A Review of Effective Treatment Approaches for Youthful Offenders in Canada.

by

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A thesis submitted to the School of Community Services
in partial fulfillment of the requirements for
the degree of
Bachelor of Applied Arts in Behavioural Psychology

St. Lawrence College
Kingston, Ontario
Canada
April 16th, 2015
Dedication

For my family and friends. Without you, life would not be worth living.
Abstract

Correctional treatments for the rehabilitation of youthful offenders have evolved greatly over the decades. Many correctional interventions and punitive sanctions, including traditional behavioural therapy, incarceration, scared straight programs, and correctional boot camps yielded minimal reductions in recidivism. This raised the question, what treatment modalities or protocols are effective in reducing youthful reoffending? The current literature review was aimed at chronicling the advancement of psychological investigation in the reduction of youthful recidivism in Canada and identifying best-practices based on empirical inquiry. This review also presents recommendations based on effective treatment modalities for St. Lawrence Youth Association. Numerous online databases were utilized to locate relevant articles including Academic Search Premier, ERIC, PsycARTICLES, PsycBOOKS, and PsycINFO. Hard cover copies of relevant resources were found at St. Lawrence College and Queen’s University. Punitive measures including incarceration, boot camps, and scared straight programs yielded results that discourage their use in youthful rehabilitation. Despite the mixed reviews in the past, recent research has suggested that strictly behavioural treatments are associated with positive treatment results in this population. The Risk-Need-Responsivity model has exhibited the greatest influence on youthful recidivism. Furthermore, the Risk-Need-Responsivity model has been identified by numerous researchers as the premier treatment approach for all offender types. The strength-based approach of the Good Lives Model may supplement the Risk-Need-Responsivity’s potency in reducing youthful recidivism. However, the Good Lives Model has, at this time, only been observed to be efficacious in adult sexual offender treatment. Based on the literature, the Risk-Need-Responsivity model should be the most widely used treatment approach for the reduction of youthful offending. The Good Lives Model should be considered as a viable intervention based on its theoretical background. However, the Good Lives Model should be further investigated in a scientific manner to properly assess its overall efficacy in reducing youthful offending since its efficacy has only been validated in adult sexual offenders.
Acknowledgments

**Dr. Karim Nashef:** I am grateful for the numerous hours Dr. Nashef spent revising my work and advising me on this current thesis topic. Furthermore, I am thankful for his input and eye for specific detail which has developed me both as a writer and as a critical thinker.

**Dr. Gary Bernfeld:** First and foremost, I would like to thank Gary for his willingness to help myself and all other students in need. Aside from this thesis, he has always been a valuable member of the BPSYC faculty and has been valued, I hope, accordingly. I greatly appreciate the assistance he provided on this thesis at a second reader capacity and by providing useful resources. Above this, I am grateful for all of the academic guidance he has provided during my undergraduate career.

**Dr. Andrew MacNamera:** Like Gary, Drew is another faculty member whose vast knowledge of behavioural psychology is matched only by his passion for this field. As a result, he has been an invaluable asset to me and my fellow students. While he had no obligation to do so, he spent time to help with my thesis and for that, I am grateful.

**Dr. Tony Eccles:** As my third year supervisor, Dr. Eccles, a forensic psychologist working with sexual offenders, expanded my knowledge of criminal behaviour. In particular, my understanding of sexual offending behaviour and criminal cognitive processes were developed. Dr. Eccles had no reason to help me with this thesis. However, he took time to respond to my request and thoroughly assisted me. I thank him for his helping hand and again for a spectacular third year placement.

**Dr. Robert Rowe:** Similar to Dr. Eccles, Dr. Rowe had no obligation to help me with this report. While busy with his work as an adolescent forensic psychologist and supervising one of my fellow students, he took the time to present his insight into offender rehabilitation and guide my steps when my back was against the wall. For the above statement and by introducing me to the realm of correctional treatment and what constitutes adequate rehabilitative measures in his third year course, I thank him.

**The St. Lawrence College Writing Center:** An underutilized resource at St. Lawrence College, in my opinion, the writing center has helped my refine my writing skills. In particular, Emma Donovan and Jason Boutilier helped revise and edit my thesis during its development. Their efforts have been much appreciated this year in particular, but also for the past three school years.

**Matt Kennedy:** As my agency supervisor, Matt presented a great deal of insight regarding youthful offender rehabilitation. Throughout my practicum, Matt was nothing short of helpful as he was completing his undergraduate thesis just a few short years ago. I look forward to working with him in the future and expanding my knowledge in the rehabilitation of youthful offenders.

**Friends and Family:** My parents and many of my friends provided input from simple APA formatting procedures to editing and revising content. I have too many to thank, but you know who you are who helped me in this regard.
BPSYC Faculty: Although many of the staff was not consulted in the creation of this thesis, the full and part time faculty members deserve my gratitude and the gratitude of my fellow students for the hard work they put into this program.
Chapter I: Introduction

Youth crime has remained a significant social concern for a number of years (Hoge, 2001). In particular, Hoge explained that fear of becoming a target of crime has led some citizens to the belief that that criminal activity should be targeted at an early age to deter future criminal activity. Research has suggested that many parents feel uneasy about the safety of their children in schools (Hoge, 2001). Moreover, some citizens reported that the youth criminal justice system adjudicates youth crime far too leniently (Green & Healy, 2003). Hoge stated that criminal behaviour of youthful offenders lower his/her family’s quality of life, that of the victim, and their own.

While empirical evidence has illustrated that incarceration has, at best, minimal effects on recidivism (Green & Healy, 2003), other concerns regarding this form of sentencing for youthful offenders have surfaced. Among them is the fact that incarceration has a negative effect on wage mobility, which is an individual’s ability to progress in status and salary in the workforce, and a sense of equality (Western, 2002). An additional negative implication of incarceration on youth is the possibility that incarceration can contribute to, or exacerbate, or cause Posttraumatic Stress Disorder (PTSD) symptoms in youthful offenders (Steiner, Garcia, & Mathews, 1997).

Other punitive approaches have been investigated with the hope of reducing future youthful offending. Two prominent punitive measures taken to reduce youthful offending are correctional boot camps and scared straight programs. Despite their popularity in correctional treatment, these punitive measures have been shown to be ineffective in the rehabilitation of youthful offenders (Petrosino, Turpin-Petrosino, & Buehler, 2003; Wilson, Mackenzie, & Mitchell, 2005).

Since the research has not supported the hypothesis that punitive measures, such as incarceration, scared straight programs, and correctional boot camps, are efficacious in the reducing of youth crime, it becomes important to investigate others means for rehabilitation. Strictly behavioural interventions, including contingency management (token economies and point and level systems), have been introduced and have shown some promise in the literature (Gottschalk, Davidson, Mayer, & Gensheimer, 1987). While behavioural treatment has shown some potential in treating this population, at least in the short-term, attempting to identify other means for treating youthful offenders is necessary (Whitehead & Lab, 1989). It should be noted that this meta-analysis is dated as it was conducted in 1989. Countering this argument, Gendreau, Listwan, and Kuhns (2011) concluded in their recent meta-analysis that traditional behavioural intervention can be effective at rehabilitating youthful offending if treatment is delivered as intended.

In response to the need for an efficacious means for reducing youthful reoffending, the Risk-Need-Responsivity (RNR) assessment and treatment model was introduced to better treat this population. This treatment approach is an efficacious model that, when applied correctly, has the capacity to reduce criminal activity (Public Safety Canada, 2014). Further, Ward, Melser, and Yates (2007) described the RNR model as the premier treatment model for all offender types.

Although RNR, with the inclusion of CBT as a theoretical treatment approach, has led to optimistic results, new and potentially superior strength-based approaches have also been introduced into psychological inquiry (Andrews, Bonta, Wormith, 2011). One such treatment model, the Good Lives Model (GLM), a prevalent strength-based approach in current literature (Andrews et al., 2011), will be considered in this project. The GLM provides sound theoretical
strategies that the founders of RNR may not have considered in treatment of offenders, including the attainment of primary goods (Ward, Yates, & Willis, 2011). However, in time and through additional empirical research, clinicians may be able to determine if a shift in attention toward the GLM will be more effective in reducing youthful crime.

Scope of the Thesis

Scientific inquiry is necessary to help identify the most effective treatments for any population. However, this inquiry becomes useless if clinicians ignore the evidence and rely on techniques not supported by empirical studies or which are derived from anecdotal confirmation. Additional research can and should further investigate current trends, and lead to the refinement of existing theories and/or the birth of new theories. At any given point in time, clinicians should consider incorporating theories that have been supported by current research as these practices are evidence-based.

In accordance with the above premises, this literature review will aim to present the following: (a) the psychological investigation of youthful offender rehabilitation since the 1970s; (b) some of the most popular forms of treatment and court-ordered sanctions that have been identified through scientific investigation to be ineffective or even detrimental to youthful offender rehabilitation; (c) research that supports treatment modalities and efficacious interventions; (d) recommendations that are consistent with theory underpinning efficacious research will be offered. In a more specific manner, this literature review highlights the RNR principles, including CBT, as this has been identified as the premier treatment model for offender rehabilitation (Ward et al., 2007). Furthermore, the GLM will be explored as it has shown to be efficacious in the treatment of sexual offenders (Ward et al., 2011). Implications of GLM implementation will also be discussed. Finally, recommendations regarding the implementation of the GLM and the RNR treatment model will be discussed.

Rationale for Current Thesis Topic

This is a suitable thesis topic for SLYA for two reasons. First, evidence-based treatment modalities are critical in clinical practice as shown in research (Andrews, Bonta, & Hoge, 1990; Dowden & Andrews, 1999b; Public Safety Canada, 2014). Effective treatment was highlighted by Dowden and Andrews (1999b) as treatments that adhered to the RNR principles in the rehabilitative process for youthful offenders. Consequently, the effective treatments that adhered to the RNR principles resulted in large effect sizes. Inappropriate treatments resulted in either small or negative effect sizes. Additionally, the historical approach of incarceration and other sanctions including correctional boot camps and scared straight programs have garnered meagre results in the literature in their ability to reduce recidivism (Green & Healy, 2003; Petrosino et al., 2003; Wilson et al., 2005). In accordance with these findings, it is imperative that agencies charged with the task of rehabilitating youthful offenders to integrate the theory underpinning efficacious results into their practices toward rehabilitation. Otherwise, ineffective treatment modalities utilized in everyday practice will likely continue to yield ineffective results. Therefore, this literature review will highlight the most empirically-validated treatments to ensure that the most recent and systematically investigated approaches are drawn from when making future recommendations to the SLYA.
Second, if treatment integrity is not emphasized, the influence of treatment on future behaviour may be compromised. To clarify, treatment integrity or program adherence refers to the degree in which a treatment modality is adhered to. Public Safety Canada (2014) reported that rehabilitative interventions become progressively less potent in recidivism reduction as fewer RNR principles are followed. Therefore, it is not only necessary to utilize the most effective treatment techniques but also to ensure treatment integrity is upheld to the highest degree. Likewise, this literature review will not only highlight efficacious treatment approaches, but also present recommendations drawn from the theory applied in the research that is reviewed.
Chapter II: Method

The methodology for this project involves the development of a literature review commenting on the following areas: demographic, setting, search strategy, and inclusion criteria. The literature review ultimately culminates in recommendations made for the treatment of youthful offenders stemming from efficacious research reviewed.

Demographic and Setting

This literature review examined participants under the age of 18 who were adjudicated in the youth justice system. The participants in the studies that will be examined will have engaged in treatment in a custodial or community setting. Custodial settings that are acceptable for inclusion included open and closed custody and detention facilities. The severity of the participants’ crimes was not taken into consideration for inclusion in this review. Some instances allowed for the inclusion of other studies pertaining to offender participants including adult sexual offenders and adult female offenders.

Search Strategy

Numerous resources were used in the collection of resources for this literature review. First, the author utilized several online databases including: Academic Search Premier, ERIC, PsycINFO, PsycCRITIQUES, PsycEXTRA, and PsycTESTS. Search terms included the following: youthful offenders, juvenile delinquents or juvenile delinquency, treatments, interventions, reducing recidivism, therapies, strength-based approach, good lives model, risk-need-responsivity, Andrews and Bonta, cognitive behavioural intervention, scared straight, youth incarceration, juveniles imprisoned, behavioural programming, best practices, and evidence-based therapies. The reference sections of accumulated resources were also reviewed for additional resources.

In addition to the use of online sources, hard copy records pertaining to the current topic were used. This included resources from public libraries and post-secondary libraries. Specifically, St. Lawrence College and Queen’s University libraries were used to acquire useful books pertaining to the topic of youthful offenders and psychological treatment.

Professors at St. Lawrence College teaching in the Bachelor of Applied Arts in Behavioural Psychology, one behavioural supervisor at the same post-secondary institution, and an agency supervisor in the community were also consulted for additional support in obtaining resources. Resources were obtained from Drs. Gary Bernfeld, Andrew McNamara, Robert Rowe, and Tony Eccles. The thesis supervisor was Dr. Karim Nashef. These individuals were contacted for opinions on this project topic, assistance on general search tactics regarding the names of accomplished researchers or famous studies, and for direct resources.

