MultifunC

Multifunctional Treatment in Residential and Community Settings

Brussel, 2th of May 2017
The MultifunC-project was sponsored by the Ministry of Children and Equality in Norway, The National Board of Institutional Care and Centre for Evaluation of Social Services in Sweden.


3. Implementing the treatment program – MultifunC - in Norway (five units) and in Sweden (two units) (2005-2007). Later also in Denmark. Planned implemented in Iceland.

4. Evaluation of the program (2010-17)
MultifunC is based on research on predictors of antisocial behaviour (risk factors), on the “Principles of Effective Intervention” – Risk, Need and Responsivity and “The Psychology of Criminal Conduct” which is a theoretical explanation of criminal behaviour (Andrews, Gendreau, Cullen and Bonta, 1990; 2006; 2010).

The principles are supported by several meta-analysis (Andrews and Dowden, 2000; Lipsey and Wilson, 1998; Tong and Farrington, 2006; Lowenkamp and Latessa, 2006; 2010, Lipsey, 2007, and other).
Perhaps the most important results from the research is the formulation of:

“Principles of effective intervention/treatment”


Carleton University
Principles of Effective Intervention (Andrews et al., 1990)

**Risk Principle:** Intensivity of intervention should match individual risk level. Use most resources on high-risk offenders (those with many risk factors/needs), and do not mix high and low risk youth!

**Need Principle:** Targets of interventions should be known dynamic risk factors (criminogenic needs).

**Responsivity Principle:** Use methods based on cognitive behaviour and social learning theory, but match the intervention to the individual learning style.
## Major Risk Factors

<table>
<thead>
<tr>
<th>The “Central Eight” Risk Factors</th>
<th>The “Big Four” Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of antisocial behaviour</td>
<td>Antisocial personality pattern</td>
</tr>
<tr>
<td>Antisocial cognition</td>
<td>Antisocial associates</td>
</tr>
<tr>
<td>Family and/or marital</td>
<td>School and/or work</td>
</tr>
<tr>
<td>Leisure and/or recreation</td>
<td>Substance abuse</td>
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</tbody>
</table>
## Need Principle
### Major Risk and Need Factors and Promising Intermediate Targets for Reduced Recidivism

<table>
<thead>
<tr>
<th>Factor</th>
<th>Risk</th>
<th>Dynamic Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Antisocial behaviour</td>
<td>Early &amp; continued involvement in a number antisocial acts</td>
<td>Build noncriminal alternative behaviours in risky situations</td>
</tr>
<tr>
<td>Antisocial personality</td>
<td>Adventurous, pleasure seeking, weak self control, restlessly aggressive</td>
<td>Build problem-solving, self-management, anger mgt &amp; coping skills</td>
</tr>
<tr>
<td>Antisocial cognition</td>
<td>Attitudes, values, beliefs &amp; rationalizations supportive of crime, cognitive emotional states of anger, resentment, &amp; defiance</td>
<td>Reduce antisocial cognition, recognize risky thinking &amp; feelings, build up alternative less risky thinking &amp; feelings Adopt a reform and/or anticriminal identity</td>
</tr>
<tr>
<td>Antisocial associates</td>
<td>Close association with criminals &amp; relative isolation from prosocial people</td>
<td>Reduce association w/ criminals, enhance association w/ prosocial people</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Factor</th>
<th>Risk</th>
<th>Dynamic Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>Key elements are caring, better monitoring and/or supervision</td>
<td>Reduce conflict, build positive relationships, communication, enhance monitoring &amp; supervision</td>
</tr>
<tr>
<td>School and/or work</td>
<td>Low levels of performance &amp; satisfaction</td>
<td>Enhance performance, rewards, &amp; satisfaction</td>
</tr>
<tr>
<td>Leisure and/or recreation</td>
<td>Low levels of involvement &amp; satisfaction in anti-criminal leisure activities</td>
<td>Enhance involvement &amp; satisfaction in prosocial activities</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Abuse of alcohol and/or drugs</td>
<td>Reduce SA, reduce the personal &amp; interpersonal supports for SA behaviour, enhance alternatives to SA</td>
</tr>
</tbody>
</table>

The Treatment Principle

The most effective interventions are behavioural

1. Focus on current factors that influence behaviour
2. Action oriented (practical training)
3. Offender behaviours are appropriately reinforced

The most effective behavioural models are

1. Social learning—practice new skills and behaviours
2. Cognitive behavioural approaches that target criminogenic needs
A systematic review and meta-analysis on the effects of young offender treatment programmes in Europe» (Løsel et al., 2011).

