and F. Mosteller (eds.) *Meta-analysis: A casebook*. Russell Sage Foundation, New York, NY. See also Lipsey, M. and Wilson, D.B. (1997). *Effective intervention for serious juvenile offenders: A synthesis of research*. Russell Sage Foundation. New York, NY.

⁵ Andrews, D.A., Zinger, I., Hoge, R.D., Bonta, J., Gendreau, P. and Allen, F.T. (1990). "Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis." *Criminology*, 28, (3), p. 369-404. See also Andrews, D.A., Leschied, A.W. and Hoge, R.D. (1992). *Review of the profile, classification and treatment literature with young offenders: A social psychological approach*. Ministry of Community and Social Services. Toronto, ON.

⁶ Andrews, D.A. and Gendreau, P. (1998) *Correctional program assessment inventory*. Unpublished manuscript.

⁷ Lösel, F. (1995). "The efficacy of correctional treatment: A review and synthesis of meta-evaluations". In J. McGuire (ed.) *What works:*

Reducing reoffending guidelines from research and practice. John Wiley and Sons. Chichester, UK.

⁸ Andrews, D.A. (1998). The importance of the appropriate management of risk and reintegration potential. Paper presented at the Beyond Prisons Conference, Queen's University, Kingston, ON. See also Lipsey, & Wilson (1997).

⁹ Henggeler, S.W. (1989). *Delinquency in adolescence*. Sage Press, Newbury Park, CA.

¹⁰ An overall review of the MST approach can be found in *Multisystemic Therapy of Antisocial Behavior in Children and Adolescents* by Henggeler, S.W., Schoenwald, S.K., Bourduin, C.M., Rowland, M.D. and Cunningham, P.B. (1998). The Guildford Press, New York, NY.

¹¹ Leschied, A.W. and Cunningham, A. (1998a). *Clinical trials of multisystemic therapy with high risk phase I young offenders, 1997 to 2001*, Year end report 1997-1998. The Family Court Clinic, London, Ontario. See also Leschied and Cunningham (1998b). "Alternatives to custody for high-risk young offenders: The Multi-systemic therapy approach". *European Journal on Criminal Justice Policy and Research*, 6, p. 545-560.

¹² Andrews, Zinger, Hoge, Bonta, Gendreau and Allen. (1990).

¹³ Olweus, D. (1987). "Schoolyard bullying: Grounds for intervention". *School Safety*, p. 4-11.

¹⁴ Beyond prisons conference. (1998). Proceedings. Queen's University and Correctional Services Canada, Kingston, ON.

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