Inclusion Criteria

The scope of this particular literature review included other literature reviews and research papers, and books on youthful offenders and the approaches to rehabilitation to develop more comprehensive knowledge of this topic. In addition to the general resources, the author of this literature review placed an emphasis on studies with an empirical basis regardless of
research design. This involved descriptive, correlational, experimental, case-studies, qualitative, and meta-analytic research designs.

Since this project aims to chronicle treatment evolution in Canada, there were no strict time frame criteria. However, when commenting on effective treatment approaches and recommendations for such interventions, it was required that resources illustrating their efficacy be published no earlier than the year 2000. One exception is that earlier publications may be used only to build the historical context. After taking the previous respects into consideration, journal articles will be reviewed that comment on treatments concerning the rehabilitation of youthful offenders.
Chapter III: Literature Review and Results

Aspects of Criminal Behaviour

Andrews and Bonta (2006) described three unique yet accurate depictions of criminal behaviour, each with distinct variances in core meaning. In a social context, these researchers defined crime as an unacceptable action that defies the norms of a nation’s culture. From a legal standpoint, Andrews and Bonta claimed that unlawful actions are prohibited by legislation and are punishable under a court of law. However, there lies a deeper meaning when viewed from a psychological or criminological vantage point. Andrews and Bonta clarified that criminal acts are behaviours that are viewed as reinforcing for the perpetrator and ultimately produce loss to some degree in the victim’s life. As such, since crime can be viewed as the victimization of another individual, it can be understood as antisocial in nature.

Green and Healy (2003) and Hoge (2001) explicated that public perception of youth crime suggests that the general public has not been confident in the ability of the youth criminal justice system to deter youth at risk of criminal activity or rehabilitate future youthful offenders to help them avoid recidivism. In accordance with this public perception, it is important for the agencies responsible for youthful offender rehabilitation to integrate evidence-based practices to best treat youths already involved in the system to promote future crime reduction.

Punitive Measures

While punishment in the form of incarceration has been viewed by the general public as the most effective means for reducing youth criminal behaviour, research has shown that the more punitive a measure is, the greater the likelihood that it will actually increase youthful reoffending (Green & Healy, 2003). Paradoxically, a meta-analysis summarizing 111 studies involving adult and youthful offenders concluded that not only did incarceration not have any diminishing effects on recidivism, it was associated with a slight increase in future recidivism (Green & Healy, 2003). A meta-analysis, as defined by Whitehead and Lab (1989), is a research technique that re-evaluates data from original research and compares each study across a common measure. Specifically, Meta-analytic investigations are conducted to calculate effect sizes. Measuring an effect size is the process of statistically calculating the difference in quantifiable size between two groups of data (Coe, 2002). Ultimately, meta-analyses compare and contrast the final results of the studies incorporating identical measures (Whitehead & Lab, 1989).

Overall, Green and Healy (2003) asserted that there appears to be evidence that incarceration is not an effective deterrent for future unlawful behaviour, yet it remains a primary disposition upon adjudication in the youth justice system and conviction in the criminal justice system. Due to the existence of evidence that incarceration is ineffective in reducing future offending, it stands to reason that alternative approaches should be investigated in order to achieve this goal.

While empirical evidence has illustrated that incarceration has, at best, minimal effects on recidivism, other concerns regarding this form of sentencing for youthful offenders have surfaced. Among them is the fact that incarceration has a negative effect on wage mobility, which is an individual’s ability to progress in status and salary in the workforce, and a sense of equality (Western, 2002). Western (2002) concluded that there is strong evidence, in part
demonstrated by his and previous research, that incarceration at the adolescent developmental stage can produce a reduction in their wage by up to 10-20% when compared to others who have not been involved in the youth justice system. Moreover, youthful offenders in Western’s study experienced a reduced rate of wage growth by approximately 30%. This study also asserted that incarceration of youths is often a contributing factor to these youths being in a disadvantaged situation (Western, 2002). Since a lack of work and school satisfaction has been identified as a moderate risk factor to criminal activity (Public Safety Canada, 2014), the effect of incarceration on wages and equality should be taken into consideration by youthful offender rehabilitators.

An additional negative implication of incarceration on youth is the possibility that incarceration can contribute to, exacerbate, or cause Posttraumatic Stress Disorder (PTSD) symptoms in youthful offenders (Steiner, Garcia, & Mathews, 1997). The study assessed male youthful offenders who were sentenced to custody following serious crimes and concluded that 32% of the participants met diagnostic threshold for PTSD, while 20% showed some characteristics. The study concluded that incarceration was the traumatic event for some individuals that appeared to cause their PTSD symptoms. Steiner et al. (1997) also reported that those who met full diagnostic criteria for PTSD and those who were subthreshold exhibited unique symptom profiles including heightened level of distress, anxiety, depression, aggression or a reduced state of restraint, impulse control, and an increase of defence mechanisms including withdrawal from peers and projection. These researchers concluded that incarceration not only may slightly increase recidivism in youthful offenders, but may also increase PTSD symptoms and co-morbid disorders such as Major Depressive Disorder.

In addition to routinely incarcerating youthful offenders, other punitive approaches have been investigated with the hope of reducing future youthful offending. A common approach to addressing youthful offending has been scared straight programs, which originated in early 1970s and were introduced with the intention of deterring youthful offenders or at-risk youth from unlawful acts (Petrosino et al., 2003). That is, the participants were either youths who were formally adjudicated or individuals who had been charged but not formally adjudicated (Petrosino et al., 2003). These programs generally include violent and often sensationalized depictions of jails and prisons in the hope that fear of placement in these institutions would discourage youthful participants from leading a life of crime. The violent depictions included rape, murder, and a low quality of life. Petrosino et al. (2003) reported that after a documentary aired in the United States of America illustrating scared straight programs’ success in deterring youth criminal activity, many American jurisdictions began utilizing this form of treatment for youthful offenders and at-risk youth. Despite this newly found popularity in scared straight programs as a potent deterrent for future youth crime, the results of scared straight programs closely mirrored the aforementioned results of incarceration (Petrosino et al., 2003). For example, Petrosino et al. examined nine studies in which the scared straight programs resulted in a paradoxical trend of increasing recidivism. Although some contend that scared straight programs have some theoretical basis, scientific scrutiny has failed to uphold this claim. Accordingly, available evidence suggests that scared straight programs belong in the camp of ineffective intervention strategies of reducing future youthful offending, along with the approach of incarceration.

Correctional boot camps, another punitive form of treatment for youthful offenders, were first introduced as an alternative to incarceration in 1983 in the state of Georgia (Wilson, MacKenzie, & Mitchel, 2005). Initially, boot camps were introduced for the adult correctional system but were soon integrated into the youth justice system (Green & Healy, 2003).
Traditional boot camps are known for their laborious and demanding agenda including physical labour as a punishment for problematic behaviour (Green & Healy, 2003). Correctional boot camps have been generally modelled after military style boot camps in that staff and participants were required to wear uniforms and follow stringent guidelines (Wilson et al., 2005). The environment is strict and, in many cases, these programs have a ceremony for participants to celebrate passing the aversive conditions which were intended to mould the youthful offenders into prosocial individuals (Wilson et al., 2005). Due to laws in place, correctional boot camps for youthful offenders have a reduced emphasis on the punitive treatment of their participants. Although punitive treatment of participants is still the core of correctional boot camps, it has been reported that some boot camps contain more therapeutic elements including scholastic education, substance abuse counselling, and cognitive therapy (Wilson et al., 2005).

Wilson et al. (2005) conducted a comprehensive literature review analyzing the effectiveness of correctional boot camps on youthful offenders and subsequent recidivism rates in 32 studies. The researchers concluded that correctional boot camps, on average, had no effect on recidivism. Furthermore, mixed reports of this form of treatment’s success suggests that, at least in some instances, correctional boot camps may have a positive effect on recidivism. However, the majority of the cases wherein correctional boot camps appeared to have some positive effect on recidivism also included therapeutic treatment qualities, thereby confusing which independent variable brought about the positive effects. For instance, this finding may be the result of therapeutic programming causing slight positive effects in some of the correctional boot camp studies.

Taken together, punitive measures have yielded minimal reductions in recidivism. Incarceration appeared to, in some cases, increase recidivism, have a negative impact on wage modality and PTSD symptoms of youthful offenders (Green & Healy, 2003; Steiner et al., 1997; Western, 2002). Additional punitive measures including correctional boot camps and scared straight programs were also demonstrated to be ineffective in rehabilitation (Petrosino et al., 2003; Wilson et al., 2005). That is, these punitive approaches had a marginal positive effect on recidivism.

The Development of the “Nothing Works” Theory

Martinson (1974) was feasibly the most prominent account in favour of correctional treatment’s lack of ability in reducing youthful recidivism. Please note that correctional treatment is defined as rehabilitative techniques aimed at the reduction of recidivism including behavioural intervention. Behavioural interventions are treatment techniques based on operant conditioning and designed to systematically suppress or increase identified target behaviours (Miltenberger, 2012). Behavioural techniques comprise a wide variety of strategies that include modeling, differential reinforcement, social skills training, and behavioural contracting. However, for the purpose of this project, contingency management (CM) programs will be greater emphasized in the current literature review as per agency request (St. Lawrence Youth Association or SLYA). Token economies are the most common CM program (Gendreau et al., 2011). They are defined by Miltenberger (2012) as a behavioural technique used to reinforce (i.e. increase) adaptive behaviour and to decrease problem behaviours in a structured and educational environment. Tokens, which can later be exchanged for tangible reinforcers, are presented immediately following a desirable behaviour to increase the likelihood of that target behaviour recurring. Miltenberger also proposed that a response cost system can be
implemented that results in a loss of tokens for the display of inappropriate behaviour. Another commonly recognized CM program is the point or level system. Mohr, Martin, Olson, Pumariega, and Branca, (2009) reported that the history of level systems is unclear in the literature, but appears to have been inspired by token economy principles. In a level system, clients are awarded points that are accumulated over time (VanderVen, 1995). Once a client has enough points, he/she can advance to the next level of reinforcement. VanderVen (1995) reported that each level in this intervention approach presents a new set of reinforcers for the client. Similarly, in token economies, response cost for inappropriate behaviour is typically incorporated in level systems. In this context, problem behaviours exhibited by participants can result in loss of current level and returned to a lower level with less reinforcers and privileges.

Martinson’s (1974) report ultimately shaped the premise that “nothing works” in correctional rehabilitation. Martinson compiled an impressive number of studies regarding correctional treatment and recidivism. His final conclusion was that rehabilitative methods had neither a positive or negative effect on the reoffending rates of convicted offenders. Despite reviewing studies that included psychological measures and behavioural therapies, the resounding conclusion inevitably was that rehabilitative measures were inefficacious measures for treating offenders. As a result, this idea became popular in sociological and criminological fields to explain that criminal behaviour cannot be averted (Miller, 1989). Furthermore, Miller (1989) stated that since there was a significant increase in major crimes between the years 1963 and 1973, this theory that “nothing works” gained additional backing and renewed the desire to introduce punitive measures to deal with criminal conduct.

Despite the widely accepted premise that rehabilitative approaches were ineffective at reducing youthful offending, some researchers demonstrated that strictly behavioural interventions elicited clinical promise in the treatment of youthful offenders (Gottschalk et al., 1987; Whitehead & Lab, 1989). Researchers began compiling reviews containing empirical research in the 1970s to properly assess the strictly behavioural techniques in the rehabilitation of youthful offenders (Gottschalk et al., 1987). Prominent studies on youthful offenders concluded that behavioural treatment was associated with positive results (Stumphauzer, 1971; Stumphauzer, 1978). Positive results have been defined as an increase in in-program target behaviour (Gottschalk et al., 1987). This will be further explained in the direct discussion of Gottschalk et al.’ (1987) meta-analysis. A limitation of some behavioural studies was a lack of sound methodology (Davidson & Seidman, 1974; Emery & Marholin, 1977). Davidson and Seidman (1974) identified two major methodological errors in behavioural research. First, of the studies compiled, 82% of these experiments did not include a control group. Second, 59% of the empirical inquiries had sceptical levels of stability regarding baseline data prior to implementation of behavioural procedures (Davidson & Seidman, 1974).

In addition to the methodological weaknesses illuminated by Davidson and Seidman (1974), Emery and Marholin (1977) reported that some behavioural studies also lacked follow-up data. Emery and Marholin asserted that since therapeutic changes should persist beyond intervention to promote a sense of generalization, follow-up measures should be included to demonstrate whether the intervention transferred into real world applications. Furthermore, these authors argued that since follow-up data was not emphasized or even collected in some cases, recidivism was also not assessed in these instances. In other words, behavioural researchers were largely interested in in-program behaviours and dependant variables, such as cognitive ability or appropriate behaviour in artificial settings, to the detriment of measuring recidivism (Whitehead & Lab, 1989). While evaluating other in-program variables may be
advantageous in some respects, such as the increase of quality of life of participants, the primary measure, recidivism, has not been the emphasis of research in rehabilitating youthful offenders in behavioural research according to Whitehead and Lab (1989).