- Behavioural and cognitive behavioural treatments more effective than other types

- Adherence to the principles of risk, need and responsivity (RNR) showed less re-offending than control group
In addition to the work of the researchers from Carleton University, MultifunC is based on research on several other topics that are important in residential treatment:

- Balance between Structure and support (Gold and Osgood, 1992; Brown et al, 1998), control and autonomy (Sinclair and Gibbs, 1998), consider the effects of peer culture (Dodge, Dishion and Lansford, 2006), and the need of re-integration interventions and aftercare, (Altschüler, 2005; Liddle, 2002), fidelity 

- Liddle, 2002: Residential treatment needs to be understood as part of a continuum of services. The quality of the post-treatment environment--particularly relationships with family and non-criminal friends and involvement in school and pro-social activities--are critical predictors of recovery.
Influence of antisocial peers and antisocial peer cultures are important risk factors.

In residential settings an unintended consequence might be that the group might contribute to the development and maintenance of antisocial behaviour, and then to iatrogenic effects of the treatment (Dodge, Dishion and Lansford, 2006).

The risk of negative influence from antisocial peers implies that the period of time used in residential setting should be as short as possibly, and should be linked to community services and aftercare.
How should re-entry or aftercare programs be designed?

Lowenkamp and Latessa (2005):

- This question has already been answered. The core of aftercare programs should follow the basic tenets of effective treatment programs.

- Provide the most intensive aftercare programs to high risk juveniles.

- Target risk factors on several domains; that means the juvenile, family, school or work, leisure time and friends!
Conclusions on what works in residential treatment for juvenile offenders

Do not mix high and low risk offenders:

- Adress both individual and contextual factors (criminogenic needs) including cognition, attitudes, education, peer associations, and family issues.
- Are able to manage serious negatively behaviour (violence).
- Enhance intrinsic motivation through use of constructive communication, such as motivational interviewing.
- Balance between control and autonomy.
- Balance between structur and support.
- Systematic and structured training in social skills.
- Use cognitive behavioural techniques.
- Training in school or work.
- Are linked to community and help establish prosocial contacts.
- Includes aftercare as an integrated part of the intervention.
- Measures performance and use this information for continuous improvement (quality assurance).
A limitation of much of the existing research is that group care residential treatment is seen as a uniform construct (James, 2011).

Most studies do not report on specific group care models, and provide only limited information on the type of group care.

There exists only a few such models (Teaching Family Model and Positive Peer Culture), and there is a need for developing models that are described, and then to evaluate the effects.

And that is what Norway and Sweden have done........
The MultifunC-institutions

- Small units (8 juveniles in each unit)
- Open institutions (non-secure). This does not mean that they are free to go..........
- Located close to community services (school, leisure/recreation activities and communication/transport)

Makes it possibly to establish prosocial contacts, to be in local schools, training in new skills in natural settings, and to maintain contact with family.
• Juveniles with serious behaviour problems (crime, substance abuse, violence, etc.).

• High risk for future criminal behaviour (high total sum of risk factors – static and dynamic)

• Before placement the Risk level is assessed with the risk inventory Youth Level of Service/Case Management Inventory (YLS/CMI)
Youth Level of Service / Case Management Inventory (YLS/CMI):

- 42-item instrument designed to measure risk, need, and responsivity factors in adolescents who have had contact with the justice system.

