CHAPTER ELEVEN

Youth offenders

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Most people have an opinion about what causes youth offending. Dropping out of school, hanging out with an antisocial peer group, family and personal problems, and drug and alcohol abuse are commonly given as explanations. Research in this field suggests that youth begin to engage in offending behaviour when not just one or two of these factors, but multiple so-called 'risk' factors, converge and interact.[1]

A common 'front end' task for youth workers is assessing which of these particular risk factors is an issue for each youth offender. Having identified relevant risk factors and uncovered the offending trajectory for a particular youth, the next big challenge for workers is to develop an intervention that will stop the youth from reoffending. This chapter concentrates on what makes interventions for youth offenders effective, including consideration of treatment components and aspects of programme delivery that are relevant to a range of human service practitioners working with youth.

What is an effective intervention?

Whether we are focusing on youth development or youth at risk, we find ourselves looking at a similar set of factors. These are factors (history of childhood abuse, school exclusion, family instability, and so on) that have been linked to the emergence of truancy, alcohol and drug use, antisocial peer associations, suicide, and of course, youth offending. We are all aware of many types of treatment programmes for youth that address these and other significant problems, and we are

1 Leschied *et al* 2008; Shepard & Farrington 1995.

probably all equally aware that the effectiveness of these interventions is a focus of much public, political and professional challenge and debate. Essentially, people want to know which interventions work and which do not. Unfortunately, there is no straightforward answer.

However, there is a good body of research and theory that can be used to plan and implement interventions for youth. A meta-analysis by Lipsey suggested that the most effective treatment interventions are those which are structured, focused and 'clinically relevant'.[2] While somewhat dated now, Lipsey's finding is still applicable.

For decades, cognitive-behavioural therapy (CBT) has been considered the most effective, structured and clinically relevant intervention option. For example, programmes with behavioural and skill-oriented interventions (essentially CBT), along with those employing multi-modal delivery, have demonstrated reductions in reoffending by youth.[3] However, the effectiveness of CBT with offenders is much lower than what would normally be attained when used to address mental health issues.[4] This research draws our attention to the reality that conventional CBT-focused psychological interventions may have little effectiveness with youth. We are not encouraging practitioners working with youth to throw CBT out with the proverbial bath water. Rather, we are advocating the use of alternative structures and change processes in addition to CBT.

There are six areas that form a framework for organising our thinking about effective youth interventions. These areas are risk assessment, criminogenic needs, responsivity, modality of treatment, programme integrity, and community location.[5] As we turn our attention to these six areas, we will start to see that, in addition to structure and clinical relevancy, process, relationship and context are also important components of effective interventions for youth.

The construction of risk, need and responsivity and their relationship to treatment

The risk, need, and responsivity principles are described by Ogloff as among the most significant developments in this field.[6]

2 Lipsey 1989, cited in Andrews & Bonta 1998.
3 Rutter, Giller & Hagell 1998.
4 Bakker & Riley 1996; Lipsey & Wilson 1993.
5 See Andrews & Bonta 1998; McLaren 2000; Ogloff 2002; Rutter, Giller & Hagell 1998.
6 Ogloff 2002.

Risk

The principle of risk supposes that the risk of reoffending can be estimated. Risk estimation is not an exact science and is not without significant limitations. Yet evaluations of risk are necessary as they give the courts information on which to determine judicial sanctions, and give workers useful information on which to base clinical decisions.[7] Individuals who are identified as being at higher risk will require more intensive specialist intervention, and the inverse is true of individuals assessed as at low risk.[8] Intensive, targeted intervention that involves residential care and specialist therapy is expensive to offer, so it makes sense to ensure we are using it only with those who need it.

The growing emphasis on risk assessment tools by the courts, service providers and funders means that all human service workers should have a good understanding of the construct of risk and how it is measured. Risk is generally estimated through the assessment of static and dynamic factors, and it is important to distinguish between these.