Owing to this limitation, researchers began conducting meta-analyses for studies that measured recidivism (Gottschalk et al., 1987). Gottschalk et al. (1987) concluded in their meta-analysis that behavioural interventions most often had a positive effect on in-program behaviours for youthful offenders which included recidivism, self-reported delinquency, program behaviour, academic performance, social behaviour, attendance, attitude, self-esteem, global adjustment, and cognitive measures. In this context, positive effects have been defined as an increase in appropriate behaviour pertaining to the above variables. For example, reasoning skills pertaining to the cognitive variable in participants appeared to increase as a result of the behavioural intervention. Across all variables, with the exception of recidivism, Gottschalk et al. concluded that behavioural techniques brought about positive effects. However, a positive effect was not observed in recidivism. This study provided further evidence that behavioural treatments for youthful offenders have a promising influence on in-program measures, but have yet to reduce reoffending rates to a degree of clinical significance (Whitehead & Lab, 1989).

Whitehead and Lab (1989) conducted a meta-analysis to determine if correctional treatment was clinically significant in the treatment of youthful offenders. These researchers maintained that their meta-analysis did not present support for behavioural interventions as a viable treatment approach for youthful offenders. Whitehead and Lab asserted that behavioural and non-behavioural interventions displayed contradictory results. Some behavioural interventions had positive effects on recidivism. Whitehead and Lab concluded that although these specific interventions displayed a reduction in recidivism, the likelihood of participants reoffending appeared to increase following the treatment. That is, during treatment, the risk of reoffending appeared to decrease. However, once treatment had concluded recidivism rates of the treatment groups were not significantly altered as a result of behavioural intervention. The conclusions of this meta-analysis supported the claims made by Lipton, Martinson, and Wilks (1975), Wright and Dixon (1977), and Sechrest, White, and Brown (1979) that correctional treatment, including behavioural techniques, were not effective in treating youthful offenders. Moreover, Whitehead and Lab echoed the conclusion by Gottschalk et al. (1987) that behavioural interventions have not reduced recidivism in the long-term to a significant extent. In closing, Whitehead and Lab’s study suggested that other approaches toward the reduction of recidivism should be explored. As a result of Martinson (1974) and Whitehead and Lab’s work years later, it became popular opinion that rehabilitative measures should be abandoned and punitive approaches should take precedence as a consequence for criminal behaviour.

**Point and level systems.**

In addition to the conclusions presented regarding behavioural interventions prior to the twenty-first century, as per the request of SLYA, the efficacy of point and level systems will be investigated as an intervention in the treatment of youthful offenders. As a reiteration, SLYA has modified its treatment approach from a level system to a more strength-based approach. While there are a myriad of studies regarding token economies in the literature (Allison, Kendall, & Sloane, 1979; Bassett, Blanchard, & Koshland, 1975; Hobbs & Holt, 1976), less in the way of empirical evidence to support the use of level systems (Mohr et al., 2009). Furthermore, the U.S. Department of Health and Human Services (1999) reported that there is an inadequate amount of
research to demonstrate any form of efficacy regarding any population with the use of level systems when compared to token economies. In accordance with this premise, this project will evaluate the rationales offered by researchers regarding the efficacy of level systems as a treatment modality. Moreover, due to the limitations faced by the current author, some of the few studies that do exist pertaining to youthful offenders and level systems could not be retrieved.

Mohr et al. (2009) clarified that it is difficult to know when to reinforce a target behaviour, how to reinforce a target behaviour, and what target behaviour(s) should elicit reinforcement. To clarify, a reinforcer is the reward presented by a clinician or front-line staff to a client in response to the client exhibiting a target behaviour (Miltenberger, 2012). Reinforcement is the stimulus that serves to strengthen the likelihood of a behaviour reoccurring (Miltenberger, 2012). Miltenberger (2012) highlighted four predominant factors that impact the effectiveness of a reinforcer. First, reinforcement is at its greatest potency when it is presented immediately after a desired behaviour (Miltenberger, 2012). However, Mohr et al. rightly pointed out that in many cases, points that progress the client to the next level are not rewarded immediately. VanderVen (1995) reported that formal assessment of points can be as few as once per day. Since points are not rewarded immediately, confusion can easily ensue for the participant in regards to understanding what desired behaviour they demonstrated that earned points in the first place (Mohr & Pumariega, 2004). Taken together, staff’s inability to properly reinforce a behaviour is ultimately a concern of treatment integrity. That is, it is the responsibility for the agency to adequately train front line staff if a point system is to be successful.

Miltenberger (2012) identified contingency as another critical factor in determining the effectiveness of a reinforcer. That is, reinforcement should only be presented when a positive behaviour is exhibited by the participant. Furthermore, presenting reinforcement for the absence of a problem behaviour can result in an antagonistic effect (Miltenberger, 2012). For example, if a staff member presents reinforcement for the absence of a target behaviour, the absence of the target behaviour will not be more likely to occur but rather the behaviour that was being exhibited will likely increase in likelihood of reoccurring. Again, treatment integrity is the primary difficulty faced here as it is important that staff understand that only the presentation of a positive behaviour should elicit reinforcement.

Another characteristic that contributes to the efficacy of a reinforcement program, such as a level system, is attention to individual differences (Miltenberger, 2012). Individual differences in the behavioural context suggest that reinforcers should vary from client to client. A wide variety of reinforcers helps to ensure that each individual can benefit from this form of treatment. The primary issue with this component is that agencies would be required to expand the list of reinforcers list to ensure that all participants receive rewards that they find reinforcing for appropriate behaviours (VanderVen, 1995). In other words, a wealth of money is required to adequately satisfy the appropriate behaviours in a wide variety.

The final facet that can affect the influence of a reinforcer is the magnitude of the reinforcer (Miltenberger, 2012). This principle states that the intensity of the reinforcement is reflected in the strength of the reinforcer presented. For example, a client who is an avid card collector will likely be more reinforced for a deck of cards than a colouring book. However, based on individual differences, some individuals who participate in level system treatments are incapable of meeting the standards required to increase in levels (Mohr, & Pumariega, 2004). That is, many individuals who are involved in the youth criminal justice system display a wide
variety of individual differences, such as dissimilarities in criminogenic needs, cognitive abilities, social skills, and mental health struggles (Andrews & Bonta, 2006). Therefore, since many level systems are implemented with static and inflexible criteria for advancement, the individual differences of the clientele is not taken into account.

Level systems that do not provide flexible criteria to cater to the individual differences of individual participants is ineffective for one primary reason: there are participants who exhibit cognitive delays or other concerns that make it very difficult to meet criteria to advance to even the second level (Mohr, & Pumariega, 2004). Over time, these individuals may appear to fail to progress toward a higher level, even to a minute degree (Mohr, & Pumariega, 2004). This phenomenon is sometimes referred to as learned helplessness (Karoly, 1982). Karoly (1982) asserted that learned helplessness is dependent on an individual’s self-efficacy regarding a specific task in a certain set of circumstances, and develops through repeated failures. The result of these repeated failures is that, reinforcement is withheld from the subject. Although the length of time depends on the individual, the subject will inevitably cease effort to obtain reinforcement when they arrive at the conclusion that they are powerless to complete the requisite task (Karoly, 1982).

Hiroto and Seligman (1975) conducted a study that illustrates how learned helplessness can be observed in university students. Participants in the treatment group were exposed to a loud noise, but were able to silence the noise by pressing a button four times. Conversely, participants in the control group were presented with the same noise, but any buttons pushed that had no effect on the noise. Immediately following this trial, both groups were presented with a loud noise. In order to silence the noise, participants merely had to slide a knob back and forth once. Participants in the treatment group were far more likely to attempt to silence the noise in the second trial than the control group. Hiroto and Seligman maintained that, after the first trial, many participants in the control group developed a learned helplessness and, therefore, refrained from further attempts to cease an aversive stimuli.

Many level systems contain unchanging criteria for advancement in levels (Mohr, & Pumariega, 2004). Since there are many individuals in treatment settings, including youth detention and custody settings, and with a wide variety of individual differences, some will inevitably struggle more to progress than others (Mohr, & Pumariega, 2004). Additionally, Freeman (2009) stated that the goals in a behavioural intervention should be obtainable by individual strengths; however, this is not the case in some level systems. In theory, the participants will be extrinsically motivated if they are capable of obtaining tangible reinforcers for the desired behaviour. Moreover, the participants will be intrinsically motivated if they attain the natural reinforcement of completing a task. If the objectives in the behavioural treatment are too complex they will inevitably develop a sense of learned helplessness as a result of being deprived of intrinsic and extrinsic motivation. Therefore, since many level systems do not take into account that some individuals are unable to progress as intended, Freeman elaborated that these individuals will eventually learn helplessness.

While it is problematic that participants present a myriad of individual differences that make it difficult for them to advance, this again may be a concern due to poor program adherence. Due to individual differences, it would be more effective for personnel to individualize the criteria necessary to advance in levels rather than make criteria consistent across all participants. Stated differently, the criteria for advancement in levels should be tailored to individual characteristics.
Based on the previously mentioned literature, a validated drawback to point and level systems remains that providing a wide variety of reinforcement for appropriate behaviour can incur a wealth of costs on treatment agencies (VanderVen, 1995). Additional pitfalls of point and level systems include: (1) points in level systems are not rewarded immediately following appropriate behaviour which may confuse the participant (Mohr & Pumariega, 2004); (2) reinforcement presented in the absence of a problem behaviour is more likely to reinforce the behaviour being exhibited by the participant rather than reduce the future occurrence of the problem behaviour (Miltenger, 2012); (3) as level systems have a certain standard that all clients must meet to advance to the next level, individual differences do not seem to be of primary concern (Mohr & Pumariega, 2004). However, while these arguments have been identified in the literature as the primary drawbacks of level systems, it has also been recognized that these difficulties may be a result of poor treatment integrity (Bernfeld, Farrington, & Leschied, 2001). Since there has been literature to counter the claims made against point and level systems, behavioural intervention, and correctional treatment in a cumulative sense for youthful offender rehabilitation, the following section will look to critique such critical assertions and the once commonly accepted “nothing works” philosophy.

Critique of the “Nothing Works” Debate

Although there was a great influence from Martinson (1974) that spawned the premise that correction treatment was ultimately ineffective in youthful rehabilitation, there are limitations to such an assertion that have been identified in the literature. First, the use of recidivism as the primary measure of program success is a limiting factor (Miller 1989). According to Miller (1989), individuals who reside in certain communities have a greater likelihood to become a recidivist than offenders in other geographical areas. Furthermore, criminal statistics may vary based on definitions of recidivism. That is, recidivism may be defined by re-arrest, charges, or re-convictions based on the location of criminal activity. Additionally, self-reports may be utilized if official records cannot be obtained. Taken together, there are methodological concerns with utilizing recidivism as a predominant program measure.

In addition to the concerns faced with recidivism as a measure of program success, researchers in favour of rehabilitative methods asserted that these approaches were difficult to gain acceptance due to the “nothing works” movement. Therefore, psychological programming was not typically supported by correctional agencies and policy makers (Bernfeld et al., 2001). Bernfeld et al. (2001) asserted that since the inception of Martinson’s (1974) conclusion that rehabilitative approaches are futile, support for incarceration grew accordingly. Consequently, clinicians were faced with difficulty in persuading policy makers and agency managers to implement psychological programs that would greatly reduce recidivism when compared to punitive approaches.

Bernfeld et al. (2001) also asserted that psychological rehabilitative programs that were evaluated in Martinson (1974) and Whitehead and Lab (1989) appeared to suffer from poor program adherence. That is, treatments that were shown to have high treatment integrity had greater positive effects than interventions that had low treatment integrity. Moreover, treatments that integrated continual monitoring to ensure treatment was implemented as intended. This finding demonstrates that the notion that “nothing worked” was a product of numerous studies that were not implemented accurately. Therefore, Bernfeld et al. concluded that treatment
integrity was and likely will always be a challenge in implementation of best-practices in the rehabilitative field.

To supplement the assertions made by Bernfeld et al., (2001), Gendreau et al. (2011) discovered in their recent meta-analytic investigation that behavioural treatments demonstrated large effect sizes in all treatment targets related to criminal behaviour (i.e. antisocial attitudes). This study’s findings suggested two factual specifics regarding implementation of behavioural intervention: (1) traditional behavioural therapy has been associated with a high level of efficacy in the rehabilitation of youthful offenders; (2) treatment adherence was of vital importance for the success of these programs. This will be expanded on in a later section.

A final limitation of the “nothing works” movement was presented by Pratt, Gau, and Franklin (2011). Pratt et al. asserted that Martinson (1974) and other researchers may have presented a compelling case that correctional treatment yielded ineffectuous results at first glance. However, these researchers did not specify why the previous treatments were unsuccessful. Pratt et al. stated that the critiques Martinson presented may not be complete since treatment procedures may not have been adhered to in many of the studies analyzed. Therefore, it would stand to reason that an onlooker of Martinson’s work should observe and report what specific characteristics of psychological intervention did yield positive results in recidivism reduction and in-program behaviour in the past decades as opposed to viewing all results as a whole.

