



Gang involvement moderates the effectiveness of evidence-based intervention for justice-involved youth



Paul Boxer^{a,*}, Joanna Kubik^b, Michael Ostermann^b, Bonita Veysey^b

^a Department of Psychology, Rutgers University-Newark, United States

^b School of Criminal Justice, Rutgers University-Newark, United States

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ABSTRACT

There are no validated, evidence-based intervention approaches to helping youth who are involved in gang activity. The goal of this study was to evaluate the impact of gang involvement on the effectiveness of evidence-based intervention services for problem behavior delivered to youth referred by the justice system. We analyzed data drawn from 421 youth (69% male; M age = 15.08 years, SD = 1.32; 38% Black/African-American, 18% Latino/a, 34% White, 10% other) referred consecutively over a 13-month period for Multisystemic Therapy (MST; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 2009) across clinical service sites in 7 different Eastern states of the US. Outcomes were indicated by successful or unsuccessful case closures, and gang involvement was indicated by a validated multi-factored classification scheme. We conducted analyses of outcomes related to gang involvement for the whole sample as well as a propensity score-matched (PSM) reduced sample. Analyses of treatment success rates indicate that gang involvement significantly and substantially reduces the effectiveness of MST in this population.

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1. Introduction

Gang activity is more entrenched and more widespread than in years past (Dinkes, Kemp, Baum, & Snyder, 2009; Egley & Howell, 2013; Robers, Kemp, Rathbun, Morgan, & Snyder, 2014). Youth involved in gangs exhibit very high levels of violent and nonviolent antisocial behavior relative to their peers who are not in gangs, and even in comparison to other youth who are involved in antisocial behavior but not in gangs (Barnes, Beaver, & Miller, 2010; Boxer, Veysey, Ostermann, & Kubik, 2015; Dishion, Véronneau, & Myers, 2010; Howell & Egley, 2005). Although antisocial youth in general experience a broad array of personal and contextual risk factors (Dodge & Pettit, 2003; Guerra & Huesmann, 2004), gang-involved youth tend to encounter levels of risk substantially higher and more broadly-based than do typical antisocial youth who are not gang-involved (Barnes et al., 2010; Boxer et al., 2015). These issues pose a significant challenge to practitioners, scholars, and policymakers attempting to intervene with youth involved in gang activity, even beyond the acknowledged difficulties with intervening in youth violence and delinquency more generally (Boxer & Goldstein, 2012; Simon, Ritter, & Mahendra, 2013; Thornton, Craft, Dahlberg, Lynch, & Baer, 2000).

Despite the existence of several “best practice,” evidence-based approaches to helping antisocial youth (Henggeler & Schoenwald, 2011; Hoge, Guerra, & Boxer, 2008), no single approach has been identified

as efficacious or even effective for reducing problem behavior or otherwise improving functioning for gang-involved youth (Boxer & Goldstein, 2012). In fact, via analysis of retrospective clinical chart data, Boxer (2011) found that involvement with gangs significantly and substantially diminishes the effectiveness of a recognized best-practice intervention (i.e., Multisystemic Therapy [MST]). This is a striking observation given that MST targets peer group factors as a principal driver of positive change (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 2009; Huey, Henggeler, Brondino, & Pickrel, 2000). In the present study, we explore this issue further via a quasi-experimental prospective field study of MST effectiveness for gang-involved youth compared to uninvolved youth in a sample of justice-referred cases. Our study drew data from routine service delivery in the field. Cases were assessed at service intake for gang affiliation and followed through service discharge, and treatment effectiveness was determined by successful case closure (i.e., all treatment goals met). We examined effectiveness in relation to a variety of indicators of gang involvement across our full sample as well as a reduced sample created through propensity score matching of gang-involved youth to uninvolved peers on an array of background characteristics.

1.1. Evidence-based interventions for antisocial youth

There currently is a great need for effective intervention services in the juvenile justice population, which by all accounts is quite large. The most recent official estimates from the US Department of Justice note that in 2010 there were 1.37 million juvenile arrests, which

* Corresponding author at: Rutgers University-Newark, NJ 07102, United States.
E-mail address: pboxer@rutgers.edu (P. Boxer).

included 347,000 arrests for person crimes with 71,000 for index violent crimes (Puzzancherra & Hockenberry, 2010). This report also estimated that about 31 million juveniles were on some form of court supervision (e.g., probation, parole) in 2010. Unaddressed, youth antisocial behavior exerts considerable costs on victims, perpetrators, and society more broadly (Boxer & Frick, 2008). Interventions for antisocial youth vary widely and cover a wide range of services, from school-based “pull out” programs, to outpatient counseling services, to intensive, home-based family therapy services (Boxer & Dubow, 2002; Boxer & Frick, 2008; Guerra, Boxer, & Kim, 2005). Although antisocial youth can be referred by a number of different potential sources (e.g., caregivers, teachers, judges), many are brought into contact with helping professionals after contact with the justice system. Importantly, the justice system also appears to be the primary referral source for the most well-established intervention packages for youth exhibiting high levels of problem behavior (see Henggeler & Schoenwald, 2011), and some of the most extensive “vetting” of intervention practices has been conducted with juvenile justice programming (Lipsey, 2009).

Many of the treatment services used currently in the juvenile justice system have proven to be ineffective for reducing antisocial behavior (e.g. residential placement, shock incarceration, surveillance) and in fact have resulted in the unintended consequences of increasing antisocial behavior (Henggeler & Schoenwald, 2011). The most effective services available to youth in the justice system are those that divert youth into community-based services. These effective interventions are behavioral in nature, target specific cross-system risk factors in the maintenance of problem behavior, emphasize family dynamics, and focus on building the positive parenting skills of caregivers (Boxer & Frick, 2008; Boxer & Goldstein, 2012; Greenwood, 2008; Guerra, Williams, Tolan, & Modecki, 2008; Henggeler & Schoenwald, 2011; Howell, 2003; Lipsey, 2009). Evidence-based services for juveniles generally are considered effective or “best practice” based on the following criteria: evaluation through experimental designs, successful replication across multiple sites with different lead evaluators, significant deterrence of antisocial behavior, and sustainability of effects for at least one year (see Henggeler & Schoenwald, 2011).

