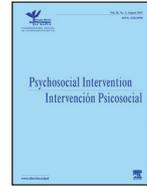


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## Multisystemic therapy in Chile: A public sector innovation case study



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### ABSTRACT

This report describes the process that allowed the implementation of Multisystemic Therapy (MST) in Chile. The case can be considered as innovative, due the little experience in the country about the implementation of high quality, evidence-based programs for crime prevention. The description of the process from the perspective of the author may provide useful information for policy makers interested in implementing evidence-based crime prevention practices.

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### Terapia multisistémica en Chile: un estudio de caso de innovación en el sector público

#### RESUMEN

Este reporte describe el proceso que permite la implementación de Terapia Multisistémica (MST) en Chile. El caso puede ser considerado como innovador, dada la poca experiencia en el país sobre la implementación de programas de alta calidad, basados en evidencia, para la prevención del delito. La descripción del caso desde la perspectiva del autor puede aportar información útil a diseñadores de políticas interesados en la implementación de prácticas para la prevención del delito basadas en evidencia.

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There is a growing international consensus about the need of public sector to improve its capacity for innovation, as a way to maximize the creation of public value. The innovation process can be made in the public sector itself, through the improvement of internal operations or services provided to the public (Bason et al., 2013), through partnerships to empower social innovations from the third sector (Pontificia Universidad Católica de Chile, Escuela de Administración, 2012), or through promoting cooperation processes with large groups of actors to share external ideas and leverage internal knowledge in “collaborative innovation” schemes (Bommert, 2010).

The main drivers for innovation in the public sector includes, but is not limited to, the need to face long-term issues in the context of highly-stressed budgets (Bason et al., 2013) and a demanding citizenship, progressively more predisposed to claim for social protection entitlements considered deserved as a measure to reduce gaps on income inequality.

Despite the formal interest devoted by the Chilean government to the analysis of potential tools to boost social innovation (Socialab & Ministerio de Economía Fomento y Turismo, 2015a) and to promote

the development of competences for private innovation (Ministerio de Economía Fomento y Turismo, 2015a, 2015b), the innovation processes coordinated by the higher level of the public sector seems to be focused on the improvement of efficiency in the provision of public services, while the creation of new services remains scattered under the responsibility of several Ministries. The main strategic axis for the modernization of the state, coordinated by the Ministry General Secretariat for the Presidency, are limited to (Unidad de Modernización y Gobierno Digital, 2015):

- The implementation of communication and information technology tools.
- Better coordination among institutions in the government.
- Simplification and digitalization of bureaucratic processes.
- Digital government standards and regulations.

This does not mean innovation is not relevant for the creation of new, improved services directly provided to the public. However, innovations in service design can remain invisible, developed by several different agencies, usually beginning as low-scale pilot projects. Due this context, the aim of this paper is to describe the process which lead to the implementation in Chile of Multisystemic Therapy (MST),

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an evidence-based, model crime prevention program. This experience may be considered a if compared with services as usual in the field of social crime prevention with youth offenders, and may be described as an innovation in the public sector. The review of the decision-making process that leads to the implementation of MST, as well as the implementation process itself, may provide useful information for policy-makers and colleagues in the public sector in charge of finding innovative solutions for social issues.

## Method

### Design

This study has a qualitative, case study design, due to its pertinence to analyze and report decision making processes in specific organizational and political context (Baxter & Jack, 2008). This design is also appropriate to describe “how and why things happen, allowing the investigation of contextual realities and the differences between what was planned and what actually occurred” (Anderson, 1998).

The study is also single case, descriptive, and intrinsic case study, as it prioritizes the description of a process itself, without considering it a mean to support or reject any hypothesis or theory (Baxter & Jack, 2008).

### Data Sources and Potential Bias

The information used to report the case is limited to documental sources. Due my personal involvement in the case, I do not have authorization to disclose any informal details protected by ethical regulations regarding confidentiality. However, my participation in the decision to implement MST in Chile, as well as my work during the implementation process may be considered as a source of potential bias.

### Case Definition and Study Question

**Case definition.** The case studied is the decision making process of the Undersecretariat for Crime Prevention (SPD) which resulted in the implementation of Multisystemic Therapy (MST) in Chile.

**Study question.** May the implementation of MST be considered a case of public sector innovation in the context of Chilean policies and practices to prevent youth offending?