Static factors include age at onset of offending, number of offences, nature of the offending, time in custody, and the age and gender of the perpetrator.[9] These are strong predictors of the onset of criminal behaviour and of the likelihood of reoffending in the long-term.[10] Static risk factors are stable or historical, and therefore unable to be changed regardless of how good the intervention is, or the magnitude of the changes a youth makes during treatment.[11] While these factors cannot be changed once they have occurred, early intervention can target static factors to prevent them from arising in the first place.

Dynamic risk factors, however, are responsive to change, making them the obvious target for individual, family, group-work, school, or community-based interventions.[12] Targeted community and residential programmes do have the potential to teach young people skills and provide them with the knowledge to change the 'at risk' trajectory that they are on. Dynamic factors in risk prediction for youth include school performance, school attendance, involvement with antisocial peers,

7 Viljoen *et al* 2010.
8 Ogloff 2002.
9 *Ibid*.
10 McLaren 2000.
11 Hemma 1999, cited in McLaren 2000; Ogloff 2002.
12 McLaren 2000; Ogloff 2002.

problems with interpersonal relationships, poor social skills, weak affective ties, delinquent siblings, alcohol and drug use or dependency, early and current adverse family conditions, as well as limited parental monitoring and supervision.[13]

Need

The need principle concerns the idea that interventions with youth offenders should target 'criminogenic needs'.[14] Criminogenic needs are dynamic (changeable) risk factors that have been proven to be directly related to the likelihood that a youth will engage in criminal behaviour.[15] Table 5 highlights the criminogenic needs that workers should be targeting during intervention for young people.[16]

Traditional interventions have assumed a narrow risk management focus via the risk–needs model. Yet there are obvious limitations to interventions that only focus on these factors.[17] The identification of risk factors draws youth workers' attention to problem areas, but does not give alternative adaptive strategies to be employed in interventions.[18]

The now well-known Good Lives Model (GLM) offers workers another framework to guide interventions with youth.[19] In this model, an emphasis is placed on reducing risk by providing individuals with the means (through knowledge and skills) to secure basic human needs in socially acceptable and personally meaningful ways.[20] Through developing the GLM and writing about it, Tony Ward has drawn attention to the youth offender's individual right to fulfil his or her human needs.[21] The GLM encapsulates many principles of strengths-based professional social work practice and has given credibility and profile to these ideas.

The widespread acceptance of the GLM sanctions workers' attempts to target areas (such as self-esteem) that are beyond those that research proves are important. This shift in focus enables workers to intervene in ways that promote more positive lives for their clients.[22] The fact that

13 McLaren 2000; Zampese 1997.
14 Ogloff 2002.
15 Ogloff 2002; Zampese 1997.
16 Zampese 1997 p.16.
17 Ogloff 2002; Ross, Polashek & Ward 2008; Ward & Stewart 2003; Ward 2002.
18 Ward 2002.
19 Ward & Stewart 2003.
20 *Ibid*.
21 Ward & Stewart 2003.
22 Ward 2002.

Table 5: Targets for change for adolescents

Criminogenic needs:

- antisocial attitudes and feelings
- aggressive / violent behaviour
- antisocial peer associations
- affection / communication within the family and familial monitoring and supervision
- substance abuse and dependency
- academic and work skills.

Change can be achieved by:

- improving pro-social bonding
- replacing antisocial with pro-social behaviours
- promoting identification / association with anti-criminal role models
- attending to relapse prevention issues
- increasing self-control, self-management and problem solving skills
- improving motivation for change
- developing non-criminal activities which provide personal, interpersonal and other rewards.

research has not yet shown a need to be directly related to reduced risk of recidivism is not a good enough reason to exclude it from an intervention programme. Individual treatment needs may extend beyond those that have so far been linked directly to offending.[23] Once the risk assessment has been completed and a treatment plan developed, workers have significant scope to be innovative in their interventions. Furthermore, there is no reason why the more conventional CBT intervention cannot be used alongside newer approaches such as narrative, adventure, wilderness, drama, music, art, or animal-assisted therapy.