In accordance with this idea, the following sections of this current literature review will highlight the literature that scientifically supports the use of psychological programming in rehabilitating youthful offenders. In particular, the remainder of this current literature review section will highlight the high level of efficacy associated with both cognitive and behavioural therapies, CBT, and the RNR treatment model for treating this forensic population.

**Cognitive-Behavioural Treatment**

Whitehead and Lab’s (1989) meta-analysis reflected the conclusions of researchers including Lipton et al. (1975), Wright and Dixon (1977), and Sechrest, et al. (1979) that correctional treatment with the inclusion of behavioural treatments was, in most cases, ineffective in reducing recidivism rates in the youthful offender population. In response to the assertion that correctional programming was ultimately ineffective, researchers began to examine cognitions as a treatment target (Izzo & Ross, 1990). In short, Ross, Fabiano, and Ewles (1988) reported cognitive therapies should address deficits in social intelligence and problem solving skills, and the presence of cognitive distortions, seen in many youthful and adult offenders.

Wright, Basco, and Thase (2006) explained that at its core, cognitive therapy is a psychological treatment modality aimed at adjusting cognitive distortions and emotional dysregulation thereby altering behavioural patterns. A cognitive appraisal is the interpretation one makes of an event that occurs in their life (Wright et al., 2006). The cognitive model asserts that behaviours and feelings are the result of cognitions; cognitive appraisals of situations thusly become highly influential in one’s quality of life. The aim of cognitive therapy is to alter cognitive distortions that sustain or result in maladaptive or problematic behaviours and emotions (Wright et al., 2006). The process is understood as a collaborative empiricism wherein clinician and client are co-investigators of the client’s difficulties (Beck & Weishaar, 2005).

Ross et al. (1988) conducted a study on both youthful and adult offenders comparing cognitive therapies with regular probation and a Life Skills treatment approach. The latter
included education on money management, leisure activities, criminal law, employability skills, job searching skills, and substance abuse (Ross et al., 1988). Nine months following treatment, 69.5% of individuals in the control group reoffended, 47.5% of participants in the Life Skills group reoffended, while only 18.1% of the offenders in the cognitive therapy reoffended. Moreover, seven were incarcerated in the regular probation control group, two were incarcerated in the Life Skills group, and none faced incarceration in the cognitive therapy treatment group. Ross et al. emphasized the importance of staff training and clinical competence for successful treatment. Probation officers facilitated each of the control group and the treatment group in this study. To ensure treatment integrity, clinicians thoroughly trained probation officers and closely supervised them during intervention implementation. Overall, Ross et al. reported that cognitive therapy was effective in reducing recidivism rates in youthful and adult offenders.

In a meta-analysis investigating the effects of cognitive therapy on recidivism among youthful offenders, Izzo and Ross (1990) reported that most treatment approaches yielded results that were not clinically significant. However, they asserted that two common elements of treatment could be attributed efficacious treatment. First, the setting of treatments appeared to have some effect on intervention efficacy; in particular, treatments conducted in the community displayed greater results than treatments conducted in custodial or residential settings. Second, programs utilizing a cognitive component displayed twice the potency in reducing recidivism when compared to all other intervention approaches. Based on the standard for effective treatment in Izzo and Ross, 94% of the programs that placed an emphasis on treating cognitive distortions, self-evaluation, cognitive appraisal, and overall values along with the treatment with behavioural and interpersonal skills were considered effective. When considering the treatment modalities that did not include any cognitive element, 29% were considered effective in this meta-analysis. Said differently, 71% were considered ineffective.

Izzo and Ross (1990) further explained why a cognitive treatment modality can be helpful in the treatment of youthful offenders. There appears to be a substantial amount of empirical literature to support the premise that offenders, in general, lack certain cognitive abilities that hinder them from displaying adequate interpersonal skills in social situations (Izzo & Ross, 1990). More recently, Andrews and Bonta (2006) echoed this sentiment by offering that youthful offenders often experience an elevated level of difficulty concerning their social skills as compared to their non-delinquent peers. Moreover, youthful offenders tend to exhibit a delayed level of understanding in social circumstances and situations and are often disconnected from the feelings and social expectations of others (Andrews & Bonta, 2006). Owing to this reality, Andrews and Bonta concluded that the treatment of youthful offenders should include a cognitive component that directly addresses the social skill deficits of its participants.

Previous literature has demonstrated some promising results regarding behavioural interventions and cognitive therapy (Lipsey, Chapman, & Landenberger, 2001). In accordance with these findings, CBT, a treatment modality that integrates both treatment approaches was expected to be collaboratively successful in treating criminal behaviour (Lipsey et al., 2001). Lipsey et al. (2001) concluded in their meta-analysis that the integration of cognitive and behavioural treatment modalities in the form of CBT, displayed highly efficacious results compared to control groups. On average, participants in the control groups reoffended 66% more than those in the CBT treatment groups.

Lipsey et al. (2001) cautioned readers that the studies that produced the largest reductions in recidivism were demonstration programs facilitated by trained researchers. While the effect sizes of the CBT groups facilitated by correctional agencies demonstrated positive effects, the
researchers described these results as quite modest when compared to the demonstration CBT treatment groups. This indicated that when CBT principles are adhered to at a high degree, this treatment modality has a strong effect on recidivism in youthful offenders. Moreover, these results suggest improvements in the implementation of CBT can be made in correctional agencies.

CBT was supported as a viable treatment approach that has been successful in youthful offender treatment in Landenberger and Lipsey’s (2005) meta-analysis. In this meta-analysis, the results indicated that the participants in the treatment group recidivated 25% less frequently than the participants in the control group. Additionally, the most effective CBT interventions displayed nearly twice the potency in recidivism reduction when compared to control groups.

Landenberger and Lipsey’s (2005) aim was to determine the factors that contribute to the effectiveness of CBT. Three main elements that appeared to impact effect sizes in this meta-analysis were reported by Landenberger and Lipsey. First, matching the level of treatment to the level of risk the participants exhibited in assessment procedures was a critical element. Accordingly, higher risk offenders benefited from more intense and frequent levels of CBT than low risk offenders. Treatment integrity was identified as a second essential aspect. Specifically, adequate staff training and monitoring appeared to positively influence the efficacy of the CBT. This conclusion reflected the earlier findings of Lipsey et al. (2001) that adherence to CBT principles is a significant factor in treatment quality. Third, and perhaps the most surprising, the setting in which treatment was offered did not appear to matter; CBT facilitated in custody facilities displayed similar reductions in recidivism rates as CBT conducted in the community (Landenberger & Lipsey, 2005).

Lipsey (2009) reported in his meta-analysis a number of implications stemming from the results of previous studies on CBT and youthful offending. Consistent with Landenberger and Lipsey (2005), the setting of treatment did not have any influence on the effectiveness of intervention (Lipsey, 2009). In particular, effectiveness of CBT was not typically altered by the presence of any level of supervision (Lipsey, 2009). Accordingly, Lipsey reported that CBT was generally successful in reducing recidivism under no official supervision, supervision from probation services, or in a custodial facility. The only exception was that, in some instances, CBT provided in the community was more effective in reducing recidivism than CBT conducted with incarcerated youthful offenders. Lipsey asserted that it was promising that CBT has demonstrated some efficacy for incarcerated youthful offenders which is particularly salient since the environments of custodial facilities can have the capacity to undermine treatment. For example, participants are constantly surrounded by antisocial peers, which in itself represents a criminogenic risk factor (Public Safety Canada, 2014). Criminogenic needs will be discussed in greater detail in the following section.

Lipsey (2009) reiterated that CBT includes a collaborative effort with the client, being empathetic toward the client’s current circumstances, and social skills training were far more successful than intervention approaches that stress tactics of maintaining staff control or coercion. Furthermore, CBT programs investigated in this meta-analysis that displayed greater adherence to CBT principles resulted in greater effect sizes than programs that did not.

An extension of CBT, Multisystemic therapy (MST) has been shown to also be efficacious in rehabilitating youthful offender (Swenson & Duncan, n.d.). MST is a family and community based intervention that aims to reduce criminal conduct in youthful offenders. Based on this approach, the environment that encompasses the client’s life is responsible for much of his/her behaviour. Therefore, treatment should be tailored to such settings. It utilizes cognitive-
behavioural components to build skills in the offender’s environment so he/she can thrive in a prosocial manner. Research has shown that this is an effective form of therapy (Schaeffer & Borduin, 2005). Additionally, MST is one of only a handful of evidence-based approaches that qualifies to be listed in the database of the Blueprints for Violence Prevention (Blueprints for Healthy Youth Development, 2015). To clarify, the Blueprints for Healthy Youth Development is a registry of best-practices formulated for the rehabilitation of youthful offenders. Over 1,300 programs were reviewed for inclusion but less than 5% have been identified as the most efficacious models for youthful rehabilitation.

Lipsey (2009) also observed that youthful offenders who were shown to be at higher risk according to actuarial and clinical risk assessment tools had a greater reduction in recidivism and in-program behaviour than participants who were assessed as lower risk offenders. This finding is also consistent with the conclusions of Andrews and Bonta (2006) that the assessment of criminogenic needs is crucial for the development of appropriate treatment parameters on an individual basis. Furthermore, according to John Howard Society of Alberta (2000), the most effective means for assessing risk in offenders are actuarial and clinical tools; this includes the Level of Service/Case Management Inventory (LS/CMI; Andrews, Bonta, & Wormith, 2004). From the aforementioned measure, a youth version was created, named the Youth Level of Service/Case Management Inventory (YLS/CMI; Hannah-Moffat & Mauurutto, 2003).

In summary, through scientific scrutiny, CBT has emerged as a clinically efficacious treatment modality aimed at reducing recidivism among youthful offenders. (Izzo & Ross, 1990; Landenberger and Lipsey, 2005; Lipsey et al., 2001; Lipsey, 2009; Ross et al., 1998). Furthermore, as of late, researchers have begun to discover that the setting in which CBT is facilitated is immaterial in many cases, (Landenberger & Lipsey, 2005; Lipsey, 2009). Another critical finding of note is the conclusion that youthful and adult offenders in general exhibit deficits in the area of social skills (Andrews & Bonta, 2006; Izzo & Ross, 1990). In accordance with this premise, CBT should target the improvement of social skills for clients in which this area has been identified as a deficit (Andrews & Bonta, 2006; Izzo & Ross, 1990; Landenberger & Lipsey, 2005; Lipsey, 2005). Close adherence to CBT principles is also an important factor (Landenberger & Lipsey, 2005; Lipsey et al., 2001; Lipsey, 2009). Treatment modalities that incorporate cognitive and behavioural components have a greater likelihood of reducing recidivism (Landenberger & Lipsey, 2005; Lipsey et al., 2001; Lipsey, 2009). Finally, researchers have concluded, consistent with the risk principle in the RNR model, higher risk participants benefit more from more intense and frequent CBT sessions than low risk offenders (Landenberger & Lipsey, 2005; Lipsey, 2009).

Risk-Need-Responsivity Model

Earlier in this project, it was noted that Whitehead and Lab (1989) had a substantial influence in identifying that traditional correctional treatment, with the inclusion of behavioural based intervention, was not an efficacious modality for the treatment of youthful offenders. Specifically, treatments did not have clinically significant results on the recidivism of youthful offenders (Whitehead & Lab, 1989). In response to this failure to rehabilitate, Andrews et al. (1990) conducted their own meta-analysis to establish what treatment qualities were associated with recidivism and risk reduction.

Andrews et al. (1990) acknowledged Whitehead & Lab (1989) for the psychological significance of their meta-analysis. Andrews et al. explained that Whitehead and Lab compiled
an exceedingly remarkable and rather complete set of studies from the disciplines of psychology, sociology, and criminology. Furthermore, the studies compiled included an assortment of settings, including custodial and non-custodial settings (Andrews et al., 1990). Whitehead and Lab further distinguished between behavioural and non-behavioural studies and placed emphasis on year of publication of each study and research design. Finally, Whitehead and Lab were among the first to empirically evaluate the efficacy of behavioural techniques in reducing recidivism via a meta-analysis as opposed to merely in-program measures (Andrews & Bonta, 1990). Given that these ideas outlined the efficacy of Whitehead and Lab’s work, Andrews et al. affirmed that it is worthy of thoughtful reflection from other researchers in the study of psychological treatments for youthful offender treatment.

The primary concern with behavioural treatment in youthful treatment settings remained that it has failed to lead to any substantial effect on recidivism (Whitehead & Lab, 1989). Moreover, Gottschalk et al. (1987) also declared that although behavioural treatments resulted in an improvement of in-program behaviour, recidivism rates were not reduced similarly. Due to a pattern of research results concluding that behavioural treatments and other correctional interventions are antiquated in nature, Andrews et al. (1990) predominantly included studies that were investigated in Whitehead and Lab’s (1989) meta-analysis in their own meta-analytic review. Based on the articles used in Whitehead and Lab, Andrews et al. objective was to ascertain what contributed to any level of recidivism reduction in Whitehead and Lab. Andrews et al. hypothesized that effective treatment for offenders is contingent upon the psychological principles integrated into treatment, with whom it was implemented, and in what setting. It was hypothesized that all of these variables would have a strong impact on the success of any program aimed at any offender population (Andrews et al., 1990).

