The downside up? A study of factors associated with a successful course of treatment for adolescents in secure residential care

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SUMMARY

"Eén plus één is meer dan twee" ["One plus one is more than two"]
(A group care worker about the cooperation with fellow group care workers in secure residential youth care)

Background of the present study

In the Netherlands, 11 to 14% of the nearly 205,000 young people in child and youth care use residential care services. Residential youth care refers to a type of out-of-home care in which young people receive care and treatment for 24 hours a day. The most intensive or restrictive type of residential care is secure residential care. Secure residential care is a type of service in which young people, who are regularly placed under coercion, receive care and treatment in a secured environment. Both secure residential care centers (*Jeugdzorg Plus instellingen* in Dutch) and juvenile justice institutions (*Justitiële Jeugdinrichtingen* in Dutch) in the Netherlands can be considered as facilities that offer secure residential care; both are locked facilities for adolescents who often show similar antisocial and acting-out behavior problems. Moreover, the final intention of both types of facilities is that the adolescents leave the center in a better condition than at entry. Almost a third of the total group in residential care - i.e., nearly 7,000 young people - stays in secure residential care in the Netherlands.

Residential care centers, and secure residential care centers in particular, seem to have become a kind of "*last resort"* for young people with serious problems whose problems could not be diminished by other types of care. Young people in residential care often show a high degree of psychopathology and problem behavior, more so than young people who are placed in other types of care. Young people in secure residential care often show serious emotional and behavioral problems, with antisocial and oppositional problems generally being prominently present. The problems of these young people are complex and have regularly started at an early age, often causing a long history of care. Some of these young people are responsible for a large part of juvenile delinquency and are at serious risk of becoming criminal adults. Therefore, the young people in secure residential care are an important target for intervention.

Considering the complexity and seriousness of the young people's problems, it is not surprising that secure residential care often has limited results in terms of recidivism. Within one year after their departure from secure residential care in the Netherlands, 30 to 64% of the young people shows delinquent behavior once again.

Positive results may be hard to achieve due to the fact that these young people commonly show grave and long-standing problems. They often belong to a group that is regularly exposed to *risk factors*, which are events or conditions that are associated with an increased probability of (serious) delinquent behavior. Risk factors are often present in different life domains, such as the domain of individual (i.e., the young people) and their social context (e.g., family and peers) domain. Young people in secure residential care also commonly show few *protective or promotive factors*, which are events or conditions that are associated with a lowered risk of (serious) delinquency. Research has repeatedly shown that the larger the number of risk factors

and the lower the number of promotive factors, the higher the chance that young people will continue to show problematic behavior. Moreover, only risk and promotive factors that are changeable or *dynamic* can be influenced by treatment and can function as points of action for the reduction of problematic behavior.

Besides characteristics of the target group in secure residential care, positive results can be restricted by limitations in the care process. Since there is little information about the characteristics of the care process that are associated with successful residential youth care, and secure residential care in particular, (secure) residential youth care can be conceived as a "*black box*". Despite the scarce information about which ingredients are important for a good quality of (secure) residential youth care, research has shown several guidelines that are often referred to as "*what works" principles*. Within the context of secure residential youth care, both principles of effective programs for reducing recidivism (such as a focus on those client factors that are the foundations of the problem behavior) and what works aspects of care (such as the relationship between clients and practitioners and a supportive, safe environment during residential care) are relevant here.

Since an important intention of secure residential care is to meet the needs of young people, it is in the interest of these young people and their parents to increase the knowledge concerning factors that are associated with a successful course of treatment. It is also of public interest to gain a clear understanding of these success factors, given the seriousness of the adolescents' problems, the high rates of recidivism, and the lack of knowledge about the (quality of) care that is offered in these settings. In addition, the high amount of costs that is associated with both the adolescents' antisocial behavior and this type of care, and the negative image of (secure) residential care stress the need for a better insight into aspects of secure residential care that are important for success. By achieving a better understanding of its success factors, more adequate residential treatment can be realized by which the risk for future crime can be reduced and the public safety can be improved.

Aims and method of the present study

The central aim of the present study is to gain a better understanding of factors that are of importance for successful residential treatment for adolescents with serious behavioral problems. More specifically, this study aims to examine several characteristics of clients and the care process that are associated with outcomes of secure residential care. The central question of the study is: Which factors are associated with a successful course of treatment for adolescents who are placed in secure residential care due to delinquent behavior and/or serious behavior problems?

