

# **Treatment of young offenders**

– what works and how do we communicate results?



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# Today's Workshop



- Purpose and Questions to be discussed
- Introduction to the Swedish system
- Our government appointed mission
  - Method
  - Preliminary results
- Questions to be discussed

# Purpose and Questions to be discussed



- Questions are posed in relation to a systematic review of interventions aiming to reduce recidivism among young offenders
- We want to identify and recommend evidence based interventions to be used within the social welfare system
  - How should we categorize interventions?
  - How do we communicate results in relation to categories?
  - How should we handle aspects of cultural applicability and transferability?
- Results are to be disseminated through // communicated to and understood by
  - ✦ a government report // policy makers
  - ✦ a "popular science" book // practitioners
  - ✦ a journal article // researchers
  - How do we communicate our results?

# The Swedish system



- No separate juvenile courts
- The age of jurisdiction is age 15
- Young offenders below 15 years of age are taken care of by the social welfare system
- For 15- to 17-year-old offenders, sanctions are decided by the court according to special policies (e.g., waivers of prosecution, restriction on prison)

# Basic principles



- **It is desirable to avoid prosecuting young offenders in court**
- **It is necessary to keep young offenders out of prison**
- **Treatment in a locked institution must be separated from adults and the goal of treatment is individual prevention**

# Sanctions for different age groups (2006)

15 – 17 yrs      18 – 20 yrs

(n's)

● Prison	9	851
● Youth custody	71	28
● Probation	121	1156
● Cond.sentence	85	1388
● Social welfare	2775	314
● Fines	2134	2236
● Summary fines	4216	4350
● <u>Not prosecuted</u>	<u>4039</u>	<u>1274</u>
	13 491	11 899

# Social welfare interventions/ youth care



- There has to be a "need of care"
- The most frequent interventions are
  - counseling
  - contact person
  - residential care
  - foster care
  - drug testing
  - family interventions

# Specific manual-based methods used in Sweden



- **ART (Aggression replacement training)**
  - Ongoing study
- **FFT (Functional family therapy)**
  - two studies – positive effects
- **MST (Multisystemic therapy)**
  - one study – zero effect
- **MTFC (Multidimensional treatment foster care)**
  - Ongoing study
- **MultifunC (Multifunctional treatment in institution and community)**
  - Ongoing study