The goal of Andrews et al.’ (1990) meta-analysis was to more closely look at the studies that Whitehead and Lab (1989) investigated to determine what variables were related to the reduction of recidivism. The results revealed that recidivism rates were likely to decrease with behavioural intervention when three variables were present. First, targeting criminogenic needs was crucial for treatment success. Criminogenic needs are dynamic in nature; that is, these variables have the capacity to change through intervention (Andrews & Bonta, 2006). Criminogenic needs include seven of the commonly referred Central Eight risk factors (See Appendix A for a brief overview of these criminogenic needs). The Central Eight risk factors have been defined in the literature as the variables that have the strongest causal relationship with criminal conduct (Andrews & Bonta, 2006). The only risk factor in the Central Eight that has not been labeled a criminogenic need is the history of antisocial behaviour since history is not dynamic (Andrews & Bonta, 2006). The other seven risk factors in the Central Eight have been identified as criminogenic needs since, with considerable intervention and effort, they can shift (Andrews & Bonta, 2006).

Second, behavioural intervention was also critical for success in treatment (Andrews et al., 1990). In particular, behavioural treatments resulted in far greater effect sizes than treatments that did not have a behavioural component (Andrews et al., 1990). This may cause confusion as it was established earlier that purely behavioural intervention had not been empirically validated in reducing reoffending (Whitehead & Lab, 1989). However, it was clarified several years after this meta-analysis that “behavioural” in this context was better conceptualized as the combination of behavioural, cognitive, and social learning techniques (Andrews & Bonta, 1998). Therefore, Andrews et al. (1990) concluded in their meta-analysis that the treatments that incorporated behavioural, cognitive, and social learning, alone or in combination, had a greater
effect on recidivism than any of the other treatments available for youthful offenders. Finally, it was discovered through this meta-analytic study that facilitation of behavioural, cognitive, and/or social learning therapies on youthful offenders assessed as high risk for re-offense was the most effective treatment in reducing the likelihood of future unlawful behaviour (Andrews et al., 1990). In particular, Andrews et al. determined that the rate of reduction was greater for higher risk youthful offenders compared to youthful offenders assessed as lower risk.

The RNR model was developed in the 1980s and soon after, its principles were empirically supported as central variables in effective treatment for youthful offenders by Andrews et al. (1990). Subsequently, the RNR model was formulated and presented as an influential treatment modality for offender rehabilitation by Andrews, Bonta, and Hoge (1990). In the following years, RNR was empirically validated as an efficacious approach for the intervention for female offenders (Dowden & Andrews, 1999a), offenders as a general population (Andrews, Dowden, & Gendreau, 1999), and violent offenders (Dowden & Andrews, 2000). This treatment approach is an efficacious model that, when applied correctly, has the capacity to reduce criminal activity (Public Safety Canada, 2014). The core of this approach is threefold. The risk principle states that practitioners should match the intensity of the treatment to the risk of re-offending. The need principle states that criminogenic needs are the most appropriate treatment targets (See Appendix A for more details on criminogenic needs). The responsivity principle includes general responsivity and specific responsivity. General responsivity refers to the premise that CBT should be used as the predominant treatment modality in offender rehabilitation. Specific responsivity refers to the need to tailor the CBT to the client’s specific needs, motivation, and developmental level (Public Safety Canada, 2014).

Andrews et al. (2012) used the Level of Service/Case Management Inventory (LS/CMI) in investigating whether RNR principles relate to adult female offenders. They concluded that the RNR principles for risk prediction are largely similar for the male and female offender populations. However, there were some areas in which male and female offenders could be differentiated. While substance abuse was predictive of both genders, the abuse of alcohol and/or illicit drugs appeared to be more predictive of female recidivism than their male counterparts. While the major four risk factors (antisocial criminal history, antisocial personality traits, antisocial cognitions, and antisocial associates) were the most influential variables for future criminal conduct across genders, Andrews et al. noted that substance abuse was the next most influential risk factor for female offenders. While high risk females were equally likely to reoffend as their high risk male counterparts, low risk females reoffended less frequently than male offenders who also scored low on risk assessments (Andrews at al., 2012).

Vitopoulos, Peterson-Badali, and Skilling (2012) compared male and female youth with respect to the YLS/CMI, the youth version of the LS/CMI. Vitopoulos et al. reported that their results were reminiscent of numerous studies conducted on the same topic (Catchpole, & Gretton, 2003; Olver, Stockdale, & Wormith, 2009). That is, scores on this risk assessment instrument were predictive of recidivism when examined across genders (Vitopoulos et al., 2012).

Although some meta-analyses that supported RNR in many correctional and forensic settings were introduced to the psychological literature by the eve of the twenty-first century, additional inquiry should be sought toward identifying efficacious treatments for youthful offenders (Dowden & Andrews, 1999b). To this end, Dowden and Andrews (1999b) conducted a meta-analysis investigating the efficacy of RNR in reducing recidivism of youthful offenders. The results concluded that intense and frequent treatment delivered to high risk youthful
offenders resulted in a significantly higher mean effect size than similar treatment delivered to low risk offenders. Regarding the need principle, interventions targeting criminogenic needs resulted in greater mean effect sizes (Dowden & Andrews, 1999b). Furthermore, Dowden and Andrews highlighted in-program measures that demonstrated a negative mean effect size. These common variables were labelled as non-criminogenic needs. Examples of non-criminogenic needs include vague emotional problems, mental health complications, physical fitness, fear of official punishment, increased cohesiveness of antisocial peer groups, and self-esteem. Dowden and Andrews proposed that these are non-criminogenic need areas targeted in ineffective programs for youthful and adult offenders, are typically anecdotal in origin, and are not empirically validated. Treatments that targeted non-criminogenic needs in this meta-analysis resulted in an increase in recidivism rather than a decline. Regarding the responsivity principle, CBT yielded significantly greater effect sizes than non-CBT programming. In summation, Dowden and Andrews concluded that each of the RNR principles had a high level of efficacy in the rehabilitation of youthful offenders. Furthermore, adherence to this model was related to the rate of change in recidivism in this population. In particular, clinicians who closely adhered to the RNR model in turn had a greater influence on recidivism than clinicians who did not utilize these principles (Dowden & Andrews, 1999b).

In a meta-analysis, Andrews and Dowden (2006) investigated the risk principle and its relationship with reoffending for both youthful and adult offenders across genders. The results supported the concept that higher risk offenders, as a population, benefited to a greater degree from intense and frequent CBT than their low risk counterparts. In the context of this meta-analysis, treatment incorporated CBT elements that targeted clients’ individual criminogenic needs. The authors determined that the risk principle would not have any influence on the criminal behaviour of the participants if alternative treatment modalities were facilitated and/or non-criminogenic needs were program targets for modification.

Another critical finding in this study was the conclusion that the empirical evidence presented was consistent despite a number of variables (Andrews & Dowden, 2006). First, the setting, custodial or non-custodial for example, in which the study was conducted did not appear to have any influence on the final results. Second, the risk principle was predictive of which offenders would benefit from a more intense level of treatment across a variety of study designs, including randomized designs, comparative studies, and case studies. Third, the risk principle results did not vary based on the cultural background of the participants or on history of violent behaviour. Despite these findings, there were two variables, age and gender that appeared to be associated with the risk principle. More specifically, the risk principle was found to be the most predictive of youthful and female offenders.

The results of studies assessing the effect of intensive treatment on low risk offenders suggested that intensive intervention may have a paradoxical effect and may actually increase the likelihood of recidivism (Public Safety Canada, 2014). In evaluating this theory, Bonta, Wallace-Capretta, and Rooney (2000) followed low risk offenders who were subject to intensive therapeutic treatment and observed a recidivism rate of 32%. When offenders assessed as low risk were paired with low intensity intervention, a recidivism rate of 15% during the follow-up period was found. Consequently, minimal psychological programming aimed at criminogenic needs for low risk offenders typically resulted in the lowest recidivism rates (Bonta et al., 2000). Conversely, providing intensive treatment to low risk offenders has demonstrated, at least in some instances, to reduce recidivism by as little as 3%, or to paradoxically increase it in other
studies (Andrews & Bonta, 2006). These findings help to establish support for matching the intensity and frequency of treatment with the individual’s risk for reoffending.

With respect to the need principle alone, based on the current research, Public Safety Canada (2014) maintains that effectively targeting individualized criminogenic needs was associated with a reduction in recidivism. Moreover, treatments that emphasize non-criminogenic needs as treatment targets often result in a slight increase in recidivism (Public Safety Canada, 2014). Vieira, Skilling, and Peterson-Badali (2009) conducted a study to assess the influence of criminogenic needs on the treatment of youthful offenders. During the three year follow-up period, it was shown that participants who did not have their criminogenic needs adequately addressed were approximately 18 times more likely to engage in criminal conduct prior to the end of the follow-up period when compared to participants who had the majority or all of their individualized criminogenic needs targeted. Additionally, the youthful offenders who did not receive treatments tailored to the majority of their criminogenic needs were shown to have a 24% probability of avoiding re-arrest. Taken together, the results of Vieira et al. (2009) study suggested that criminogenic needs have the capacity to reduce future recidivism, thereby providing unmistakable support for the need principle.

With respect to general responsivity, the interested reader should refer to the previous section on CBT since it highlights the empirically validated cognitive behavioural components in the field of youthful offender rehabilitation. In the previous section, it was illustrated that CBT is an efficacious treatment modality for youthful offenders.

Despite the capacity for individual differences (i.e. level of motivation) to become barriers in the rehabilitative process, the specific responsivity principle has been widely neglected in the previous literature (Kennedy, 2000). Additionally, Vieira et al. (2009) echoed this sentiment, offering that research on specific responsivity in offender treatment is lacking in the literature. In addition to evaluating criminogenic needs in youthful rehabilitation, Vieira et al. also evaluated the specific responsivity factors. Additional research should be conducted here to determine the validity of the specific responsivity factor.

To reiterate, the specific responsivity principle states that CBT should be tailored to characteristics of the client (Public Safety Canada, 2014). These characteristics include, but are not confined to, client strengths, learning style, personality, motivation, gender, and cultural background (Public Safety Canada, 2014). For example, clinical practitioners may find that, to effectively address the criminogenic need of antisocial personality traits, he/she needs to first address their client’s treatment anxiety. Since this treatment anxiety may impede motivation and attendance, the clinician must soften this barrier if he/she is to adequately address criminogenic needs. Another example is the presentation of visual prompts for individuals with a visual learning style.

Surprisingly, the results presented in Vieira et al. (2009) suggested that matching services to the specific responsivity factors did not influence the rate of recidivism. Vieira et al. offer a possible explanation for the overall results for specific responsivity, noting that specific responsivity factors found in this experimental context may have been reduced due to overlaps in specific responsivities and criminogenic needs. For instance, Vieira et al. noted that cognitive delays may have been targeted as a specific responsivity concern in some of the clients. In the same case, educational success may be targeted as a criminogenic need. Taken together, cognitive skills, which may have been related to school or work satisfaction may have been targeted both in the context of criminogenic need and specific responsivity areas. Overall, Vieira et al. maintained that the investigation of specific responsivity in the context of offender
rehabilitation is still in its infancy. While it is logical and clinically appropriate to attend to specific responsivity factors, additional research is warranted to either verify or refute consideration of specific responsivity as a viable principle in the RNR model of offender intervention.

With respect to all three principles collectively, Public Safety Canada (2014) reported that adhering to each principle effectively results in an incremental decline in recidivism. For instance, adhering to one of the RNR principles resulted in approximately 5% recidivism reduction, an approximate 20% decline when intervention addressed two RNR principles, and an approximate 35% decrease in recidivism when treatment attended to all three principles (Public Safety Canada, 2014). Alternatively, studies that did not adhere to any of the RNR principles displayed an increase in recidivism by approximately 10% (Public Safety Canada, 2014).

In summary, the RNR model has been empirically validated as an efficacious rehabilitation approach for a wide range of offender populations including female offenders, general offenders, and violent offenders (Andrews, et al., 1999; Dowden & Andrews, 1999a; Dowden & Andrews, 2000). Meta-analytic support also exists for RNR as it relates to the rehabilitation of youthful offenders (Andrews et al., 1990; Dowden & Andrews, 1999b). Regarding the risk principle, Andrews and Dowden (2006) affirmed its clinical relevance to the youthful offender population. With respect to the need principle, criminogenic needs have been shown to be the most appropriate targets for rehabilitation of youthful offenders (Vieira et al., 2009). Furthermore, non-criminogenic needs have been identified in treatment to, if targeted, exacerbate recidivism in certain cases (Public Safety Canada, 2014). However, it should be noted that there are certain specific responsivity concerns presented by clients that are technically non-criminogenic needs but may be barriers in treatment such as low self-esteem (Public Safety Canada, 2014). Therefore, according to the specific responsivity principle, these non-criminogenic barriers should be adequately addressed to properly target identified criminogenic needs (Public Safety Canada, 2014). The clinical significance of general responsivity with youthful offenders can be found throughout the literature (Izzo & Ross, 1990; Landenberger and Lipsey, 2005; Lipsey et al., 2001; Lipsey, 2009; Ross et al., 1998). Taken together, meta-analyses have been conducted that indicate large reductions in recidivism with adherence the RNR model as a collective rehabilitation model (Public Safety Canada, 2014). This effective treatment modality can be a potent tool in offender rehabilitation when treatment integrity is followed (Andrews & Bonta, 2010).