23 Ogloff 2002.

Responsivity

The responsivity principle concerns the selection of relevant and appropriate ways of working with youth offenders.[24] In short, this principle promotes the idea that individual learning styles, gender, abilities and other similar factors need to be taken into consideration during treatment.[25] Programme responsivity refers to the ability of workers to assess and attend to anything that might impair an individual's ability to engage in or learn from the standard programme. Programmes may then be modified to respond to the needs of the client. For example, concrete techniques, such as role-plays, modelling, drama, action methods, interactive exercises and other expressive arts, are more effective with cognitively impaired youth than an abstract approach.[26]

Once the level of intervention required by the participant has been determined, individual learning styles and abilities need to be attended to and treatment modalities matched to these.[27] Essentially, the responsivity principle relates to the selection of modes of intervention.

A key difference between conventional cognitive behaviour modification programmes and other programmes being developed for youth offenders lies in the change process employed to achieve the outcomes. For example, anger management is a common intervention target with youth offenders. Anger can be used by youth to compensate for abuse experiences in childhood; people, pets or 'things' that have been lost; hurts or rejection from parents. Simply teaching new behavioural strategies is not an adequate intervention for youth who have experienced trauma earlier in life.[28]

There are many creative ways that workers can address historical and current issues with youth. For example, the New Zealand DARE programmes aim to enable youth to facilitate skills in DARE — Decision-making, Assertiveness, Responsibility and Esteem. These programmes use a bibliotherapy approach to facilitate change in identified risk and protective factors. This intervention allows young people to connect with the intervention material by projecting their

24 Andrews & Bonta 1998.
25 Matthews & Hubbard 2008; Ogloff 2002.
26 McMackin *et al* 2002; Zampese 1997.
27 Andrews & Bonta 1998; Ogloff 2002.
28 Pudney & Whitehouse 2001.

own issues onto the character(s) in a book and work through their own issues. Bibliotherapy is a non-threatening method for exploring issues of identity, discrimination, stigma, and bullying of minority groups (such as gay and lesbian youth and youth from minority ethnic groups).[29]

Another platform for working with youth on early life issues is animal-assisted therapy (AAT). Like people, animals have negative experiences, such as moving home, owners separating or dying, experiences of abuse and harm, and so on. In this mode of intervention, animals can be the means by which children project needs and discuss issues that have important parallels in their lives. Topics such as grooming and hygiene, sexuality, birth, communication patterns, sickness, death and even bullying are likely to arise from observation and close contact with animals and can give the worker a natural way to raise important subjects with their client. For workers who have an interest in animals, AAT has significant potential to aid engaging with youth. 'Animals slip under the radar of human defense mechanisms',[30] and workers accompanied by animals are seen by youth as more approachable, and perhaps more trustworthy, which assists in rapport building in the early stages of engagement.[31]

An example of one way that AAT can be used with CBT can be seen in the following vignette, from our clinical practice, about a 19-year-old youth. 'Bruce,' had a significant trauma history, poor ability to regulate emotion and a significant alcohol problem, as well as several convictions for violent offences. One treatment goal for him was to learn to recognise the early warning signs of problematic emotions and to regulate his previously uncontrolled affective responses.

> On frequent occasions, Bruce would struggle to tolerate difficult feelings that arose in therapy sessions and would become frustrated and angry, and begin cursing and shouting. However, Bruce noticed that when he did this in the presence of the worker's AAT dog, the dog would immediately react and shy away from him. The dog provided immediate feedback that allowed Bruce to notice his stress level and the frequency of this problematic behaviour.

29 McCoy & McKay 2006; Vare & Norton 2004.
30 Melson & Fine 2006, p211.
31 Chandler 2005; Cournoyer & Uttley 2007.

Complementing Bruce's CBT-informed intervention, the AAT dog reacted to both verbal and non-verbal communication from Bruce as he started to become agitated, providing him with cues about how he was behaving that helped him to recognise the early signs of his problematic feelings and behaviour, and to know when to use the techniques he was learning to manage or reduce them. This is essentially a form of bio-feedback, where biological signals are fed back to the person via the animal's behaviour (rather than through sensors). AAT is showing significant promise as an intervention to help youth reduce problem behaviours, improve adaptive skills, and reduce maladaptive skills.

