



Effectiveness of Multisystemic Therapy for gang-involved youth offenders: One year follow-up analysis of recidivism outcomes

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ABSTRACT

The objective of this investigation was to examine the longer-term (12 months post-discharge) outcomes of gang involved and uninvolved youth who were referred for Multisystemic Therapy by their local justice authorities. This is the first systematic investigation of longer-term outcomes for gang-involved youth in treatment. From an initial sample of 421 youth, we applied an intent-to-treat analysis to 409 youth with available recidivism data (97% retention). We analyzed data on re-arrests using nonparametric and event history analytic methods. Overall, we observed a re-arrest rate of 30%. This rate did not differ significantly as the function of gang involvement (gang re-arrest: 35%; nongang re-arrest: 29%). We also observed no significant differences between gang and nongang youth in the numbers of re-arrests, nor in the time to arrest. Although gang youth had higher rates of violent arrests (18%) than did nongang youth (13% overall), this difference also was not statistically significant. This first study examining longer-term impacts of treatment for gang-involved youth suggests that evidence-based intervention can be effective in this population. Future research is needed to examine whether there are particular components of or different approaches to intervention necessary to support positive change among gang-involved youth.

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1. Introduction

So long as juvenile crime persists, the development, validation, implementation, and dissemination of effective interventions for juvenile offenders will be on the agenda for clinical and social service providers. The target population for this agenda is quite large: recent reports indicate that up to 31 million youth in the US are receiving some form of correctional supervision (Puzzanchera & Hockenberry, 2013). At present there are several intervention approaches for juvenile offenders that have been categorized as “promising,” “evidence-based,” “efficacious,” or “best-practice” by a variety of evaluative authorities including federal agencies (e.g., US Office of Juvenile Justice and Delinquency Prevention) and university policy/research teams (e.g., University of Colorado’s Blueprints Program). These designations have emanated from meta-analytic as well as narrative and conceptual reviews of available evidence (Boxer & Goldstein, 2012; Henggeler & Schoenwald, 2011; Lipsey, 2009). Yet no approach has been identified through typical evidentiary review procedures by recognized authorities as effective for reducing problem behavior or improving functioning for gang-involved youth (Boxer & Goldstein, 2012). In fact, recent studies suggest

that involvement with gangs diminishes the short-term effectiveness even of a recognized best-practice intervention (i.e., Multisystemic Therapy [MST]; Boxer, 2011; Boxer, Kubik, Ostermann, & Veysey, 2015).

In this investigation, we extend our earlier research on the short-term effects of MST (see Boxer, Kubik, et al., 2015) to explore whether gang involvement increases the likelihood and frequency of recidivism (i.e., re-arrest) among youth offenders referred for MST (about 23% of whom we classified as gang-involved). Our prospective study drew data from routine service delivery in the field. Cases were assessed at service intake for gang affiliation and followed for one full year beyond service discharge. We examined arrest rates, frequencies of arrest, and time to first arrest. We consider the implications of our methods and findings regarding the advancement of interventions for justice-involved youth.

1.1. The need for interventions targeting juveniles in gangs

Despite some recent, slight declines, gang activity remains widespread in American society, with about 30% of all US law enforcement jurisdictions reporting gang presence and about 16% of US secondary school students reporting gang presence in their schools (Dinkes, Kemp, Baum, & Snyder, 2009; Egley, Howell, & Harris, 2014; Robers, Kemp, Rathbun, Morgan, & Snyder, 2014). In comparison to youth who are not gang-involved, gang youth tend to exhibit very high levels of violent and nonviolent antisocial behavior, and possess a greater

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degree of both personal and contextual risk (Barnes, Beaver, & Miller, 2010; Dishion, Véronneau, & Myers, 2010; Howell & Egley, 2005). Gang-involved youth also show higher levels of problem behavior as well as personal-contextual risk than do other antisocial youth who are not gang-involved (Boxer, Veysey, Ostermann, & Kubik, 2015). The deleterious consequences of gang involvement for youth appear to last well into early adulthood (Augustyn, Thornberry, & Krohn, 2014; Decker, Pyrooz, & Moule, 2014). All of these data points have led federal justice and health agencies to place the prevention of youth gang membership onto the national policy, research, and practice agenda (Simon, Ritter, & Mahendra, 2013).

The risk factors that lead youth to join gangs, such as social-economic disadvantage, parental absence or abuse, and difficulties in school, are essentially the same set of risks that predict antisocial behavior more broadly but appear to be more intense in gang-involved youth (e.g., Boxer, Veysey, et al., 2015; Hawkins et al., 2000; Howell & Egley, 2005; Huizinga, Lovegrove, & Thornberry, 2009). However, whereas the consequences of antisocial behavior are cast almost exclusively in negative terms, scholarship on gangs has shown that gang affiliation can lead to important positive outcomes for youth – such as self-esteem, social connectedness, and safety (Boxer, 2014; Brown, Hippensteele, & Lawrence, 2014; Lauger, 2012). Thus the treatment of problem behaviors among gang-involved youth might require the same sort of comprehensive approach as usually required for antisocial youth generally, but with greater intensity as well as attention to the positive forces maintaining youths' affiliations to their gangs.