# Our government appointed mission



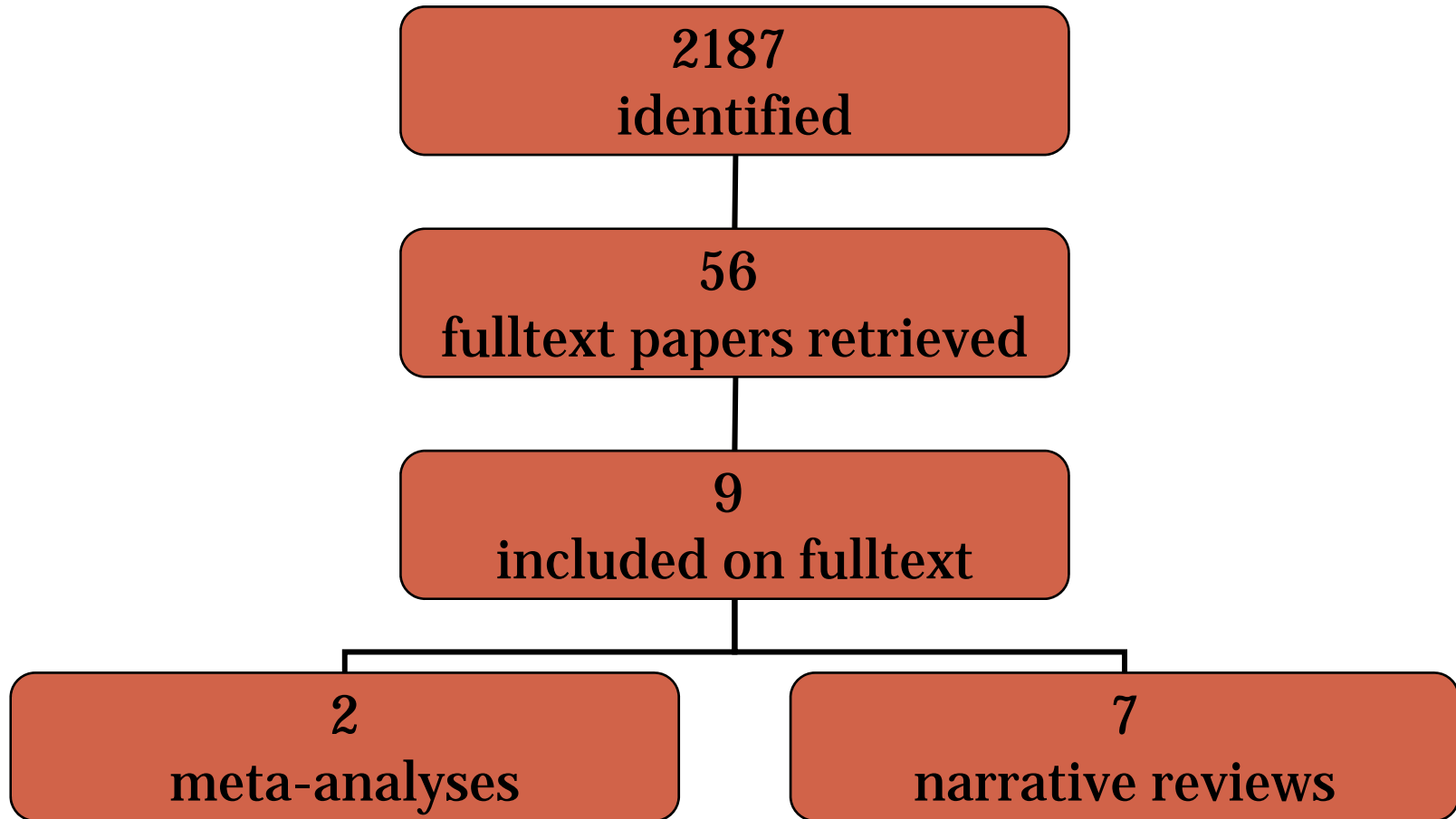
- **Based on formulations from the new legislation concerning young offenders**
- **To examine the effectiveness of**
  - Specially trained contact person (mentor) for youth at risk
  - Victim-Offender Mediation (VOM)
  - Community service/community work
- **To identify and recommend evidence based interventions to be used within the social welfare system (i.e., "youth care")**