Our final example of a mode of intervention is the more conventional approach of group work. Group interventions can provide opportunities for youth to experience boundaries, build meaningful attachments, normalise problems, develop personal insight, achieve growth, develop alternative ways of relating to (empathy), and interacting with, others (people skills).[32] Group work, like any intervention, is not a guaranteed success story. There are many factors to consider, including group size, composition, safety, and session timing, that make it essential for these groups to be facilitated by skilled and knowledgeable workers.

Interventions with youth offenders typically encompass a basic range of behavioural management strategies and anger management techniques, providing these clients with the opportunity to develop and consolidate skills in identifying and communicating needs, social perspective-taking skills, affect identification and recognition, anger management techniques, problem solving abilities, family and peer relationships, pro-social attitudes and values.[33] But as we have noted above, these areas can be targeted in a range of creative ways.

Responsivity to Maori

If the intervention is not physically, emotionally, spiritually, intellectually, and relationally accessible to youth then it will not be responsive to their needs. Programme responsiveness to Maori is improved by including approaches that are holistic, promote a sense of belonging, and may involve kaumatua and kuia as role models for the youth.[34] Maori content and processes are essential components of work

32 Pudney & Whitehouse 2001.
33 Grannello & Hanna 2003.
34 Singh & White 2000.

with Maori youth as a response to the needs of the youth, and as a part of the workers broader commitment to te Tiriti o Waitangi.

Partnership with youth

The principle of responsivity can also guide a youth-focused approach to intervention programmes for youth. Young people tend to prefer informal sources of support, including help from peers.[35] Indeed, some evaluations have established positive outcomes from peer-group programmes in terms of changes in attitudes, skills and knowledge.[36]

While it is not a commonly used strategy, it is possible to have a young person as a group co-facilitator. This youth may have previously been through the intervention programme, or might be someone identified by a school (or referring agency) as having the potential to move into this role. Engaging a young person as a co-facilitator provides them with significant opportunities for new learning and skill development, while also providing a role model for the group.

The involvement of youth in programme development and delivery, in consultation processes and on Boards of Trustees are all things that can be readily done to increase responsivity to the needs of youth clients and provide more integrated services.[37] These types of activities can ensure youth have input into services on a range of levels and that programmes remain relevant, appealing and accessible.

When a partnership model to delivering youth programmes is adopted it is important that the young people involved are not used or exploited. It is tempting for workers to call upon youth who have demonstrated that they are reliable and experienced. But it is critical that a small number of young people are not called upon excessively, so that their involvement impacts on their own education, personal, sporting or career development. In addition, calling upon a small pool of youth prevents others from having the opportunity to step up into new roles themselves.

Finally, if young people are to be engaged as consultants then they should get some sort of compensation for their time and the knowledge they have shared. Furthermore, practical aspects of youth involvement,

35 Mullender *et al* 2002 and Seith & Bockman 2008, both cited in van Heugten & Wilson 2008.

36 van Heugten & Wilson 2008.

37 Crowe 2007; McPhail & Ager 2008.

such as transport, should always be addressed to ensure that they are not disadvantaged.[38]

Modality of treatment

The choice of treatment modality also relates to the need for workers to match the mode of intervention with the developmental abilities of individuals as well as the individual areas highlighted during assessment. Clinical discussion and research in this area has clearly shown the superior efficacy of multi-modal interventions. Components such as individual, family and group therapy, along with community interventions, can be combined to build an intervention package for a young person.

There is little literature on group work outcomes for youth who have offended.[39] One early meta-analysis done by Lipsey identified mixed results regarding efficacy of group interventions for youth offenders.[40] However, many reviews of outcomes of group interventions for youth offenders have indicated positive results.[41] Given the general clinical consensus that group work is an effective intervention with youth this is an area that warrants further research attention.