To answer this central question, three review studies and four empirical studies on the target group, care process and outcomes of (secure) residential youth care are described in the different chapters of the present study. The reviews include empirical

studies that have been carried out in the field of residential youth care practice. The empirical or practice-based studies are part of the actual PhD project that was carried out in a secure residential youth care center in the Netherlands. In this empirical project, a subgroup of all the 328 adolescents that entered the center between 1 September 2007 and 1 June 2008 is followed-up during and after staying in the center. Both adolescents, their parents and staff members within the secure care center (especially group care workers and teachers) are involved in the study. The empirical studies that are described in the different chapters are mainly based on information from the adolescents, group care workers and teachers.

Summary of the chapters

In **chapter two**, dynamic risk and promotive factors for the adolescents in the secure residential care center are examined. Besides the prevalence of risk and promotive factors, the chapter focuses on differences in the number and type of risk and promotive factors between more and less problematic adolescents, and on identifying subgroups showing specific combinations of risk factors. In studying risk and promotive factors, we used information from treatment documents and interviews and questionnaires administered with the adolescents (N = 164) and group care workers at admission. Results show that many of these adolescents report multiple dynamic risk factors in both an individual and contextual domain, but that there are also adolescents with relatively few risk factors. Both substance abuse and delinquent friends were among the five most prevalent risk factors and predicted the seriousness of the adolescents' delinquent behavior prior to admission. The four groups that were found by cluster analysis could be distinguished by the seriousness and type of problems. The findings indicate that treatment for some adolescents should be mainly focused on their individual needs, while other adolescents need intensive, multimodal treatment focusing on both risks in the individual, family and peer domain.

Chapter three offers a review of what is currently known about one of the core aspects within the black box of residential care: the relationship between young people, their parents and residential staff (i.e., especially group care workers and teachers). The review is based upon an extensive literature search for (inter)nationally conducted empirical studies of this topic covering a period from 1990 up to February 2011. In describing the findings, we both focus on interactional processes between young people and staff, and parents and staff. A majority of studies in the review shows that the development of a positive relationship between young people and care workers during residential care predicts positive outcomes. However, no information on the relationship between clients and teachers was found. Problems in developing a relationship are related to the behavior of the young people during care, such as poor motivation and interpersonal behavior problems, and to characteristics of the residential care context, such as a controlling approach applied

by care workers in their contact with some young people. A limited amount of information about the relationship between parents and care workers indicates that this relationship is important for the process and outcomes of residential care. We concluded this review by recommending more research into what actually happens "on the ground" in residential care. By doing this type of research, knowledge concerning interactions and other care processes within the black box can be increased and used for making improvements to residential youth care.

Because young people in secure residential youth care often show a lack of motivation for treatment, the relationship between young people and staff seems to be particularly important in this care context. Therefore, **chapter four** reports on an empirical study of the quality of the client-staff relationship for a group of 135 adolescents in secure residential care. Besides assessing the client-staff relationship, an important additional aim of this study is to identify factors that are associated with a positive relationship. Because both group care workers and teachers interact with the young people on a daily basis, we defined the client-therapist relationship in secure residential care as the relationship between group care workers and adolescents, as well as between teachers and adolescents. The results show that adolescents, group care workers and teachers experience a limited affective bond in their relationship two months after the adolescents' admission. The adolescents do tend to use group care workers and teachers as a secure attachment figure, which suggests that an affective bond is no precondition for the adolescents to experience staff as a secure base. The main predictors of a good quality relationship are the positive treatment skills of both group care workers and teachers. These findings point to the need for training and supervision of group care workers and teachers so that they will be better prepared for working with these adolescents.

In **chapter five**, we present a review of research studies concerning outcomes of residential youth care published in the period 1990-2005. Aim of the meta-analysis is to see if residential care is an intervention that can contribute to the positive development of youth with serious behavioral and/or emotional disturbances. The application of strict inclusion and selection criteria yielded 27 pre- and quasi-experimental (PE and QE) studies covering the development and outcomes for 2.345 young people. Since there is variation in the outcome measures, we give an integral overview of all the individual effect sizes in the studies. For seven studies with a PE-design it was possible to calculate an overall effect size. The weighted mean effect sizes for these studies ranged from .45 for internalized problem behavior to .60 for externalizing problem behavior and behavior problems in general. Residential programs applying behavior-therapeutic methods and focusing on family involvement show the most promising short term outcomes. We conclude this chapter by noticing that there is very little evidence on long term outcomes of residential care and that many studies lack a specific description of the residential intervention program. In line with chapter three, we suggest that outcome studies should contain a better

description of what a residential intervention program exactly entails. These studies should contain information about whether the practice of the intervention is the same as what one describes or intends to do (i.e. treatment integrity) and, if possible, apply research designs that provide explanations of *why* programs work, rather than merely descriptions of outcomes.