# Method

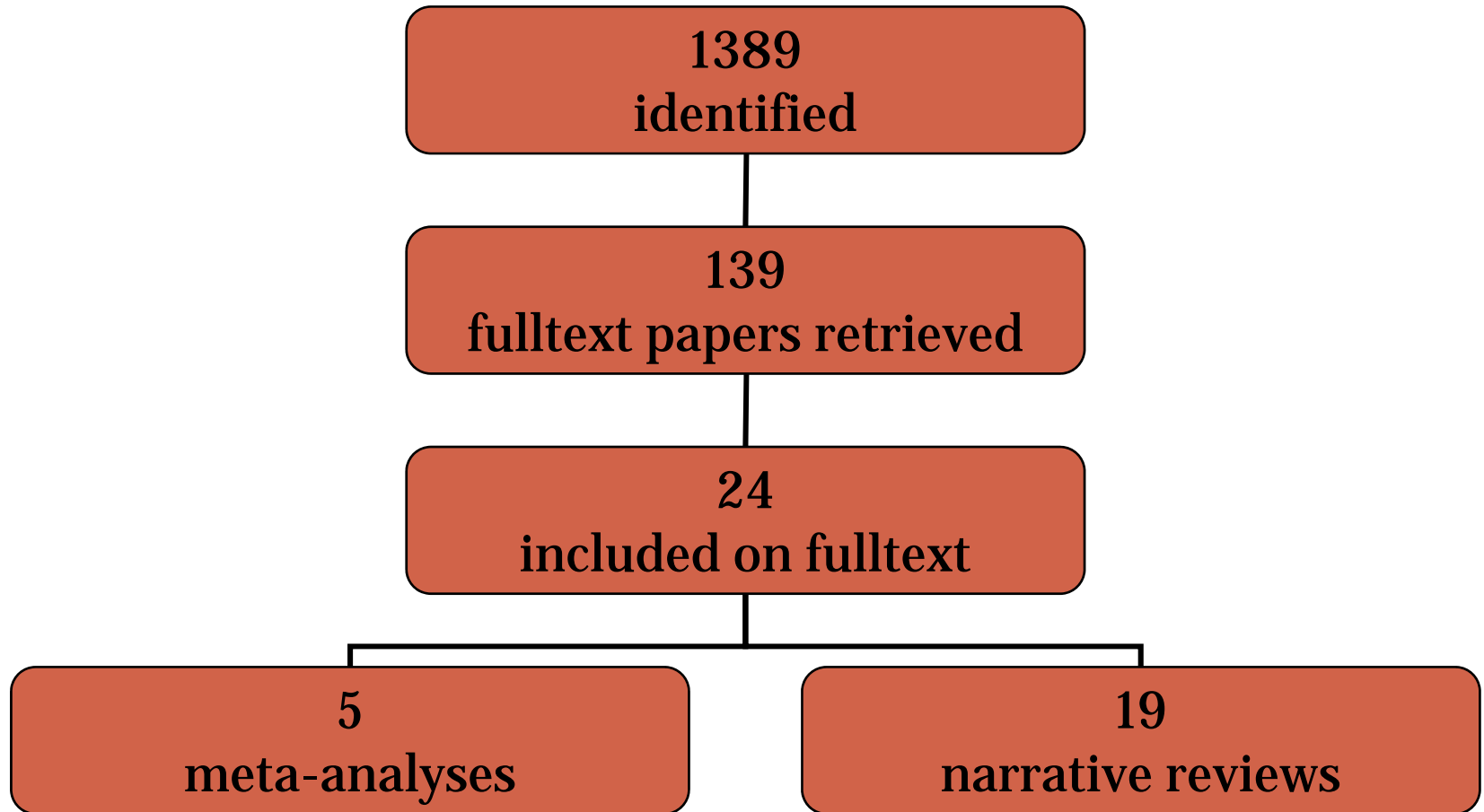


- **Four separate protocols for searching reviews and meta-analyses**
  - Specially trained contactperson/mentorship
  - VOM
  - Community service
  - Youth care
- **The reviews must**
  1. include studies with a comparison group
  2. focus on young offenders
  3. report on outcome measures of antisocial behavior (i.e., criminal recidivism, antisocial behavior – not substance use)