Many intervention programmes for youth offenders include a relapse prevention or offence chain approach. Developing an offence chain involves identifying the sequence of emotions, cognitions and behaviours that create and maintain the youth's offending.[42] Once the problem areas have been identified, more adaptive alternative emotional responses, cognitions and behaviours are identified and practised by the youth during treatment.

Cognitive behavioural therapy (CBT) approaches are more effective in reducing recidivism than non-directive approaches, but, as noted earlier, the cognitive components/tasks pose difficulties for the cohort of youth who have learning difficulties or other forms of developmental delay.[43] Research indicates a high prevalence of language and learning deficits in youth offenders, therefore the use of non-verbal techniques

38 Crowe 2007.
39 Print & O'Callaghan 1999.
40 Lipsey 1992.
41 Viney *et al* 2001.
42 McMackin *et al* 2002.
43 Andrews & Bonta 1998; Mishna & Muskat 2001.

such as role-plays, drama, use of metaphor, action methods and other expressive arts are a legitimate and even essential part of this work.[44]

Programme integrity — content, context and delivery

Programme integrity and the professional ability of those delivering the programme are critical to positive outcomes of treatment programmes.[45] The structural and organisational aspects of a programme will always influence both the content and process of the interventions employed.[46] Programme manuals or frameworks can help maintain programme integrity. Intermittent 'live' supervision or videoing of sessions are two strategies that can be employed to monitor programme integrity. Accreditation of staff and ongoing training and supervision are also essential components of maintaining a high standard of treatment.

The impact of worker characteristics on outcomes

Along with the structural components of the intervention, worker characteristics such as interpersonal skills and content of learning impact on the outcomes for the clients in different ways.[47] Howells and Day note that the therapeutic alliance is a moderate but consistent predictor of treatment outcome for a range of client groups and, importantly, across a range of therapeutic approaches.[48] A strong relationship with staff in a residential care facility has also been noted to be a significant factor in intervention success.[49]

Worker attributes that are significantly related to the development and maintenance of a positive therapeutic alliance include the therapist being interested, relaxed, confident, affirming, warm, flexible, trustworthy and more experienced.[50] These authors also suggest that worker characteristics influence outcomes by the way they respond, how they help the individual to cope within the therapeutic process, having a personal influence over the client, creating an environment conducive to change and creating greater client investment.

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44 McMackin *et al* 2002.
45 Ogloff 2002.
46 Andrews & Bonta 1998.
47 Andrews & Bonta 1998; Ross, Polaschek & Ward 2008.
48 Howells & Day 2003.
49 Hartwell *et al* 2010.
50 Ackerman & Hilsenroth 2001.

The importance of engaging with youth

Research emphatically supports the idea that the quality of the worker–client relationship influences therapeutic change.[51] The issue of engagement relates not only to individual work with youth but also to group interventions with this cohort. Thus group work interventions for youth offenders must include a significant phase of engagement and continue to promote group building and relationship building as the group continues to develop.

Clients attending interventions as a result of their offending, and perhaps mandated to attend, may be hostile to programme staff, reluctant, and have different goals to programme delivery staff.[52] Therefore, therapist skill in engaging with and sustaining youth in treatment is a critical part of all effective outcomes with this cohort.[53]

Family matters

Intervening effectively with youth offenders requires workers to have more than just good individual therapy skills. Workers need to be able to work with systems and of course with the families of the youth.

> The relationship histories of the children and parents with whom practitioners typically work tend to be characterised by abuse and neglect, confusion and hurt, chaos and loss, indifference and rejection.[54]

Research has consistently shown that patterns of poor communication, familial conflict, unstable family structure, disorganisation, geographic mobility, inadequate support and monitoring or supervision, inconsistent discipline practices, harsh discipline practices, parent criminality, delinquent siblings, physical and emotional distance (for example, poor attachment) and role confusion are linked to the development of antisocial behaviour in youth.[55] This means that professionals working with youth offenders require knowledge and skill in dealing with a range of complex family-related and individual issues.

