



Effective components of interventions in juvenile justice facilities: How to take care of delinquent youths?



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ABSTRACT

Therapeutic interventions support change in delinquent youths rather than rely on surveillance and deterrence. This article describes successful and concrete components for therapeutic interventions in juvenile justice facilities. The effectiveness of remedial measures to best address the sources of youths' delinquent behaviors and the performance of juvenile justice system are discussed first, and then two theoretical frameworks of rehabilitative models are described that are commonly used with delinquent youths. Finally, specific recommendations for enhancing treatment in juvenile justice facilities with regard to the content of interventions, social climate, and youth motivation to engage in treatment are described and explained in a way intended to help caregivers and practitioners, supervisors of juvenile justice facilities, and policy makers improve the daily life of youths placed in this kind of environment.

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1. Introduction

Juvenile delinquency represents a serious societal problem (Loeber & Farrington, 1998) and major challenges for treatment interventions. Delinquent youths are youths who demonstrate a wide range of external difficulties, such as criminal behavior, aggression, and substance abuse (Andreassen, 2015; Heynen, van der Helm, Cima, Stams, & Korebrits, 2016; Sawyer, Borduin, & Dopp, 2015). Research has shown that for some youths, internalizing and psychiatric problems arise from past experience of victimization (Karnik, 2001) and deprived environments (Asscher, Van der Put, & Stams, 2015). Delinquent youths are often resistant to treatment and show poor motivation to engage in treatment because they are not personally demanding change (Karver, Handelsman, Fields, & Bickman, 2006; Orsi, Lafortune, & Brochu, 2010; Van der Helm, Wissink, De Jongh, & Stams, 2013) and sometimes are not even aware of their difficulties (Englebrecht, Peterson, Scherer, & Naccarato, 2008). However, studies and meta-analyses have revealed higher recidivism rates, from 60% to 80%, when these youths are not involved in a specific treatment (Farrington, 1995; Jenson & Howard, 1998) and an average reduction of recidivism of about 9% when they are involved in treatment during their placement (Grietens & Hellinckx, 2004). Some researchers see detention and treatment as two conflicting goals (see Hermanns, 2012, cited by Souverein, Van der Helm, & Stams, 2013). Other research has indicated that therapeutic interventions better support change in delinquent youths than do

surveillance and deterrence (Howell & Lipsey, 2012; Knorth, Harder, Zandberg, & Kendrick, 2008; Lipsey, 2009). Moreover, research shows that deleterious effects of sanctions for recidivism are clearly observed in delinquent youths (Gatti, Tremblay, & Vitaro, 2009; McGuire & Priestley, 1995; Mendel, 2011). Currently there is increasing interest in, and research about, promising practices that favor rehabilitation of youths while they are placed in juvenile justice facilities (Grietens et al., 2014). By definition, residential secure settings constitute the most restrictive environment and are commonly associated with deprivation and coercion, but they also deliver care and treatment (Harder, Knorth, & Kalverboer, 2012). As pointed out by Cohen et al. (2016), the most common juvenile justice setting consists of residential treatment facilities that provide health therapy to youths in order to decrease serious externalizing behavior problems and to prevent recidivism. This review aimed to identify the successful components of interventions in juvenile justice facilities that house delinquent youths. Because these youths present myriad problems ranging from abuse and poor care environment to criminality, we discuss care components and recommendations that came from both residential care and juvenile justice settings.

2. Effectiveness of measures for delinquent youths

Research has shown that rehabilitative interventions, including therapeutic components such as cognitive-behavioral treatment (Koehler, Losel, Akoensi, & Humphreys, 2013; Lipsey, 2009; Pardini, 2016), care of criminogenic needs (Andrews & Bonta, 2010; Harder, Knorth, & Kalverboer, 2015), and strengths-based programs (Fortune,

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Ward, & Polaschek, 2014; Singh et al., 2014; Ward, Yates, & Willis, 2012), are successful. The “what works” movement gained momentum (Lösel, 2012) with the emergence of evidence-based programs and new methodologies, such as adaptative interventions (e.g., SMART design; August, Piehler, & Bloomquist, 2014; Kidwell & Hyde, 2016; Lei, Nahum-Shani, Lynch, Oslin, & Murphy, 2012).

However, because conflicting attitudes still exist about juvenile justice (Zimring, 1998), important questions also still exist. What kind of environment is effective for reducing recidivism? And which environment emphasizes rehabilitation over punishment, and which one favors repressive actions? Indeed, some community interventions associated with rehabilitative goals and respect for freedom may be opposed by those who favor secure residential settings that emphasize punishment and concern for public safety. For yet other researchers, this question is not relevant, and the content of interventions matters more than the environment (see de Swart et al., 2012, for a meta-analysis). For example, some residential facilities are more successful than community measures if the content of interventions is evidence-based treatment (EBT) and a focus on therapeutic goals (small to medium effect, $d = 0.34$). However, other results (see Weisz et al., 2013, for a meta-analysis) have shown that interventions grounded in EBT present modest effect size ($d = 0.29$) for clinical samples, including incarcerated youths, regardless the setting.