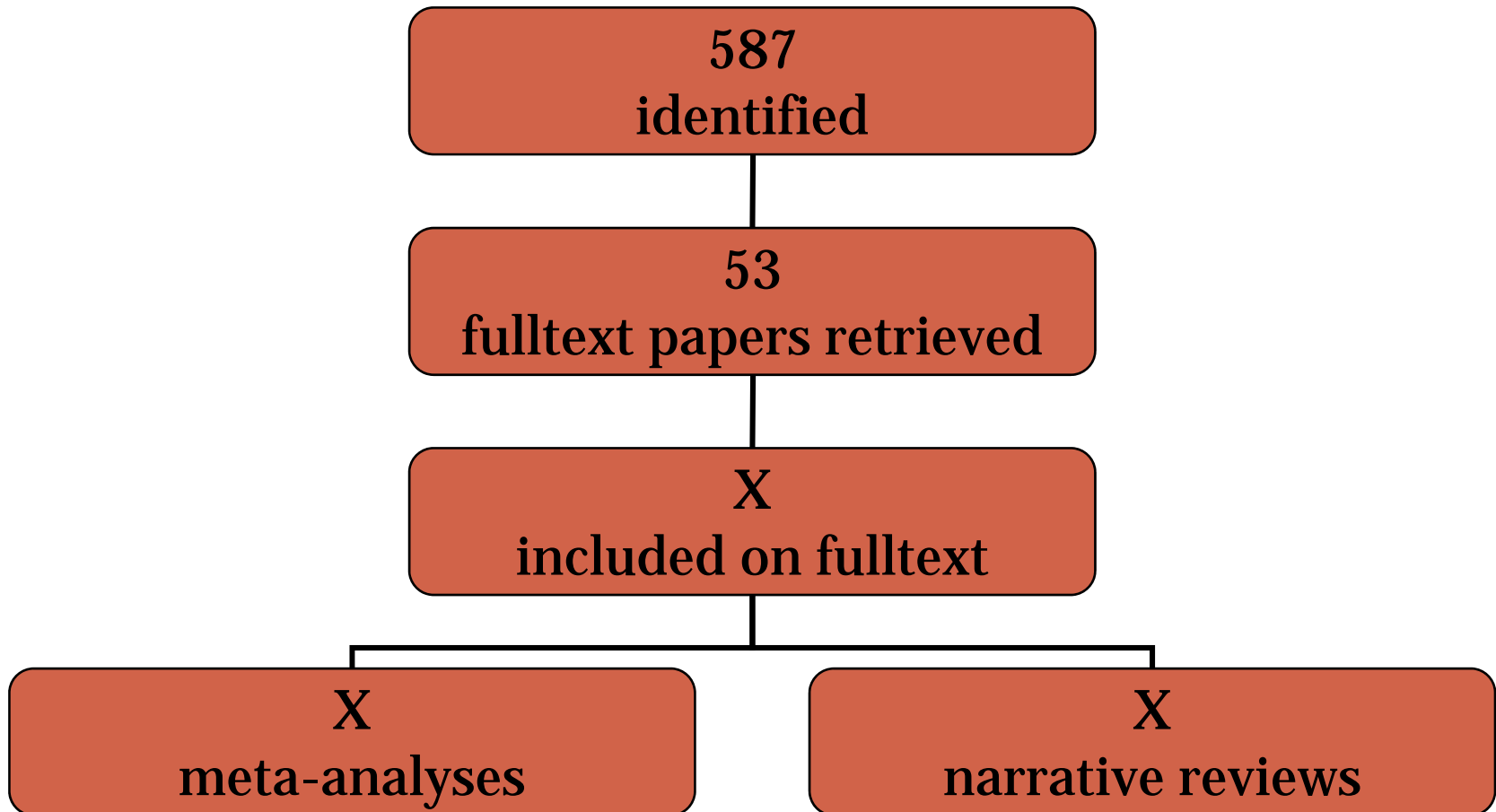
# Selection of studies: Specially trained contactperson/mentorship