Only three programs (out of hundreds vetted) for justice-involved youth have been identified as best-practice, “model” programs by the University of Colorado’s *Blueprints for Healthy Youth Development* (formerly *Blueprints for Violence Prevention*) initiative (Boxer & Goldstein, 2012; Henggeler & Schoenwald, 2011). These are Multidimensional Treatment Foster Care (MTFC; Chamberlain, 2003), Functional Family Therapy (FFT; Alexander & Parsons, 1982), and Multisystemic Therapy (MST; Henggeler et al., 2009). Although these programs vary with respect to the risk levels and settings of service delivery for their target populations, they share the basic foundation of behaviorally-based intervention involving multiple systems and placing the onus of sustained change on caregivers and caregiver-youth dynamics (Boxer & Frick, 2008). All three programs typically serve youth who have been directly referred by or to some extent involved in the juvenile justice system, and increasingly all three are addressing youth with particular co-occurring conditions such as mental health diagnoses, substance abuse, and child welfare system involvement (MTFC primarily serves the child welfare community).

The present study examines specifically the application of MST to gang-involved youth referred by the justice system. MST is a multiple-component intervention strategy for youth bridging agents from various community-based agencies in the service of assisting individual youth and their families. Interventions are implemented and managed by masters-level therapists with small caseloads (5 or fewer at any time) and close expert supervision. Over 30 separate studies have demonstrated the efficacy of MST, including effects sustained over 20 years (Sawyer & Borduin, 2011; also see <http://mstservices.com/outcomestudies.pdf>), and MST has been recognized as a model program by a number of evaluative entities including the US Department of Justice and the US Surgeon General. Although a fair amount of research has examined the

dissemination and implementation of MST in “real world” clinical service environments (Glisson et al., 2010; Schoenwald, 2008), less work by comparison has investigated directly the outcomes of MST as delivered in these environments.

As with MTFC and FFT, MST promotes change through systemic intervention and the promotion of new, positive behavioral patterns and social experiences. Most relevant to interventions for gang-involved youth, positive outcomes in MST are mediated in part by declines over time in delinquent peer affiliations (Huey et al., 2000). Addressing peer factors in intervention for gang-involved youth should be essential to treatment success in this population (Boxer, 2014), but is not necessarily accomplished easily (Boxer, 2011) – and at present, no individually-focused interventions for gang-involved youth have shown effectiveness to the same degree as MST, FFT, or MTFC (Boxer & Goldstein, 2012; Howell, 2012; Parker, Negola, Haapanen, Miranda, & Asencio, 2008).

1.2. Intervening with gang-involved youth

A variety of personal and ecological risk factors increase the likelihood of youth becoming involved in antisocial behavior (see, e.g., Dodge & Pettit, 2003; Guerra et al., 2008). Many if not most of the factors associated with antisocial behavior generally – for example, socioeconomic strain in families and neighborhoods, poor parental monitoring or supervision of youth behavior, and problems related to academic engagement and achievement – also account for youths’ involvement in gang activity (e.g., Boxer et al., 2015; Hawkins et al., 2000; Howell & Egley, 2005; Huizinga, Lovegrove, & Thornberry, 2009; Thornberry, Krohn, Lizotte, Smith, & Tobin, 2003). Typically, studies of youth entry into gang activity have shown that risk factors for gang membership are not different in kind from risk factors for general antisocial behavior, but different in level. Gang involvement is associated with significantly greater risk for participation in violent and nonviolent offending, violent victimization, mental health problems, and academic failure (Barnes et al., 2010; Gordon et al., 2014; Howell, 2012; Huizinga et al., 2009; Thornberry et al., 2003). Importantly, it should be noted that youth involvement in gangs can represent one extreme form of adolescent adaptation – including, for example, the formation of meaningful peer bonds, the maintenance of safety and self-protection, and an antidote to boredom (Brown, Hippensteele, & Lawrence, 2014; Lauger, 2012). However, the current consensus is that gang involvement is much more likely than not to be highly problematic for youth, with consequences that potentially last well into early adulthood (Augustyn, Thornberry, & Krohn, 2014; Decker, Pyrooz, & Moule, 2014).

What this means for intervention is that gang-involved youth represent a particularly complicated population with respect to reducing their current and preventing their future involvement in violent and nonviolent offending. Despite the existence of several best practice evidence-based approaches to helping justice involved youth (Henggeler & Schoenwald, 2011), it has been a challenge for practitioners and researchers to identify best practice interventions for gang-involved youth in particular. As noted, there currently are no empirically-supported, best-practice designated model packages for serving youth who are gang-involved (Boxer & Goldstein, 2012). Yet, this is not to say that no interventions targeting gang involvement in some form have been useful. For example, there do appear to be several promising strategies for preventing youth from joining gangs (Simon et al., 2013). But when it comes to youth who are fully entrenched in gang activity and consequently involved in the justice system as well, there are no approaches that have met typical evaluative standards for success – not even among the top-rated evidence-based approaches reviewed above.

Only one published study so far has assessed the effectiveness of MST specifically for youth involved in gangs (Boxer, 2011). In this naturalistic study, when therapists identified problems at intake with gang involvement, youth were significantly more likely to “fail” out of treatment through lack of engagement or re-arrest ($\chi^2 [1] = 8.73, p =$

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