At present, there are a number of well-established intervention programs and practices that are considered “best practice” for treating juvenile offenders as well as other youths exhibiting high levels of conduct problems, aggression, and other forms of problem behavior (for reviews, see Boxer & Frick, 2008; Boxer & Goldstein, 2012; Hoge, Boxer, & Guerra, 2008). Yet none of these programs specifically targets gang-involved youth, and there is only a very thin literature showing the effectiveness of any sort of intervention models for gang-involved youth. This is obviously a striking and problematic gap in the state of our knowledge on helping antisocial youth, many of whom end up in a juvenile justice system that traditionally has not been viewed as offering evidence-based rehabilitative interventions often enough (Henggeler & Schoenwald, 2011). However, it certainly is the case that a handful of these best-practice models (e.g., Multisystemic Therapy; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 2009) represent at least in theory or concept the sort of intensive, multi-factored approach that should be necessary as a minimum starting point to treat gang-involved youth successfully (Boxer & Goldstein, 2012).

1.2. Treating gang-involved youth

Simon et al. (2013) presented several different promising strategies for preventing youth from joining gangs (Simon et al., 2013). Further, evaluations of the ongoing national implementation of the Gang Resistance Education and Training (GREAT) program have been encouraging, showing that GREAT program participation leads to a reduced likelihood of gang-joining as well as increased prosocial attitudes (Esbensen, Peterson, Taylor, & Osgood, 2012). Efforts also are ongoing to improve identification of youth at-risk of joining gangs (Hennigan, Kolnick, Vindel, & Maxson, 2015), and to deliver best-practice treatments to youth in that category (Kearley, Gottfredson, & Thornberry, 2014; Valdez, Cepeda, Parrish, Horowitz, & Kaplan, 2013). Still, there are no documented approaches that have met acceptable evaluative standards for success with respect to preventing or reducing recidivism (e.g., re-arrest) for gang-involved youth.

Our program of research thus far on Multisystemic Therapy (MST) services for gang-involved youth has shown that MST, a program widely recognized for its effectiveness at preventing recidivism among youth offenders generally, seems to be less effective for gang-involved youth specifically. In our first study (Boxer, 2011; $N = 1,341$), when therapists

identified problems at intake with gang involvement, youth were more likely to “fail” out of treatment through lack of engagement or re-arrest. That is, for youth who were involved in gangs, about 62% of cases closed successfully (all treatment goals met). For youth not involved in gangs, about 85% of cases closed successfully. The design of this naturalistic study was limited by a sole reliance on data from closed MST cases provided by a partner clinical agency, and the fact that gang involvement could only be inferred through scans of referral problem summaries.

In our second study (Boxer, Kubik, et al., 2015; $N = 421$), gang involvement was measured more directly through a five-factor classification scheme applied at MST service intake and shortly thereafter, but the results were essentially the same. Along a number of different gang involvement criteria, youth involved in gangs were generally more likely than youth not involved in gangs to “fail” out of treatment. The effect was particularly stark for youth who self-identified as active gang members at intake: about 38% of these cases closed successfully, in comparison to 78% of uninvolved cases.

1.3. The present study

Examining immediate treatment outcomes – success or failure with respect to staying engaged in a full course of treatment and meeting treatment goals – is important given that initial success can lead to lasting positive behavioral changes. However, consideration of meaningful longer term outcomes is critical for documenting whether a treatment actually “works” in the everyday life of a client. Further, designation as a best-practice program by an evaluative authority typically relies on the demonstration of sustained treatment effects over a long period. For example, the Blueprints program requires “model” (highest designation) programs to demonstrate effects over a 12-month period beyond the close of treatment (MST has met this standard in studies of the general juvenile offender population). No studies have examined longer-term intervention effects with gang-involved youth.

The present study extends the second study described above (Boxer, Kubik et al., 2015), using the same sample to consider the longer-term outcomes of MST treatment for gang-involved youth in comparison to uninvolved youth. We utilize data sourced directly from juvenile justice agencies by clinical services staff and spanning intake through 12 months post-discharge. We examine whether participation in MST services to any degree is associated with a reduced likelihood of re-arrest. Following earlier findings in Boxer (2011) and Boxer, Kubik, et al. (2015), we hypothesized that the longer-term effectiveness of MST would be diminished for gang-involved youth relative to uninvolved youth. That is, we expected a greater likelihood and intensity of recidivism among gang-involved youth.

2. Method

2.1. Participants

Participants in this study were drawn from a larger pool of data on 421 youth (69% male; mean age = 15.08 years, $SD = 1.32$; 38% Black/African-American, 18% Latino/a, 34% White, 10% other) and one of their caregivers (68% single-parent headed families; median family income = \$20,000–\$30,000; median highest caregiver education level = high school diploma/GED). Youth were admitted consecutively over a 13-month period to intensive home-based intervention services at a nonprofit youth services agency with clinical sites in 7 different eastern states. All youth were referred by local justice authorities for Multisystemic Therapy (MST; Henggeler et al., 2009) to address their involvement in serious problem behavior. Arrest data were available for 409 youth (97% of initial sample). There were no differences in age, ethnicity, household income, or caregiver education level between youth with and without arrest data; arrest data were more likely to be missing for females compared to males ($5\% \text{ v. } 2\%, \chi^2 [1] = 4.18, p = 0.041$) and

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