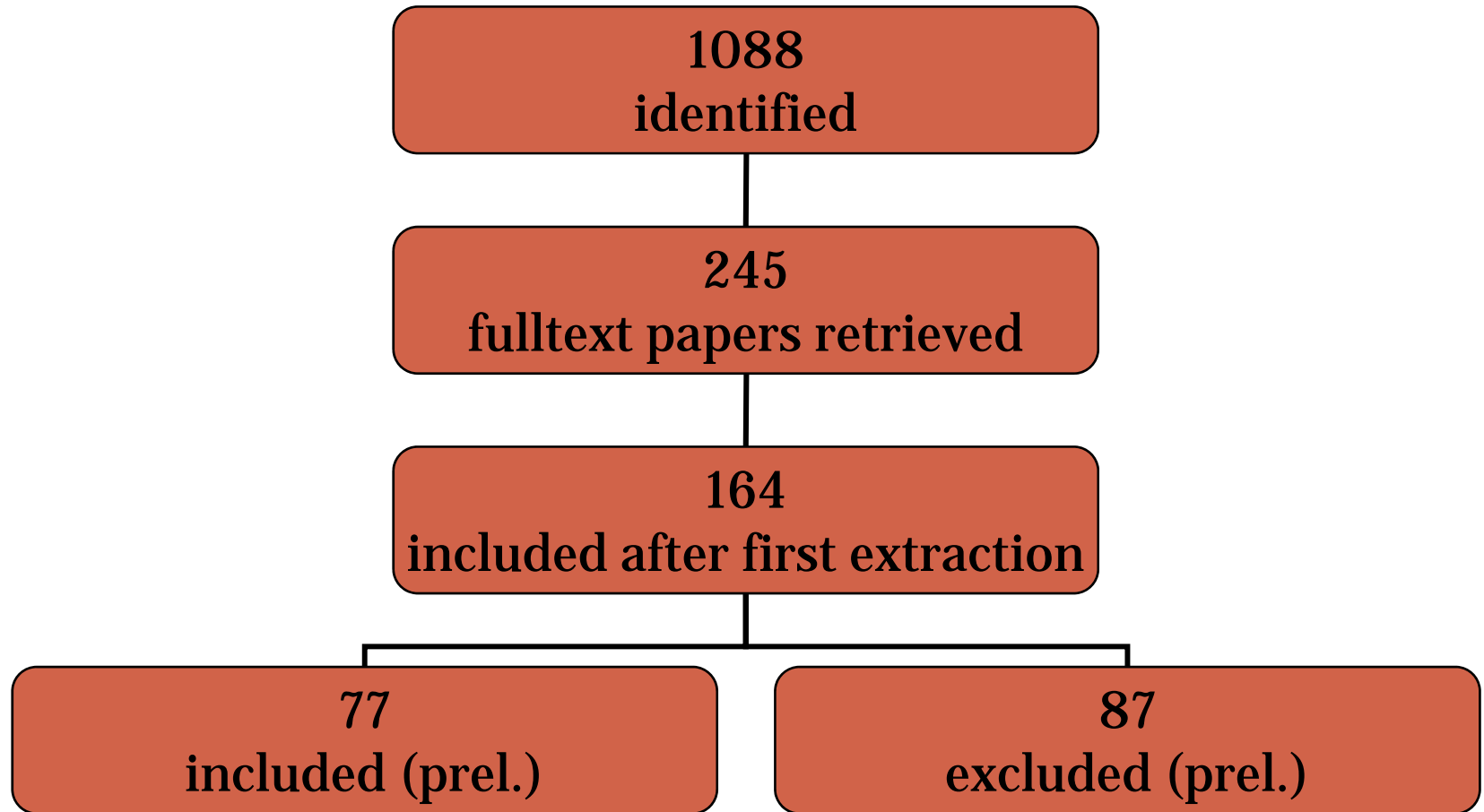
# Selection of studies: Victim Offender Mediation



# Selection of studies: Community service



# Selection of studies: Youth Care



# Questions to be discussed



- **How should we categorize interventions?**
  - There are many different kinds of interventions/programs in the "youth care" category
    - ✦ How can one effectively categorize these different programs?
- **How do we communicate results in relation to categories?**
  - Meta-analytic research and systematic reviews often summarize results on a more general level
  - "The field" is interested in specific interventions
    - ✦ Example: ART as a part of CBT vs. ART as a specific intervention
- **How should we handle aspects of cultural applicability and transferability?**
  - How should we interpret results from Swedish research, when it contradicts results from studies from other countries?
- **How do we communicate our results?**
  - Which are the most pivotal points to bring forward when communicating with
    - ✦ Policy makers?
    - ✦ Practitioners?
  - ...when it comes to e.g., statistics, take-home messages

# How should we categorize interventions?

## Examples of categorizations in the literature

**TABLE 1**  
**MOST AND LEAST EFFECTIVE TYPES OF INTERVENTION WITH NONINSTITUTIONALIZED AND ESTIMATED EFFECTS ON RECIDIVISM**