Since other type of outcomes than recidivism, such as treatment satisfaction and change in adolescents' behavior during care might give more insight into the process of care, the aim of **chapter six** is to assess these outcomes of secure residential care. Another aim of this empirical study is to identify whether the adolescents' motivation for treatment and the adolescent-staff relationship are associated with these outcomes, because studies suggest that these are important factors affecting outcomes of care. The chapter contains two sub studies, because we used different subsamples. The first study focuses on changes in adolescents' treatment motivation (n = 22) and competence skills (n = 27) during care. The second study focuses on adolescents' satisfaction regarding the care process (n = 51). The results show, in contrast to our expectations, that adolescents' competence skills do not change from admission to departure. However, adolescents do report a positive change in their motivation for treatment from admission to departure. The adolescents' treatment satisfaction was only just sufficient, which indicates that it is necessary to improve the secure residential care process. Since both a higher motivation for treatment level of adolescents at admission and a positive adolescent-group care worker relationship were associated with more treatment satisfaction, outcomes might be improved by a more clear focus on increasing adolescents' treatment motivation and the quality of the client-staff relationship during secure residential youth care.

Chapter seven offers a review about the current knowledge of aftercare services, because adolescents often have problems in their situation after leaving residential care and aftercare services are believed to be able to improve this situation. Although aftercare is recognized as an important aspect of residential youth care, there are indications that the provision of aftercare support is lacking in practice. Therefore, we examined what is known about the outcomes of services and professional support that young people receive after leaving residential care on the basis of empirical studies that were carried out (inter)nationally from January 1990 up to March 2010. Studies focusing on the outcomes of aftercare services show that aftercare can have positive outcomes. However, the strength of the evidence is limited because of the weak evaluation methodology in the studies. Young people completing aftercare programs tend to show better outcomes than young people leaving aftercare prematurely. Furthermore, the severity of the youth's problems is often associated with aftercare service use. None of the outcome studies focused on both youth and their families in aftercare programs following residential care, despite the fact that family-focused aftercare can especially improve long term outcomes of residential

care. The results point to the need for more good quality research to make clear which aftercare services are successful for whom after leaving residential care.

Chapter eight empirically examines whether and how aftercare services and other factors in the context of adolescents that have left secure residential care are associated with outcomes one year after departure. Because outcomes of secure residential care are often viewed in terms of delinquent behavior and rarely in terms of other relevant outcomes, we assessed the adolescents' quality of life, living conditions, and the functioning of their social context (i.e., family and friends). To assess these outcomes, we have collected data for a relatively small subsample of adolescents at admission and one year after leaving secure residential care (n = 26). We have additionally collected data on recidivism one year after departure for a larger sample (N = 199). Results from admission to one year after departure indicate an overall decrease in the adolescents' problem behavior and delinquent friends. One year after departure, the adolescents report to be less satisfied about their financial situation, living arrangements, leisure time and social participation than before admission. Most of the adolescents report to receive support after leaving secure care. However, the receipt of services directly after departure (being aftercare-as-usual or specialized family-focused services) does not predict positive outcomes in terms of recidivism. Younger adolescents who do not show delinquent behavior are significantly less likely to show delinquent behavior after departure than older adolescents who do show delinquent behavior prior to admission. The results suggest that moderately positive outcomes can be achieved for some adolescents, but that delinquent behavior is an important opposing factor.

Chapter nine summarizes the most important findings of the studies that are presented in chapters two through eight. It first comprises an overall discussion of the main findings that are described in the different chapters. Next, this chapter includes a discussion of the limitations and strengths of the present study. This chapter also describes several recommendations for both the field of research and practice that emerge from the findings. We suggest among others that more research into (outcomes of) specific interventions that are aimed at adolescents' individual problems and applied in secure residential care should be carried out. Research from both our study and other studies suggest that interventions which are focused on treatment, such as skills training and counseling, are associated with better outcomes than interventions that are mainly based on control and coercion, such as discipline and punishment. For the field of secure residential youth care practice, we suggested for example that staff, and especially group care workers and teachers, should receive (more) sufficient support in their contact with young people and parents. This can be done by training, coaching, supervision and working with treatment protocols. The support needs to be focused on specific situations, such as interactions with "difficult" young people who show oppositional behavior problems or do not react to attempts by staff to establish contact during care. Moreover, the staff support should include a

focus on the development and persistence of skills to provide a basic therapeutic climate of firm, but not harsh, control in combination with consistent, but non-obtrusive, emotional support for the young people. This final chapter is concluded by pointing out that both attention for characteristics of the clients and the care process are important for improving the outcomes of (secure) residential youth care. By paying more explicit attention to the characteristics and perspectives of young people and their parents on the one hand and treatment skills and support of staff during residential care on the other, more adequate secure residential treatment can be realized.