

Children and punishment vs treatment

**Messages from Research
and some Experiences from Norway**

Tore Andreassen

Agency for children, youth and family affaires

From the research reviews:

- **Not a single** reviewer of studies of the effects of official punishment (custody, mandatory arrests, increased surveillance, etc.) has found consistent evidence of reduced recidivism.
- At least 40% and up to 60% of the studies of correctional **treatment** services report reduced recidivism rates relative to various comparison conditions, **in every published review.**
- Without some form of human intervention or services there is unlikely to be much effect on recidivism from punishment alone
- The evidence also indicates that while treatment is more effective in reducing recidivism than punishment – **Not all treatment programs are equally effective**

«Improving the Effectiveness of Juvenile Justice Programs.» (Lipsey et al, 2010).

“Goal is to ensure **public safety and reduce further criminal behavior**. Requires the capability to control behaviour in the short term, **and** the means to induce self-sustaining behaviour change that will persist.”

“The challenges in juvenile justice are not the result of a lack of knowledge of what works. The true challenge is rather in translating the robust body of knowledge into practice.”

Program characteristics associated with the greatest effects on recidivism

Interventions applied to high risk delinquents produce larger recidivism reductions than those applied to low-risk delinquents.

Therapeutic oriented programs that attempt to facilitate improved social and academic skills, relationships, etc. (cognitive behavioral techniques) and counseling are more effective than those with a control philosophy.

The quality of the implementation of the program is important to reduce recidivism.

Implications for practice

- Target high risk cases. Provide the most effective program possibly to the highest risk.
- Use programs that take a therapeutic approach to changing behaviour by focusing on constructive personal development. Minimize programs based on a control or deterrence philosophy.
- Implement the selected programs well. Monitor each program to ensure that it is delivered as intended.

Another important body of knowledge is the research on risk factors

Major risk/need factor

Antisocial personality pattern

Procriminal attitudes

Social supports for crime

Substance abuse

Family/marital relationships

School/work

Prosocial recreational activities

Intervention goals

Build self-management skills, teach anger management

Counter rationalizations with prosocial attitudes; build up a prosocial identity

Replace procriminal friends and associates with prosocial friends/associates

Reduce substance abuse, enhance alternatives

Teaching parenting skills, enhance warmth and caring

Enhance work/study skills, nurture interpersonal relationships within the context of work and school

Encourage participation in prosocial activities, teach prosocial hobbies

Some promising programs

- **Aggression Replacement Training** (ART). A cognitive behavioural program that target social skills, moral thinking and anger management
- **Multisystemic Therapy** (MST). A program that target parental skills and systemic factors like school, peers, and family.
- **MultifunC**. A residential treatment program that focus on all of the above, and that integrate both residential treatment and aftercare.

Aggression Replacement Training

- **Skillstreaming** (the behavioural component)
Teaches what to do
- **Anger Control Training** (the emotional component)
Teaches what not to do
- **Moral Reasoning Training** (the values component)
Teaches why to use the skills

Multisystemic Therapy (MST)

- Home based intensive intervention
- Cognitive-behavioural
- Skills oriented approach
- Very comprehensive
- Individual as part of a broad social context
 - Family
 - Peers
 - School
 - Community

MultifunC

Residential / institution

Community

Inntake

Treatment

Transition

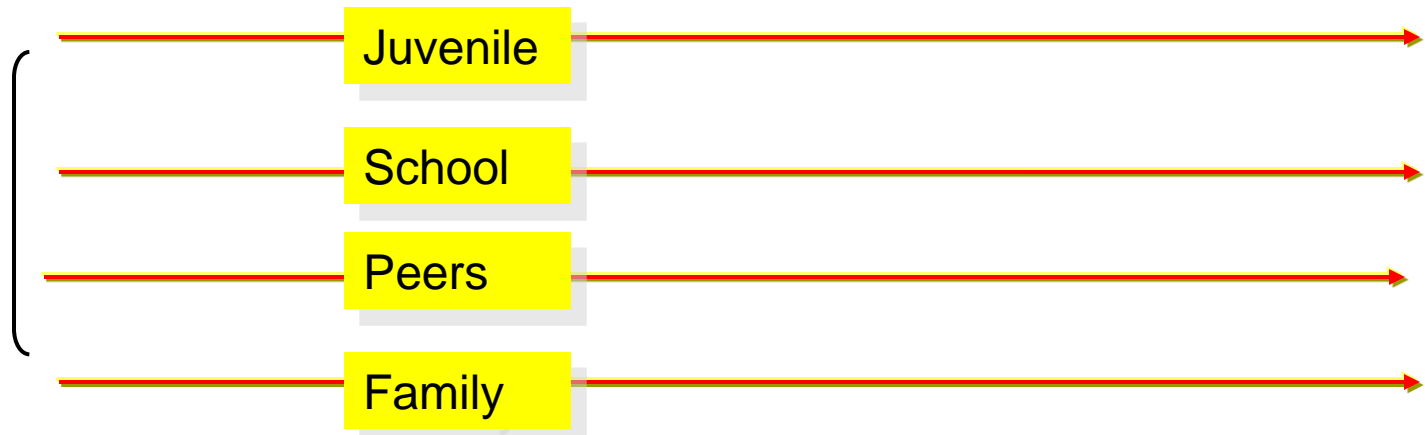
Reintegration / aftercare

Motivation	Motivation	Prepare	Family support
Assesment	Treatment (ART)	re-entry	
Structure	Treatment climate		