Intervention Type (N)	Estimated Recidivism Effect Size	Treatment/Control Contrast*
<b>Positive effects, consistent evidence</b>		
Individual counseling (8)	.46	.28/.50
Interpersonal skills (3)	.44	.29/.50
Behavioral programs (7)	.42	.30/.50
<b>Positive effects, less consistent evidence</b>		
Multiple services (17)	.29	.36/.50
Restitution, probation/parole (10)	.15	.43/.50
<b>Mixed but generally positive effects, inconsistent evidence</b>		
Employment related (4)	.22	.39/.50
Academic programs (2)	.20	.40/.50
Advocacy or casework (6)	.19	.41/.50
Family counseling (8)	.19	.41/.50
Group counseling (9)	.10	.45/.50
<b>Weak or no effects, inconsistent evidence</b>		
Reduced caseload probation/parole (12)	-.04	.52/.50
<b>Weak or no effects, consistent evidence</b>		
Wilderness or challenge (4)	.12	.44/.50
Early release, probation/parole (2)	.03	.48/.50
Deterrence programs (6)	-.06	.53/.50
Vocational programs (4)	-.18	.59/.50

\*Recidivism of intervention group in comparison to assumed control group recidivism of .50.

**TABLE 3**  
**MOST AND LEAST EFFECTIVE TYPES OF INTERVENTION WITH INSTITUTIONALIZED OFFENDERS AND ESTIMATED EFFECTS ON RECIDIVISM**

Intervention Type (N)	Estimated Recidivism Effect Size	Treatment/Control Contrast*
<b>Positive effects, consistent evidence</b>		
Interpersonal skills (3)	.39	.31/.50
Teaching family home (6)	.34	.33/.50
<b>Positive effects, less consistent evidence</b>		
Behavioral programs (2)	.33	.34/.50
Community residential programs (8)	.28	.36/.50
Multiple services (6)	.20	.40/.50
<b>Mixed but generally positive effects, inconsistent evidence</b>		
Individual counseling (8)	.15	.43/.50
Guided group counseling (7)	.09	.45/.50
Group counseling (9)	.05	.47/.50
<b>Weak or no effects, inconsistent evidence</b>		
Employment related (2)	.15	.43/.50
Drug abstinence (5)	.08	.46/.50
Wilderness or challenge (5)	.07	.46/.50
<b>Weak or no effects, consistent evidence</b>		
Milieu therapy (3)	.08	.46/.50

\*Recidivism of intervention group in comparison to assumed control group recidivism of .50.

Treatment modality

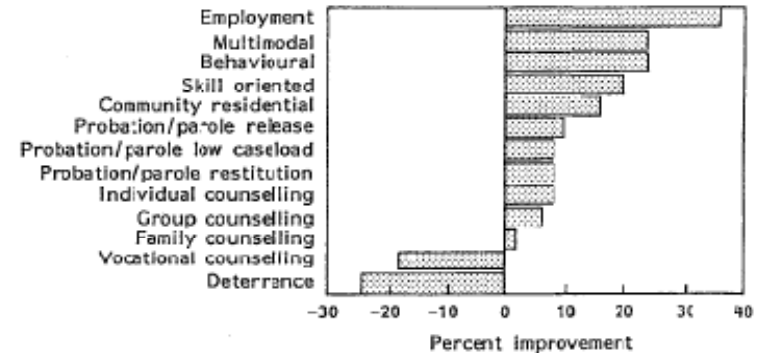


Figure 3.10. Percentage improvement over control group by modality—juvenile justice treatments.

Treatment modality

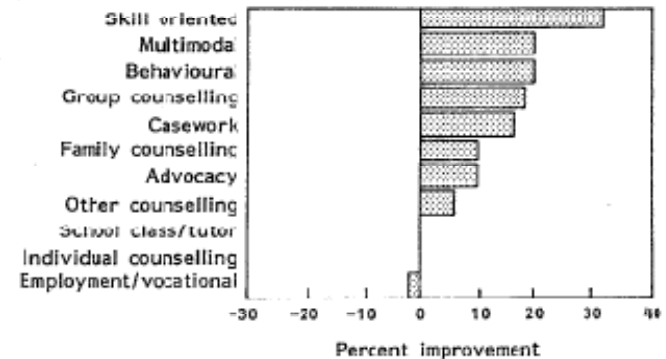


Figure 3.11. Percentage improvement over control group by modality—non-juvenile justice treatments.

# How should we categorize interventions?

Examples of categorizations in the literature, cont.