Limitations of the RNR Model

While the RNR model has been empirically validated as an efficacious treatment approach in the reduction of adult and youthful offender recidivism, limitations of this model have been highlighted throughout the literature (Andrews & Bonta, 2010; Bonta, Rugge, Scott, Bourgon, & Yessine, 2008; Vieira et al., 2009; Wormith, Gendreau, & Bonta, 2012). Wormith et al. (2012) explained that the evidence to support the use of professional discretion has not been discovered. Public Safety Canada explained that professional discretion is the deviation from the RNR principles for identified motives. According to Wormith et al., the inclusion of professional discretion in the RNR model demonstrates their faith in the correctional and psychological practitioners in the field of rehabilitation. However, based on their experience, reliance on some element of professional discretion has resulted in a reduction of predictive validity.
To reiterate, Vieira et al. (2009) found that the tailoring of human services in accordance to the specific responsivity factors of the participants did not result in reductions in recidivism. Research has not demonstrated any degree of efficacy for utilizing any override procedures based on professional discretion that deviates from the RNR principles (Vieira et al., 2009; Wormith et al., 2012). However, research regarding professional discretion and the specific responsivity principle is in its infancy (Vieira et al., 2009; Wormith et al., 2012). Therefore, while it is theoretically sound to occasionally override RNR principles based on professional discretion and to tailor treatment to adequately address responsivity concerns, further inquiry is necessary to validate the premises underlying both professional discretion and the specific responsivity principle.

Although the RNR model has been shown in the psychological literature as efficacious in the reduction of recidivism, adherence to such principles is difficult in many regards (Andrews & Bonta, 2010). Bonta et al. (2008) assessed the adherence to RNR principles among nearly 60% of probation officers in the province of Manitoba via audio recordings of face-to-face meetings with youthful offenders. Probation officers placed an exceeding amount of emphasis on enforcement procedures, including the compliance to conditions of probation on an individual basis. In general, verbal praise was delivered contingent on compliance with probation orders. Other behavioural techniques for rehabilitation were present, including prosocial modeling and differential reinforcement. Although some degree of emphasis on conditions of probation and compliance with such conditions is important in probationary services, Bonta et al. concluded that the application of RNR principles was not prevalent in the rehabilitation of the probation officers’ clients. More specifically, the risk principle appeared to be ignored altogether, criminogenic needs were commonly disregarded as treatment targets, and CBT techniques were largely underutilized in this study. Bonta et al. concluded that this snapshot in the correctional rehabilitation methods shows a lack of treatment integrity concerning the RNR model. As stated in Public Safety Canada (2014), the more principles that are adhered to, the greater the reduction in recidivism will take place.

It has also been found in the literature that clinical applications of the RNR model are far more modest in treatment effectiveness when compared to RNR applied in demonstration projects (Andrews & Bonta, 2010). As stated earlier, in regards to general responsivity, Lipsey et al. (2001) illustrated that while the effect sizes of the CBT groups facilitated by correctional agencies had positive effects, these results were quite modest when compared to the demonstration CBT treatment groups. Andrews and Bonta (2010) stated that demonstration studies commonly result in greater outcomes than clinical applications for one primary reason: adequately trained researchers tend to closely monitor, develop, and, in some cases, facilitate the program itself in demonstration studies to help ensure treatment integrity. In clinical application, this is generally not the case; despite some treatment agencies reporting that they adhered to the intended principles of treatment, Andrews and Bonta stated that they may not be the most qualified to assess treatment integrity. Taken together, Andrews and Bonta argued that the predominant concern with the RNR model in clinical trials is the maintenance of treatment integrity. To reiterate, Bernfeld et al. (2001) asserted that treatment integrity is an incredibly critical aspect in the implementation of any intervention. While RNR is an efficacious model, it will likely yield fruitless results in the rehabilitation of adult and youthful offenders if it is not properly administered.

Two conclusions can be reached based on the previously stated information. First, the identified limitations of the RNR treatment model are twofold. First, professional discretion and
the specific responsivity principle have not been empirically validated (Vieira et al., 2009; Wormith et al., 2012). Second, program integrity has been a concern in the practical application of the RNR principles (Andrews & Bonta, 2010; Bonta, et al., 2008).

**A Resurgence of Behavioural Intervention**

Due to the premise generated by the “nothing works” movement, strictly behavioural interventions have not been viewed as an effective means for rehabilitating youthful offenders as mixed results have been observed in the past (Gottschalk et al., 1987; Martinson, 1974; Whitehead & Lab, 1989). However, according to Gendreau et al. (2011), extensive quantitative evaluations of behavioural treatments have not been conducted nor has there been any notable summary of the characteristics that comprise adequate behavioural interventions. Therefore, Gendreau et al. conducted a meta-analysis to ascertain the level of efficacy behavioural therapies have when treating youthful offenders and to determine the characteristics that constitute their effectiveness. This ground-breaking study ultimately displayed the high level of efficacy this treatment modality has with this particular forensic population.

In recent years, Canada’s correctional system has appeared to imitate the United States’ rehabilitation philosophy of “getting tough” on criminal activity (Andrews & Bonta, 2010). This new approach of prison reform birthed the administrative agenda to place emphasis on building accountability in the inmates (Gendreau et al., 2011). That is, attention of treatment shifted to creating more discipline and increasing work and vocational activities. Liebling (2008) stated that due to the shift in policy, Canadian prisons began to place a greater degree of emphasis on systematic delivery of reinforcers contingent on prosocial behaviour. As such, behavioural interventions appeared to fit the change in policy since behavioural therapies are heavily comprised of operant conditioning (Gendreau, 2011).

Specifically, Gendreau et al. (2011) maintained that CM programs would be the most ideal behavioural intervention approach if accountability is the aim of treatment. CM programs are based purely on operant conditioning principles. Specifically, reinforcement and punishment are delivered in a systematic fashion to either suppress or strengthen the likelihood of specific behaviours reoccurring in clients. However, reinforcement procedures should be utilized more frequently than punishing consequences as punishment can have adverse effects on behaviour (Miltenberger 2012). According to Gendreau et al., the most common CM approach has been token economies. Since accountability is the new aim of treatment, token economies and many behavioural techniques are the most viable approaches as they place onus on the offenders to behave in a manner that will increase the amount of reinforcement they receive in their respective environments.

Theoretically, CM programs can be effective and practical for youthful offending for three primary reasons. First, Smith, Hart, Pennington, Sanford, and Milan (1985) and Smith, Milan, and Wood (1976) have demonstrated that correctional officers have been underutilized in the rehabilitation of offenders and are effective front line deliverers of token economies. However, their efforts are futile without proper training, experience, and professional guidance (Smith et al., 1985; Smith et al., 1976). Second, Sampson, Glascon, Glen, Louis, and Rosenfeldt, (2007) stated that high risk and unmotivated offenders may benefit to a great degree from CM programs as they provide potential to reinforce appropriate behaviour immediately and also provides a structure to their daily routines. Third, since there has been a renewed importance from policy makers to have offenders accountable for their actions, CM programs delivered that
adhere to the principles of operant conditioning appear the most practical (Gendreau et al., 2011).

The results of the meta-analysis indicated that the average percentage of change in treatment group participants was 66% regarding in-program behaviour. That is, the CM programs had a positive effect on institutional adjustment, educational, and work related behaviours. The 66% change in behaviour was reported as conservative since, in this meta-analysis, the percentage of change was limited to 100%. In other words, some studies reported an increase in in-program behaviour by several hundred percent, but was only recorded as 100% as this was the limit. Gendreau et al. (2011) also stated that many of the studies analyzed in this meta-analysis were replicated to ensure that original results were genuine. The researchers also indicated that replication in this context further validated the results as this is consistent with sufficient scientific investigative practice.

The results suggest that dosage (i.e. 100 hours on average) correlated with improved performance which corresponded with what is recommended for cognitive interventions (Bourgon & Armstrong, 2005). Therefore, Gendreau et al. (2011) asserted that there are no validated arguments to suggest that traditional behavioural methods cannot compliment cognitive therapy.

Gendreau et al. (2011) also conducted this meta-analysis to conclude what features of CM allow it to be successful in this context and population (See Appendix B for an overview of the features). Although these characteristics ultimately constitute the high level of efficacy of CM programs, these features are useless if the clinicians exhibit low treatment integrity. Moreover, Gendreau et al. maintained that treatment integrity is possibly the most critical element that determines the efficacy of behavioural programs. Therefore, staff should be well trained to ensure that the highest level of efficacy in treatment of youthful offenders.

The Good Lives Model

The GLM has been described as a treatment modality for offenders that is holistic in nature (Good Lives Model, 2014). Good Lives Model (2014) further explained the GLM as a strength-based approach that is grounded in the premise that treatment should build on participant strengths, not weaknesses, to reduce recidivism risk. Ward (2002) stated in one of the early GLM publications that the phrase “good lives” pertains to the manner of living that is instrumental and gratifying for individuals. The GLM aims to develop an individualized plan for participants to live the good life by achieving success in the areas of the primary goods (Ward et al., 2011). Treatment plans include goals that strive to increase the participants’ adaptive means for attaining primary goods (Ward & Brown, 2004).

Although there is evidence to support the GLM in the treatment of sexual offenders, it has not been evaluated with a variety of offender populations, unlike the RNR model (Andrews, et al., 2011). However, evidence has come from a variety of other disciplines including human studies (Kekes, 1989), social science (Deci & Ryan, 2000), and evolutionary theory (Arnhart, 1989), that supports the notion that human beings are an intrinsically motivated species toward certain universal goods, and that there are a finite number of universal goods that sustain human behaviour. The purpose of this section is to outline literature that supports the theoretical basis of the GLM for offender rehabilitation.

Regarding human studies, Kekes (1989) explained that there are at least three facts of human welfare that, if left unattended, may threaten the fabric of human happiness. Kekes
asserted that the facts of the body, self, and social life are essential to human well-being. Facts of the body pertain to sustenance required to sustain life. The facts of one’s self are concerned with the psychological and cognitive capacity to adequately function in society. Finally, facts of social refer to the social supports that facilitate the attainment of primary goods. Ward (2002) proposed that the suggested facts of human welfare reflect the fundamental needs of that are vital for the fulfilment of the good life.

Based on an investigation of human behaviour in the social sciences, Deci and Ryan (2000) formulated the Self-Determination Theory of Needs (SDT), which asserts that humans are fundamentally self-directed, and identifies that behaviours are governed by several influences. There are three elements that constitute SDT. Autonomy refers to the feeling that individuals have that maintains the belief that their behaviour is governed by their own cognitions and vital faculties. Relatedness is described as the emotional attachment to others including friendship, intimate, and familial love. Competence is the belief of proficiency in one’s environment, the pursuit of novel challenges, and the ability to adequately adapt to the new circumstances. Deci and Ryan maintained that the overall gratification of these needs is vital for a complete and satisfying life. Furthermore, Deci and Ryan reasoned that the fulfillment of these human needs is fundamental in nature, rather than being a means to some other end.

Evolutionary theory has garnered some support for the notion that humans are motivated primarily by underlying goods (Arnhart, 1998). Arnhart (1998) offered that the achievement of underlying goods is a natural means for satisfying human desire. The 20 natural goods proposed by Arnhart include, but are not limited to, religious and intellectual understanding, sexual intimacy, familial love, comradery, financial standing, and physical beauty. Arnhart explained these goods are a natural route to intrinsic happiness because they are so deeply embedded in human nature. Likewise, these goods have been and always will be manifested throughout history and across all possible civilizations (Arnhart, 1998).

The GLM is composed of 11 primary goods (Good Lives Model, 2014) which are reiterated briefly in the remainder of the paragraph. The primary good of life refers to providing the body with adequate sustenance to preserve biological equilibrium. Knowledge pertains to an individual’s ability to discern what is important to them. Excellence in play is the pursuit of recreational activities that bring pleasure. Excellence in work is the mastery of experiences at work. Excellence in agency is the power an individual has to be self-directed in their own life decisions. Inner peace is fulfilled when an individual is free from emotional turmoil. Relatedness includes the relationships between intimate partners, friends, and family. Community refers to the sense of belonging in a social group or entity. Spirituality in this context is the sense of purpose one can attribute to their individual life. Pleasure is the fulfillment of immediate gratification. Finally, creativity is exuded in the form of expression of an individual in a variety of settings and manners.

Maruna (2001) also had an influence on the development of the GLM. Maruna interviewed offenders either desisting from or persisting in criminal activity. Desistence was defined as the abstinence from criminal conduct by individuals who had previously engaged in unlawful behaviour. Alternatively, persistence was described as being currently involved in criminal activity. Self-narratives were given by desisting and persisting groups; no major personality traits differentiated the groups. Both groups exhibited higher deviant personality traits than non-criminal adults. With few exceptions, the participants in the persisting group of treatment followed a condemnation script, viewing themselves as victims of circumstance and that they were destined for a life of crime. Consequently, this group showed little desire to alter
their behaviour or cognitions as they firmly believed that they were powerless to change a predetermined fate. This group appeared to have a sense of what the good life was, but demonstrated a clear lack of motivation in developing the appropriate means, more often known as secondary goods, to obtain the primary goods that constitute the good life (Ward, 2002).