Other researchers have claimed that juvenile justice settings are ineffective and clearly repressive, enhance the rates of recidivism (Abrams, Shannon, & Sangalang, 2008; Lambie & Randell, 2013; Toby, 1964), do not support youths' maturity development (Steinberg, 2009), and reinforce antisocial patterns through contagion and labeling (Gatti et al., 2009; Schubert, Mulvey, Loughran, & Losoya, 2012; Shapiro, Smith, Malone, & Collaro, 2010). To counterbalance opportunities for affiliation with more-serious offending peers and minimize labeling, measures within the community exist, but results are mixed, which challenges the question of public safety. One concern is that crime prevention programs, including those delivered within the community, may produce iatrogenic effects (see the meta-analysis of Welsh & Rocque, 2014). For example, Dishion, Poulin, and Burraston (2001) observed that adolescents in group treatment in the community show higher rates of behavior problems and tobacco use and more positive attitudes about illicit drugs during postintervention than do those in nongroup interventions. These harmful effects appear to emerge most often when adolescents with the same type of problems are grouped in the same place, unrelated to the environment (Mathys, Hyde, Shaw, & Born, 2013).

Some researchers have recently concluded that diversion programs are not developed well enough to be effective, especially in regard to family-centered interventions and evidence-based therapeutic programs (Schwalbe, Gearing, MacKenzie, Brewer, & Ibrahim, 2012), and should be matched to youths' level of risk (August et al., 2014; Wilson & Hoge, 2013). Diversion programs are designed to keep juvenile offenders out of the juvenile justice system and to require youths to complete community services. However, the critical question is, what happens if youths do not respond to this treatment? There is an increased possibility that they will be remanded to the juvenile justice system, which emphasizes repressive measures over rehabilitative goals (Tracqui, Couck, & Ravier, 2010).

Victim education awareness is another effective way to reduce recidivism for juvenile offenders in that it increases the level of empathy and decreases cognitive distortions associated with offending and with victim status. Baglivio and Jackowski (2015) showed that a victim impact intervention delivered to 177 males and females with serious mental health disorders and substance abuse issues increased their ability to deal with feelings and understand the feelings of others (a kind of cognitive empathy), in comparison with results among 143 youths from the control group. Because the intervention took place in a secure residential placement facility, one can conclude that effective treatment programs work in such an environment.

Finally, mentoring programs, which connect youths (mentees) with adult mentors for the benefit of the mentee, are an additional community-based intervention. In their recent meta-analysis, Tolan, Henry, Schoeny, Lovegrove, and Nichols (2014) found modest but positive outcomes on delinquency variables (from juvenile court records or self-reported data; $d = 0.21$) for youths at risk for delinquency who had participated in a mentoring program, and this effect was stronger when the mentor was a professional with high motivation and career perspectives and when affective bonds might be developed. In that the authors found no difference between mentoring programs as the only intervention and mentoring programs included in a multicomponent intervention, one must interpret the results with caution. In consideration of the multiple problems of offending youths, it may be more effective to combine other interventions with a mentoring program. In tandem with mentoring programs, aftercare programs have been shown to produce small but positive effects on recidivism, in particular for older and high-risk youths (James, Stams, Asscher, De Roo, & van der Laan, 2013). This type of intervention may facilitate the transition from juvenile justice facilities to the community by generalizing benefits from EBT delivered in these settings. However, as pointed out by some researchers (Harder & Knorth, 2015; Lee, 2015), more comparative research is needed (e.g., standard length of stay in residential settings with same length of stay, but divided between placement and aftercare services) to demonstrate the success of aftercare services.

This question of the efficacy of juvenile justice system measures, underlying the effect of the environment where they take place, is not a trivial matter. For example, in Belgium, placement in a juvenile justice facility continues to be the most common practice used by juvenile courts for an offending juvenile (Gilbert, Mahieu, Goedseels, & Ravier, 2012). The same tendency can be observed in other countries: Canada (Lemonde, 2003), England and Wales (Council of Europe, 2008), and the United States (Puzzanchera, 2009). However, it has also been observed that placement in juvenile justice facilities is associated with poor special services and insufficient treatments to support learning and the development of social and cognitive skills for delinquent youths (Blomberg, Bales, Mann, Piquero, & Berk, 2011). This failing represents a challenge to juvenile justice facilities to identify components that could lead to successful treatment (Marshall & Burton, 2010). In their meta-analysis of outcomes of residential child and youth care facilities, Knorth et al. (2008) showed that it is possible to improve the psychosocial functioning of youths in these settings. For example, behavior-modification components, family-focused components, and specific training (e.g., social, cognitive, emotional skills) can significantly strengthen a treatment effect ($d = 0.60$ for externalizing behavior outcomes). In the following sections of this article, we describe meaningful and concrete components of effective interventions and concepts in an effort to help caregivers and social workers, supervisors of juvenile justice facilities, and policy makers improve the daily life of youths placed in this kind of environment.

3. What intervention components are effective in juvenile justice facilities?

3.1. Rehabilitative models in juvenile justice facilities

Before effective components for therapeutic interventions are discussed, two major rehabilitative frameworks are presented that are observed in the scientific literature about juvenile justice facilities: the Risk-Need-Responsivity model (i.e., Andrews & Bonta, 2010; Andrews, Bonta, & Wormith, 2006) and the Good Lives Model (i.e., Laws & Ward, 2011; Ward & Maruna, 2007). Note that these two models are not a therapeutic or treatment package and should use specific interventions described in the next section.

The Risk-Need-Responsivity (RNR) model of offender rehabilitation aims to understand and operationalize the importance of the relationship between risk assessment and risk management with adolescent

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