**Table 2** Descriptive characteristics of categorical variables

Cluster characteristic	Frequency	%
<b>Treatment cluster</b>		
<i>Theoretical model (k = 32)</i>		
Nonbehavioural	8	25
Educational	5	15.6
Behavioural	6	18.8
Cognitive-behavioural	3	9.4
Deterrence theory	1	3.1
Therapeutic community	5	15.6
Diversion	4	12.5

Redondo, Sánchez-Meca, & Garrido, 1999

<i>Table 3</i>			
Type of intervention variable coded in the meta-analysis			
Type of intervention	Frequencies	N treatment group:	N control groups
Cognitive-behavioral	7	957	889
Cognitive	11	614	792
Educative	3	246	252
Non behavioral	8	944	999
Therapeutic community	1	70	70
<b>Total</b>	<b>30</b>	<b>2831</b>	<b>3002</b>

Genovés, Morales, & Sánchez-Meca, 2006

**Table 4**  
Criminogenic Needs and Corresponding Mean Effect Sizes When Targeted With Low-Risk and High-Risk Offenders, Correlation With Effect Size, and Interrater Agreement Rates

Need Area Targeted	Low Risk		High Risk		Correlation With $\Phi$	Interrater Agreement (%)
	<i>M</i>	$\Phi$	<i>M</i>	$\Phi$		
<b>Personal criminogenic targets:</b>						
Antisocial cognition and skill deficits	.12	17	.23	80	.20**	90
Antisocial cognition <sup>a</sup>	.11	12	.23	66	.22*	80
Self-control deficits	.11	9	.25	50	.23*	90
<b>Interpersonal criminogenic targets:</b>						
Family and peers	.12	16	.25	56	.26**	100
Family process <sup>b</sup>	.14	7	.34	23	.38**	100
Antisocial associates <sup>c</sup>	.10	10	.24	41	.28**	100
Matched individual need	.13	21	.25	40	.36***	97
School or work <sup>d</sup>	.08	25	.18	63	.26**	90
Substance abuse <sup>e</sup>	.06	9	.13	27	.20 <i>ns</i>	97

Note: *n* = 29.

a. Antisocial cognition is antisocial attitudes + anger.

b. Family process is affection + supervision.

c. Antisocial associates is increase contact with prosocial + decrease contact with antisocial.

d. School or work is school + vocational skills + vocational skills plus obtaining work.

e. Substance abuse is treatment + information.

\**p* < .05. \*\**p* < .01. \*\*\**p* < .001.

Andrews & Dowden, 2006

# How should we categorize interventions?



- There are many different kinds of interventions/programs in the "youth care" category
  - How can one effectively categorize these different programs?

# How do we communicate results in relation to categories?



- **Meta-analytic research and systematic reviews often summarize results on a more general level**
- **Practitioners are interested in specific interventions**
  - **Example: ART as a part of CBT vs. ART as a specific intervention**

# How should we handle aspects of cultural applicability and transferability?



- How should we interpret results from Swedish research, when it contradicts results from studies from other countries?

# How do we communicate our results?



- Which are the most pivotal points to bring forward when communicating with
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- ...when it comes to e.g., statistics, take-home messages

Author(s)	Included studies (n, publication yrs)	Intervention(s)	N (T vs. C)	Age	Follow-up	Effect size (d)	Success rate (%), T vs. C	Mediators/ moderators
Doe, 2003	n=14, 1999-2001	Cognitive vs. Non-Cognitive	303 vs. 299	12-19	6-12 m	.25**	68 vs. 50	Method, Dosage
Eyre, 1992	n=107, 1976-1989	Juvenile Justice	465 vs. 278	13-16	6 m – 2 yrs	.11†	55 vs. 50	Type of crime
Karamazov et al., 1999	n=59, 1991-1996	Cognitive, Behavioral, Family	197 vs. 188	9-21	2 -12 m	.16*	58 vs. 50	Age, Gender

# Questions to be discussed



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# Thank you.



- **Contact information**

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- **Are there unpublished or forthcoming systematic reviews or meta-analyses that you are familiar with, and that we should incorporate in our results, please contact us!**