- It has been validated for use with both males and females between the ages of 12 and 17.
YLS/CMI: Risk domains

- Prior and current offences/dispositions
- Family circumstances/parenting
- Education/Employment
- Peer relations
- Substance abuse
- Leisure/recreation
- Personality/behaviour
- Attitudes/orientation
Treatment Targets

Family:
- Parental skills
- Communication

Peers:
- Decrease antisocial
- Increase prosocial

Juvenile:
- Behaviour
- Skills
- Attitudes

School:
- Attendance
- Skills
- Behaviour
# Treatment process

<table>
<thead>
<tr>
<th>Residential / institution</th>
<th>Community</th>
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<tbody>
<tr>
<td><strong>Inntake</strong></td>
<td><strong>Reintegration / aftercare</strong></td>
</tr>
<tr>
<td>Motivation</td>
<td>Family support</td>
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<tr>
<td>Assesment</td>
<td></td>
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<tr>
<td>Structure</td>
<td></td>
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<tr>
<td><strong>Treatment</strong></td>
<td></td>
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<tr>
<td>Motivation</td>
<td></td>
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<tr>
<td>Focused Treatment</td>
<td></td>
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<tr>
<td>Treatment climate</td>
<td></td>
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<tr>
<td><strong>Transition</strong></td>
<td><strong>Prepare re-entry</strong></td>
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**Duration of residential stay:**
- about 6 months (not fixed)

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

**Focus of treatment**

- Juvenile
- School
- Peers
- Family
For each juvenile there are Treatment teams across all teams including one or several staff from each team.
The treatment milieu:
- Control where this is necessary, but no unnecessary control
- Involvement of the juveniles wherever this is possibly
- Structure, but not unnecessary structure
- Principles from “Core correctional practice” - staff behaviour

Interventions with focus on individual juveniles:
- Motivating for change (based on Motivational Interviewing) and contingency management systems/tocen economy and behavioural contracts
- Behavioural analysis and/or MST’s fit-cirkel
- Aggression Replacement Training (ART)
- Weekly treatment goals and evaluation of progress (intesivity)
Model for Aftercare

- Family team
- Parents
- School or work
- Peers
- Youth
Focus
- Increasing family affection/communication
- Increasing monitoring/supervision skills

Methods:
- Principles from Parental Management Training (PMT) during the residential stay
- Principles from Multisystemic Therapy (MST) during leaves and aftercare
Quality assurance systems

- Written Manuals for each topic (assessment, treatment, aftercare and so on) are included in the treatment model
- Training program for staffs
- Weekly phone-consultations with checklists and discussions with each institution
- Regularly Boosters on specific topics
Both studies are matched control group design studies. The comparison groups are juveniles that are placed in other juvenile Residential treatment centres (TAU). The groups are matched on several factors, including Risk Level based on YLS/CMI.

Both studies access outcome at one year and at two year. In both countries the one year results have been presented. These mainly showed that more juveniles from MultifunC stayed at home after one year, and that twice as many juveniles from the Control group still were in institutions.

The Swedish study for the two year results are also published (but so far only in Swedish). Norwegian study is finished during 2017.
Results so far from the two year results ......

- Juveniles in MultifunC stays much shorter time in Residential treatment than the comparison Group.

- Juveniles in MultifunC had much fewer replacements than the comparison Group.

- MultifunC had better outcome on behavioural outcomes (substance abuse, criminality and conduct problems) than the comparison Group.

- Mean accumulated costs in MultifunC pr. juvenile were much lower than the comparison group because of shorter time in residential placement and fewer replacements.
Further development in Norway

- Divided all institutions to be specialized for different target groups: High risk criminal juveniles, low risk criminal juveniles, substance abusers, and other. This is «harm reduction», less negative peer influence.

- Established a National team to assess all youth with conduct problems before placement. Risk assessment with YLS/CMI by psychologists.

- New assessment at discharge from institutions, makes an «outcome» measure for all youth.
The challenges in treatment of juvenile justice involved youth is not a result of a lack of knowledge. We now have research on best practices.

We have learned about the importance of advancing our work on an ecological platform and to target risk factors on several domains, better connecting youth to family, school and to pro-social peers while utilizing a strength based approach.

The true challenge is not a lack of knowledge of what works, but rather in translating the robust body of knowledge into practice.
We have some guidelines from research, but there is no "Magic Bullet" (Lipsey, 2007)

The End