Duration of residential stay:
about 6 months (not fixed)

Duration of aftercare:
about 4-5 months (not fixed)

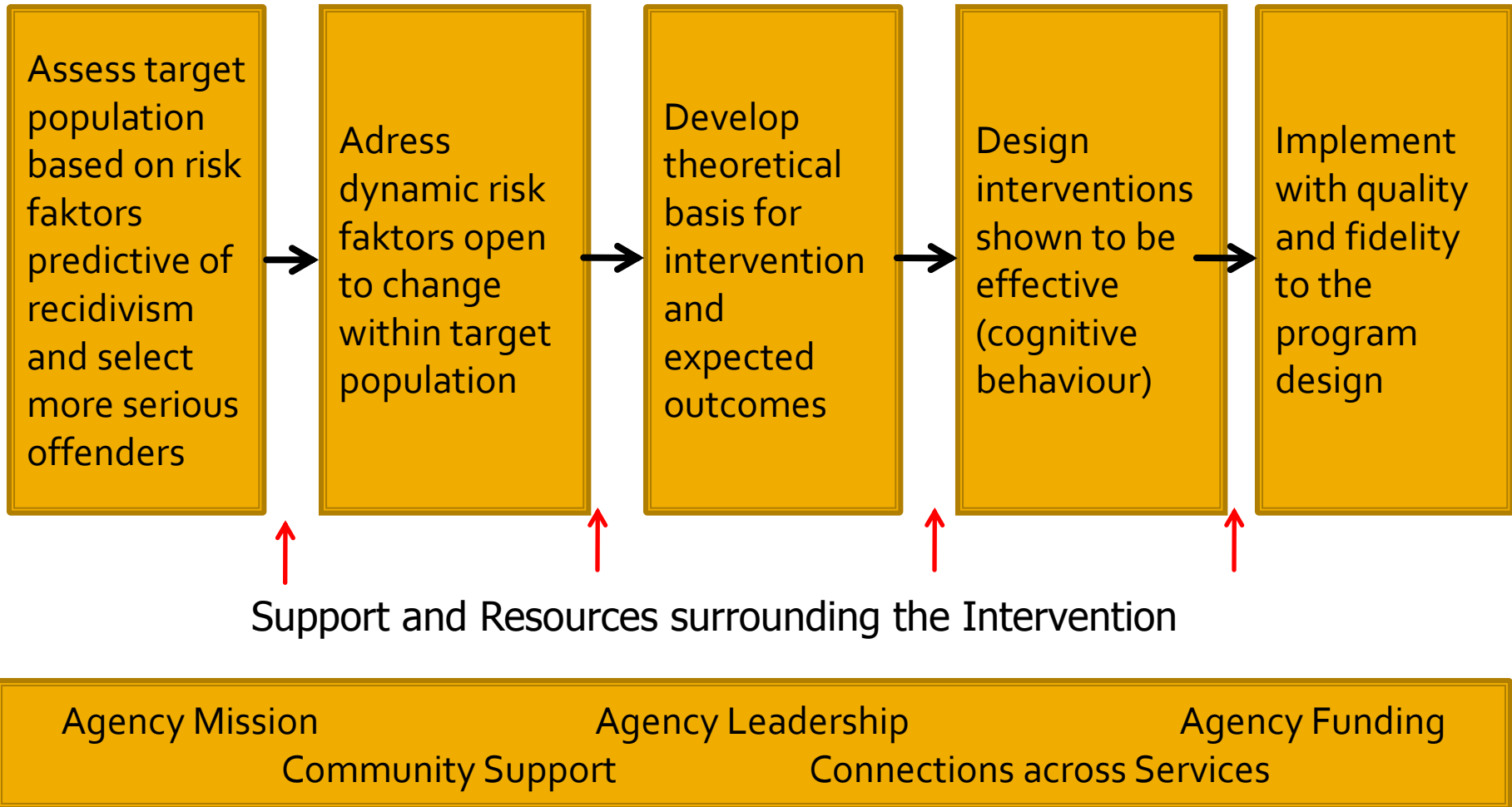
Focus of
treatment



Norway

- 23 MST-teams implemented since 1999. Evaluations indicate positive outcomes.
- Five MultifunC-institutions implemented i Norway since 2005. Not yet evaluated, but preliminary data seems promising.
- Experiences in both programs: Very demanding to maintain high quality over time. Need for ongoing training and support.

Five major dimensions of successful programs



Effective programs have certain characteristics:

- Are based on research & sound theory
- Assess offenders using risk & need assessment instruments
- Target crime producing behaviours
- Use effective treatment models
- Vary treatment & services based on risk, needs, & responsivity factors
- Disrupt criminal networks
- Have qualified, experienced, dedicated & educated staff
- Provide aftercare
- Evaluate what they do
- Are stable & have sufficient resources & support

**We have some guidelines from research, but
there is no "Magic Bullet" (Lipsey, 2007)**

**The
End**