## Problem Description and Context

### Youth and Crime in Chile

Crime is a major concern in Chile, according to the most relevant public opinion poll in the country, which positioned this issue as one of the top-three priorities over the last 12 years (Centro de Estudios Públicos, 2015).

In response, the national government designed several public policy instruments, institutions, and programs in a process started with the release of the National Policy for Citizen Security by 2004. This policy, along with a formal diagnostic about the causes of crime in Chile, stated several principles and priorities which reveal valuable information about the technical and political consensus about the problem by that time.

Beyond the relevance of situational crime prevention policies, better policing strategies, and improved prosecution for the control of criminal activity, the document states the preeminence of social crime prevention practices. The first principle stated by the National Policy for Citizen Security was to “strengthen and empower the capacity of the families to promote prosocial behavior and reduce violence” (División de Seguridad Ciudadana, 2004, p. 19). The second

principle included in the document was to “strengthen and empower the capacity of the schools to promote prosocial behavior and reduce violence” (División de Seguridad Ciudadana, 2004, p. 19). Both principles recognize the importance of family and school as socialization agencies responsible for the learning of values and practices needed for prosocial relationships among citizens.

By 2010, from a total of 519,236 people arrested at national level, 43,803 (8.4%) were 17 years old or less (Instituto Nacional de Estadísticas & Carabineros de Chile, 2010, p. 152); 15,521 youth entered different programs at the special correctional system managed by the National Service for Child Protection (SENAME) the same year (Servicio Nacional de Menores, 2010). According to experts, “different kinds of theft, assault, homicide, and sex offenses are among the most frequent crimes committed by youth offenders” (Dionne & Zambrano, 2009, p. 37).

Qualitative studies regarding the experiences and life trajectories of Chilean youth offenders stated valuable information about social and family issues associated with antisocial behavior. About this topic, Godoy said that youth offenders reported several structural and functional issues in their families, including parents abandoning home due to alcohol or drugs abuse, financial stress, and lack of adult supervision, while “most of the interviewed youth offenders said they do not have an actual parental role figure” (Godoy, 2010, p. 129).

Other studies reported similar results: “Most of the times, the researchers found a conflicted family context when exploring the life-trajectories of youth offenders. Several issues were revealed, including dysfunctional parenting strategies, physical abuse or neglect at childhood, conflicts and violence among the parental couple” (Mettifogo & Sepúlveda, 2005, p. 40). But social issues were not only affecting families, since the youth also reported experiencing school as a non-supportive institution. Failure at school is often associated with behavioral problems and academic underachievement (Mettifogo & Sepúlveda, 2005).

The treatment of youth offenders, since 2007, is regulated by the Juvenile Criminal Responsibility Act No. 20,084. This law established different types of sentences, oriented to restitution to the victim, education and socio-education of the offenders, therapy, and the protection of the offender’s rights, in the context of community and residential sanctions (Ley 20,084, 2011). The system to deliver sanctions and correctional programs was criticized by academic experts due to its design, claiming that “correctional treatment allocation is often inappropriate, since it is not decided based on the youth’s specific characteristics and requirements in order to progress in his re-adaptation process, which affects treatment program’s effectiveness” (Dionne & Zambrano, 2009, p. 45). There were also criticism about the operational conditions of the system: “the caseload assigned to youth probation officers, as well as the high level of geographical dispersion of the treatment of these cases, does not allow to provide a service intensive enough to meet user’s treatment goals” (Dionne & Zambrano, 2009, p. 45). Finally, “the lack of specialized practitioners at different levels [...] does not contribute to the existence of uniformed criteria based on scientific research” (Dionne & Zambrano, 2009, p. 45).

The concerns claimed by critics seemed to be worthwhile. A national study analyzed the reoffending rate of 1,667 youth offenders who completed different kinds of criminal sentences by 2008. This study found 39.4% recidivism in the 12-month follow-up, and 53.7% in the 24-month follow-up after completion of a custodial or community sentence (CESC Universidad de Chile, 2012, p. 8).

The problems noted in correctional programs made it necessary a change in the design, operations, and funding schemes of the services provided to sentenced youth offenders, but the fact that the system is ruled by law required to draft extensive and detailed reform projects to be discussed at the Congress. The need to test new developments fast, within the purview of the executive branch, as well as the need to promote preventive (rather than punitive) prac-

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