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51 Prior & Mason 2010; Ross, Polaschek & Ward 2008.
52 Howells & Day 2003.
53 Prior & Mason 2010.
54 Howe *et al* 1999, p 1.
55 Loeber & Farrington 1998; Loeber *et al* 2000; McLaren 2000; Zampese 1997.

The interplay between family factors and youth offending is complex.[56] However, in many community and statutory agencies funding for family work is scarce, limiting the extent that work in this area can be a component of a multi-modal intervention.

Community location

The general consensus in the literature is that non-residential treatment interventions for youth are more effective.[57] Howells and Day suggest that the more opportunity there is for practising skills and developing strategies in the context that they are to be employed, the greater the likelihood for success by community-based interventions.[58] Furthermore, the level of social support established within the youth's community following release from the institution is a crucial factor in the maintenance of skills acquired.

The Department of Corrections runs rehabilitation programmes for young offenders who are in prison, but in line with current trends a new programme has been developed to target those who live in the community. This community-based programme aims to stop youths from offending by challenging the justifications they make to excuse their offences, and by teaching them pro-social skills such as problem-solving, anger management and communication skills.[59] The CBT interventions used are complimented by other methods, such as the increasingly popular wilderness therapy.[60]

Community-based programmes must ensure basic human needs are met in order that the participants can work on the offence-specific interventions. For example, some participants may not have eaten in more than twenty four hours, making provision of a snack and drink crucial components to help them concentrate and participate in the programme. Likewise, youths sleeping on the sofa in an already over-crowded house, or sleeping on the street, are not able to concentrate on turning their life around. As a result, programme developers need to explore options for helping with housing, employment and so on, before, during and after completion of the programme. Recent research

56 Andrews & Bonta 1998.
57 Andrews *et al* 1990, cited in Howells & Day 2003; Curtis *et al* 2002; McLaren 2000.
58 Howells & Day 2003.
59 Corrections News 2009.
60 Gillis & Gass 2010; Somervell & Lambie 2009.

from the United States has echoed these sentiments, with youth offenders citing living, educational and vocational support as crucial factors in their rehabilitation.[61]

Current directions

We noted at the beginning of this chapter that most people have an opinion about what causes youth offending. Contrary to the evidence supporting the value of the therapeutic interventions discussed in this chapter, members of the general public are often mainly, or even solely, interested in punishment and imprisonment. The idea that youth can be 'scared straight' was popular several decades ago when it was believed that a visit to a prison and being told graphic tales by inmates would be so aversive that the youth would desist from offending. Even though research consistently shows that this approach does not prevent reoffending, calls are commonly made for this type of intervention to continue.[62]

For example, in New Zealand public interest in 'boot camps' for youth offenders has surged. Despite a significant body of research showing that punitive interventions have little effectiveness in reducing or preventing offending by young people, the New Zealand Government introduced military activity camps, known as MACs, in 2009.[63] The MAC is an eight-week course held at a youth justice residence and includes a wilderness camp, education and drills. These camps are intended for those youth who are supposedly the country's worst youth offenders. While the effectiveness of the New Zealand MACs is as yet unknown, calls from the public to expand this and other similar programmes continue to be voiced in the news media.

Conclusion

When a young person commits a crime many people are directly affected, and many other people and multiple systems are often involved in the response. The consequences are far reaching and varied. Many people have a stake in the effectiveness of interventions for youth offending, so it is no surprise that in New Zealand there is a diverse range of people urging contrary approaches to youth offending. For

61 Hartwell *et al* 2010.
62 Klenowski *et al* 2010.
63 McLaren 2000; Zampese 1997.

this reason it is inevitable that punitive interventions will continue to be sanctioned and trialled by the community, alongside the advances in therapeutic work that we have discussed in this chapter. More is known now than ever before about what works in reducing youth offending. While many questions remain unanswered and further work is needed to address the gender, ethnic, and specific cultural needs of youth offenders, programme providers can be confident that many rich and diverse interventions are already available that are being shown to be relevant, appropriate and effective.

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