Maruna (2001) indicated that self-narratives in the desisting offender group were consistent with a redemption script; participants believed that they were good individuals with good intentions but were influenced by external factors that caused them to lead criminal lives. However, this group demonstrated an understanding of primary goods, and had shown that they possessed the capacity to adaptively and lawfully achieve the good life (Ward, 2002).

Taken together, the study by Maruna (2001) illustrated that offenders who persisted in criminal activity could not appropriately obtain primary goods, instead utilizing inappropriate or criminal means for the obtainment of these goods. In contrast, those who desisted from criminal behaviour displayed insight on how to appropriately obtain primary goods. As a result, these individuals were living “the good life”. This suggests that the development of secondary goods is essential for offenders to desist from crime as they will have adequate and lawful means for obtainment of a fulfilling life. As a result, offenders will no longer have a need to unlawfully obtain primary goods.

Also stressed in the formation of the GLM is the emphasis on positive psychology (Good Lives Model, 2014). Positive psychology has been growing faster in popularity in the offender rehabilitation literature in recent years compared to its rate of growth over the past several decades (Aspinwall & Staudinger, 2003; Seligman, 2002). Seligman (2002) stated that treatment is at its pinnacle of effectiveness when intervention emphasizes individual strengths rather than the mending of weaknesses. Seligman proposed that therapeutic methods that involve the application of collaboration, building a rapport between client and clinician, truth, naming of the issue, and goal setting may increase the effectiveness of treatment provided. These principles of positive psychology are involved in the implementation of the GLM (Ward & Brown, 2004).

In summation, the GLM has been described as a therapeutic approach for offenders concerned with the development of primary goods that have been identified throughout various disciplinary literatures (Arnhart, 1989; Deci & Ryan, 2000; Kekes, 1989) to cause a desistance of future criminal activity (Ward, 2002). Furthermore, the rehabilitative development of secondary goods to adequately and lawfully attain fulfillment of the primary goods is essential (Ward & Brown, 2004).

Limitations of the GLM

While the GLM has shown some promise in the literature which will be expanded on in the following section, this model has some notable limitations. Bonta and Andrews (2003) maintained that while the GLM is fueled by theoretical findings, some of this theory has not been systematically researched. For example, the SDT formulated by Deci and Ryan (2000) that has since been incorporated into the GLM does not present any clear empirical data (Bonta & Andrews, 2003). The only reference was the unsubstantiated claim that SDT has been grounded in a plethora of empirical research (Deci & Ryan, 2000). In addition to the lack of tangible evidence, the work presented by Deci and Ryan does not pertain to the offender population. Furthermore, participants’ well-being and indicators of well-being were evaluated (Deci & Ryan, 2000). In other words, variables that were not criminogenic were evaluated (Bonta and Andrews, 2003).
Glaser (2011) offered was that there exists a type of offender labeled as “approach-explicit.” Glaser proposed that this type of offender is impervious to goods promotion therapy as they are able to incorporate the attainment of primary goods into their already antisocial lifestyle. For example, they are able to attain the primary good of relatedness, the good regarding love with intimate partners, family, and friends, through the exploitation of victims including women and children. This is a limiting variable in the promotion of the GLM according to Glaser since the GLM does not seem to be efficacious for all types of offenders.

Wormith et al. (2012) maintained that with the exception of the promotion of primary goods and secondary goods, the GLM does not appear to significantly contribute to the RNR model and even incorporates RNR principles. Andrews et al. (2011) asserted that the GLM has two main goals in the treatment of offenders. First, the development of skills that build toward attaining human goods in a prosocial manner is critical. This goal appears to be a reflection of the premise offered by the RNR model that goals that are both rewarding and lawful by nature should be formulated and a plan to attain such goals should be developed. While the pursuit of primary goods is a noble therapeutic goal, Andrews et al. explained that this pursuit can easily become the primary focus of therapy and, as a result, de-emphasize the importance of risk reduction. Additionally, as seen in Glaser (2011), there are some offenders who can achieve the identified primary goods in an antisocial manner without any desire to alter their current behaviours. Ward and Maruna (2007) also asserted that simply promoting human goods, for some offenders, may result in an individual who is likely to engage in criminal activity and is fulfilled based on his/her attainment of the primary goods.

The second crucial goal in the GLM is the reduction of criminogenic needs. This goal is found throughout the RNR literature and is explained in the need principle (Andrews et al., 1990; Dowden & Andrews, 1999a; Public Safety Canada, 2014). The responsivity principle states that CBT techniques should be utilized in the treatment of offenders (Public Safety Canada, 2014). Literature has shown that CBT has been utilized in the implementation of the GLM (Whitehead, Ward, & Collie, 2007). Both the implementation of CBT and the focus on the reduction of criminogenic needs is evident in both treatment models indicating that there is overlap between the two.

The GLM has also utilized widely accepted measures for assessment and incorporated in the GLM including the Static-99 (Hanson & Thorton, 1999), and the LS/CMI (Ward et al., 2011). Ward et al. (2011) reported that they have generated rating scales that are becoming more objective in determining the prioritization of primary goods in an offender, and their relationship to their criminal behaviour (Yates, Kingston, & Ward, 2009). These semi-structured interviews are additions but only pertain to the primary goods.

In recent years, the GLM has adopted the self-regulation module (SRM; Yates & Ward, 2012). To reiterate, self-regulation has been a target of many RNR-inspired treatments for quite some time (Ross & Fabiano, 1985). Furthermore, the self-regulation module has been shown through meta-analytic inquiry to have a high level of efficacy in North America and the United Kingdom (Tong & Farrington, 2006). Wormith et al. (2012) maintained that aside from the introduction of the promotion of primary goods and the assessment instruments specific to them, the GLM has not introduced anything new to the rehabilitation literature.

A final limitation of the GLM is that it is in its infancy and has not been scientifically tested for its efficacy (Andrews et al., 2011; Wormith et al., 2012). Advocates for the GLM have reported a similar concern (Whitehead et al., 2007). Aside from one comparison study with a large sexual offender sample (Barnett, Manderville-Norden, & Rakestrow, 2014), the empirical
support for the GLM has been limited to case studies and small sample size studies (Whitehead et al., 2007; Willis & Ward, 2011). Without evidence to support theoretical claims, the claims have little substance in practical application (Bonta & Andrews, 2003).

In summary, some of the underlying theoretical evidence for the GLM has not been empirically tested nor directly applied to youthful or adult offenders (Bonta & Andrews, 2003). Additionally, the promotion of primary goods can be viewed as a possible encroachment on an individual’s autonomy and human rights or may be impossible with a certain sub-group of offenders referred to as “approach-explicit” (Glaser, 2011). The GLM has incorporated many of the elements of the RNR model and has introduced the promotion of the good life (Wormith et al., 2012). Finally, advocates for the GLM are unable to scientifically confirm the theoretical basis of the GLM as of yet (Bonta & Andrews, 2003; Wormith et al., 2012). Consequently, empirical testing is still underway (Wormith et al., 2012). Furthermore, Whitehead et al. (2007) stated that, for the sake of comparison, the GLM should be empirically pitted against the RNR model. In particular, Whitehead et al. stated that they would employ an acid test which is a comparison and evaluation of effect sizes on recidivism and the attainment of the good life. Based on what was available in the current literature searches, this has not yet taken place. At the moment, one study could be found comparing the aforementioned treatment models in the management of sexual offenders (Barnett et al., 2014). This will be expanded on in the following section.

Empirical Evidence on Efficacy in the Sex Offender Population

The rehabilitative literature suggests that the RNR treatment model has been investigated far more readily than the GLM (Wormith et al., 2012). While empirical inquiry into the application of the GLM in reducing recidivism in various offender populations is in its infancy, sexual offenders present as the most researched offender population regarding the GLM in the current literature (Willis, Ward, & Levenson, 2014). The reality that studies utilizing the GLM as a treatment approach for the rehabilitation of youthful offenders could not be located, reflects a likelihood that, this specific inquiry has not been conducted as of yet. Consequently, this section will explore existing empirical evidence of the GLM in the treatment of sexual offenders. For the sake of comparison, meta-analytic results evaluating the RNR model’s capacity to reduce recidivism in the sexual offender population will be also be mentioned. While the characteristics and the treatment needs for sexual offenders are fundamentally different from youthful offenders, examination and comparison of the GLM and RNR application in practice may give some insight into how these treatment modalities have been applied to forensic populations. Furthermore, the empirical evidence may shed some light into which model is superior in the rehabilitation of this forensic population. Finally, since the purpose of this literature review is to highlight literature regarding the treatment of youthful offending, only the major studies will be presented from the sexual offending literature.

One of the first major studies concerning the GLM and the treatment of offenders was conducted by Whitehead et al. (2007) in the form of a case study. The participant was a 28 year-old-indigenous male with a long history of violent behaviour, which included sexual violence, in addition to substance abuse and gang involvement (Whitehead et al., 2007). Key individualized criminogenic needs identified prior to intervention included substance abuse, educational training, antisocial associates, antisocial cognitions, and antisocial personality traits. The participant’s substance abuse included both alcohol and illicit drugs. It was identified that the
participant was not satisfied with current academic standing and desired post-secondary education. Evidence of gang affiliation suggested antisocial associates. The participant exhibited cognitive distortions regarding his criminal behaviour prior to treatment; for instance, he explained that from his perspective a sexual act would only be considered rape if the victim verbally stated “no.” Finally, it was determined that the participant, as a result of his antisocial personality traits, did not exhibit any notable remorse for his criminal behaviour.

Following treatment, the participant greatly reduced the use of substances. Additionally, he has since improved his academic satisfaction by enrolling in university. Since his release from prison, the participant reported that he engaged in only two violent incidences. The first occurrence was described as retaliatory in nature after being pushed at a house party. Potentially due to a focus on adjusting cognitive distortions, the participant’s account of this event was the first time in the treatment that he displayed full acknowledgement and guilt for his actions. The second physical altercation occurred when his partner was insulted by another individual. After this occurrence, he expressed his desire to reconnect with gang associates. However, due to the attainment of primary goods via goal setting and his new found desire for a better life, the participant abstained from gang involvement. Ultimately, he reduced substance use, took steps toward obtaining a university degree, showed signs of an empathetic attitude, and a desire to connect with more prosocial peers.

Taken together, addressing both criminogenic needs and developing a good life plan in a collaborative and therapeutic approach was highly effective in this case study (Whitehead et al., 2007). Furthermore, criminogenic needs were addressed which resulted in risk reduction, while the goal setting style of the GLM allowed the client to follow a plan which would allow him to live a more fulfilling life without the need engage in criminal activity.

Due to the case study design utilized, researchers are unable to generalize these results. However, Whitehead et al. (2007) maintained that despite this limitation, this study showed some evidence that the GLM can be largely effective with a very serious offender and, therefore, the results offered some promising preliminary findings. Whitehead et al. asserted that RNR’s presence in this study was quite considerable. Therefore, the GLM was not the only variable involved in the positive treatment effects. This study suggested that the GLM and RNR can be used in conjunction as a potent collaborative approach for the treatment of offenders. Whitehead et al. concluded that further empirical inquiry is required to gain a better understanding of the GLM in practice.

The most recent and perhaps most influential review to date regarding the RNR model and sexual offenders was a meta-analysis conducted by Hanson, Bourgon, Helmus, and Hodgson (2009). The results of this meta-analysis indicated that the risk, need, and responsivity principles also apply to sexual offenders. The results presented in this review, according to Hanson et al., were consistent with the findings of RNR applied to other offender populations (Andrews et al, 1990; Andrews & Bonta, 2006). In concordance with earlier findings from Andrews and Bonta, Hanson et al. results indicated that interventions that did not include any of the three RNR principles were largely ineffective. Conversely, treatments that included one or two of the three principles had a greater effect on recidivism. Rehabilitation services that adhered to all three principles simultaneously had the greatest effect on recidivism. More directly, Hanson et al. provided strong evidence that greater adherence to the RNR principles results in the largest reductions in recidivism. More germane to this project, Hanson et al. asserted that the findings in this meta-analysis appeared to support the premise that RNR inspired treatment methods are equally efficacious in the treatment of adult and youthful sexual offenders.
Another major study investigating the GLM and a sexual offender sample was conducted by Willis and Ward (2011) that focused on 16 child molesters in the community. The authors attempted to ascertain whether the GLM would reduce the risk of their sample if the pursuit of the good life was connected to positive re-entry experiences. Specifically, good lives ratings and re-entry experiences were measured. Good lives ratings were measured in a semi-structured interview to evaluate the participants’ conceptualization of the good life and the attainment of primary goods. Quality of re-entry experiences were also determined by a semi-structured interview which included, but was not limited to, the quality of social support and employment satisfaction. Willis and Ward reported that age appeared to have an impact on the attainment of the good life.

Age, which ranged from 20 to 79 years, was positively correlated with higher good lives ratings. Furthermore, participants who displayed higher good lives ratings were assessed as having fewer or less intense criminogenic needs. Willis and Ward (2011) reported that re-entry experiences among their participants were generally positive. Strong positive correlations were evident in the results between good lives ratings and total re-entry scores.

While this intervention was successful according to Willis and Ward (2011), there were some notable limitations. Similar to Whitehead et al. (2007) this study also suffered from a small sample size, making it difficult to arrive at statistically significant results. In addition, desistance from criminal behaviour was only measured for a 6-month period, preventing any longer term results. It is in the opinion of the current author that a longer follow-up period is beneficial to measure criminal desistance in the long-term. Although each of the measures, including good lives ratings and re-entry experiences, in this study were important and/or showed its relevance in intervention by reducing criminogenic risk factors, emphasis should be placed on recidivism reduction. To reiterate, that in response to strictly behavioural intervention for offender rehabilitation, Whitehead and Lab (1989) observed that while assessing other in-program variables may be beneficial in some respects such as the increase of quality of life of offenders, the most critical variable, recidivism, was not emphasized in the rehabilitation of youthful offenders. Although more refined in-program variables were used in the Willis and Ward study, such as the reduction of risk via the targeting of criminogenic risk factors, they failed to actually assess the most prominent dependant variable, recidivism in the long-term. Despite these limitations, Willis and Ward provided evidence that the pursuit of the good life is positively correlated with risk reduction in a sample of adult sexual offenders. In the future, Willis and Ward maintained that larger sample sizes are preferred to adequately support premises made in the GLM.

The most recent empirical study conducted and the only comparison study of the RNR model and the GLM that could be found was authored by Barnett et al. (2014). They compared the relapse prevention (RP) model to the GLM. RP has been traditionally used in the treatment of substance abuse, which is based on the development of identifying high risk situations and maladaptive thought patterns that can lead to a relapse into maladaptive behaviour (Barnett et al., 2014). Once the client is able to identify these high risk circumstances, RP aims to teach the client a range of adaptive coping mechanisms to avoid relapse. RP programs are characteristically delivered to sexual offenders in a manner that emphasizes adherence to the RNR treatment model. Therefore, the RNR principles were compared in this study to the GLM.

Barnett et al. (2014) utilized the Community Sex Offender GroupWork (CSOG) and the Thames Valley Sex Offender Groupwork (TVSOG). To properly compare RNR to the GLM, the CSOG was conducted in a manner that adhered to the RNR principles and also in a manner in
which adhered to the principles of the GLM separately. Conversely, the TVSOG was implemented in an RNR fashion and also in a GLM fashion independently. Both treatment modalities were conducted in the community. It is also important to note that the participants of the RP group exhibited a greater degree of cognitive distortions regarding sexual behaviour with children and sexual intercourse in general than the GLM groups.

In total, the results indicated that psychometric assessment scores between the GLM groups and the RNR treatment groups were similar, albeit with some exceptions. For example, the participants from the GLM groups who exhibited attitudes supportive of child abuse displayed a greater positive rate of change on psychometric measures than participants in the RNR groups who also exhibited these attitudes prior to intervention. The RNR participants exhibited a greater reduction in emotional congruence with children, the inclination of some sex offenders to become cognitively and emotionally associated with childhood (Finkelhor, 1984), than the GLM participants (Barnett et al., 2014). Barnett et al. (2014) also reported that the GLM participants were more capable than RNR participants to maintain their functional scores on the Personal Distress measure. Beyond these measures, however, there were no other statistically significant differences between the RNR or GLM inspired treatment models. This also included attrition rates, which were low for both treatment groups. Overall, Barnett et al. maintained that the GLM and RNR appeared to be relatively equal in the rehabilitation of sexual offenders in this context. Further research is required to confirm the findings of this study. Moreover, for the GLM to become more widely accepted as a viable treatment modality, it needs to be empirically tested in a variety of settings and offender populations.

Significance of this Literature Review

This literature review illustrates how research on the reduction of youthful recidivism has evolved over decades. It has evolved from the notion that all treatment efforts have been futile to the emergence of the RNR model with the inclusion of CBT that has demonstrated a high level of treatment efficacy (Public Safety Canada, 2014). Furthermore, cognitive and behavioural therapies have been shown to be effective at rehabilitating youthful offending when delivered individually (Gendreau et al., 2011; Ross & Fabiano, 1985). In particular, behavioural treatments appeared to be ineffectual in the past due to a poor level of treatment adherence (Gendreau et al., 2011). The RNR treatment model has since been considered the gold standard for offender rehabilitation and has been established in the literature to have potent effects on the reduction of youthful recidivism (Public Safety Canada, 2014). However, professional discretion and the specific responsivity principle have not been empirically validated in the RNR model (Vieira et al., 2009; Wormith, et al., 2012). Furthermore, correct implementation of the RNR principles in clinical settings have been met with difficulty (Andrews & Bonta, 2010; Bonta et al., 2008).

The GLM proposed by Ward (2002) has gained popularity in recent years. This model adds the promotion of primary goods and secondary goods to the RNR model and has shown promise in the current literature (Barnett et al., 2014; Willis & Ward, 2011; Whitehead et al., 2007). Like the RNR model, the GLM has its limitations. The promotion of primary goods may be viewed as an infringement on participants’ beliefs and there are some that have been identified as impervious to the promotion of the good life (Glaser, 2011). Additionally, many of the elements proposed in the GLM appear to be reminiscent of the RNR model (Andrews et al,
2011; Wormith et al., 2012). Finally, research performed on the GLM is currently limited (Andrews et al., 2011; Wormith et al., 2012).

Taken together, this literature review has been important for consideration because it has chronicled the progression of rehabilitation for youthful offenders, highlighted efficacious treatment modalities from decades of scientific inquiry, and identified limitations in which these effective modalities need improvement. With the empirically-supported models identified, RNR and GLM, the following section aims to present implications for utilizing such treatment approaches within the parameters of the SLYA.

Literature Review Word Count: 15,921
Chapter IV: Discussion

Recommendations for Practical Application of RNR and GLM at SLYA

Recommendations for RNR implementation.

*Risk assessment instruments.*
Standardized psychological instruments that are aimed at the youthful offender populations should be utilized to assess level of risk. The following risk assessment instruments have been identified as efficacious in assessing level of risk in the youthful offender population by Olver et al. (2009) and may be considered for implementation at SLYA: YLS/CMI 2.0, Hare Psychopathy Checklist: Youth Version (PCL:YV), and the Structured Assessment of Violence Risk for Youth (SAVRY). Through meta-analytic investigation, Olver et al. (2009) maintained that each measure was greatly predictive of general, violent, and non-violent recidivism. Furthermore, each measure demonstrated similar predictive ability. It should be noted that the YLS/CMI 2.0 is currently utilized at the agency. However, the PCL:YV and the SAVRY should be considered for clinical application at the SLYA. Refer to Appendix C for details regarding the aforementioned risk assessment instruments.

*Risk principle.*
The risk principle states that the intensity and dosage of treatment should match the level of risk to reoffend assessed (Public Safety Canada, 2014). Effective risk appraisal has been described as the essential link between assessment and appropriate treatment (Andrews & Bonta, 2006). Based on the risk appraisal for each individual client under SLYA, the agency should match the delivery of treatment to the level of risk assessed according to the results of the previously mentioned standardized instruments. Andrews and Bonta (2006) reported that the offenders labeled as high risk should be provided with treatment that is high in intensity, frequent, and is long in duration. Conversely, minimal treatment delivery is most appropriate for low risk offenders. In some cases, Andrews and Bonta commented that low risk offenders have the best result when no treatment is presented. In accordance with the above premises, SLYA should tailor treatment dosage, frequency, and intensity to the client’s scores on the risk assessment instruments. It should also be noted that SLYA personnel should implement these risk assessment instruments on an on-going basis to assess the change in risk. That is, this will help the clinicians ascertain whether or not the treatment is associated with any sizable reduction in risk. If it is not, the clinician should re-evaluate the intervention and make changes where necessary.

*Need principle.*
The need principle states that criminogenic needs identified in the assessment process should be treated as rehabilitation targets (Public Safety Canada, 2014). Andrews and Bonta (2006) maintained that non-criminogenic needs should be targeted insofar as they are identified as a barrier to treatment. While it will be expanded on in the following section, it should be noted that CBT techniques should be employed to treat individualized criminogenic needs.

SLYA clinicians should use the following strategies for change when targeting criminogenic needs in their clients. The major risk/need factors include history of antisocial behaviour, antisocial personality traits, antisocial cognitions, and antisocial associates.
Regarding the treatment of history of antisocial behaviour, SLYA clinicians should identify high-risk situations in which the problem behaviour is likely to occur and a risk avoidance plan should be formulated to avert similar criminal behaviours from arising. Additionally, antisocial behaviour associated with criminal behaviour in these high risk situations should be replaced with more prosocial reactions in therapy. Individuals with antisocial personality traits have been described as having weak self-control, weak anger management skills, and poor problem solving skills. It is recommended that SLYA utilize social skills training and self-control strategies with individuals with antisocial personality traits. By doing so, the client will have developed skills regarding appropriate social behaviour and how to internally manage their lack of self-control. Antisocial cognitions associated with criminal behaviour in clients under the agency’s care should be identified and restructured. With respect to antisocial associates, clinicians should aim to teach social skills to the client, involve him in prosocial activities, and teach self-monitoring techniques.

The moderate risk/need factors include low level of satisfaction in family circumstances, low level of satisfaction in scholastic or work endeavours, low level of satisfaction or involvement in recreational pursuits, and substance abuse. Regarding satisfaction with family relations, it is recommended that clinicians deliver social skills training to members of the family, teach parents of proper behavioural contingencies to encourage appropriate behaviour and discourage antisocial behaviour exhibited by the client. If identified in the assessment procedures and if the client’s family is willing to take part in treatment, clinicians should aim to deliver family therapy to help create a family environment inductive of change when the client returns home. With respect to satisfaction in school or work, difficulties should be identified and targeted. For example, if the dissatisfaction is due to not being able to connect with others in a prosocial manner, treatment should include social skills training to better connect with work peers. Treatment for dissatisfaction or the absence of recreational pursuits should include motivational interviewing, in order to increase motivation to become involved and social skills training in order to teach effective means in integrating one’s self in prosocial settings. Motivational interviewing’s high level of efficacy at increasing motivation to engage in treatment in youthful offenders has been displayed in the literature (McMurran, 2009). Clinicians should utilize motivational interviewing to increase a client’s desire to remain abstinent from substances. Furthermore, high risk situations should be identified and risk avoidance plans should be formulated. Additionally, self-monitoring and behavioural contracting should be utilized to allow the client to be held accountable for his substance abuse.

It is recommended that a combination of individual and group CBT be implemented at SLYA to target criminogenic needs. While both treatment settings have been deemed efficacious in the literature, Khodayarifard, Shokoohi-Yekta, and Hamot (2009) concluded from their study that a combination of group and individual CBT yielded greater reductions in recidivism than individual CBT or group CBT in male offenders. However, professional discretion for dosage of group and individual CBT should be utilized if certain responsivity concerns are presented in individual cases. For example, youthful offenders who exhibit social anxiety symptoms may not benefit from group CBT sessions at the start of treatment. Therefore, the clinician should build on the client’s skills prior to involving him in group CBT sessions. In these sessions, each criminogenic need identified in assessment should be targeted according to their prominence in each individual case. That is, more emphasis should be placed on the more prominent criminogenic needs than less significant criminogenic needs. Also, major risk/need factors should take precedence over the moderate risk/need factors.
Progress in this regard should be measured through goals formulated in treatment. Goals for reductions in severity of criminogenic needs should be established in a collaborative manner with the client. Moreover, goals and objectives should be specific, measurable, attainable, realistic, and should follow a realistic timeline. In addition to the progress made in individualized goals, client’s progress should be assessed through risk assessments and case management inventories. That is, systematic evaluations should be conducted using perhaps the YLS/CMI 2.0, Psychopathy Checklist, and the SAVRY before, during, and after treatment.

**General responsivity.**

The general responsivity principle states that the treatment delivered to offenders should be cognitive-behavioural in nature (Public Safety Canada, 2014). Predominant techniques used in CBT for offenders includes risk avoidance planning, role playing, social skills training, cognitive restructuring, behavioural contracting, and differential reinforcement. Furthermore, greater emphasis should be placed on either cognitive or behavioural methods on a case by case basis depending on a variety of individualized factors including the client’s developmental level. Unless otherwise specified by professional discretion, these techniques along with other CBT techniques should be utilized in the rehabilitative process.

**Specific responsivity.**

The specific responsivity principle states that in rehabilitation, CBT should be tailored to the specific characteristics of the individual, taking into account variables such as cultural norms and learning styles of the participants (Public Safety Canada, 2014). In short, non-criminogenic needs such as low-self-esteem should be identified in treatment. CBT should be used to reduce and/or remove such barriers in the treatment process. Additional interventions, including drug therapies, should be used at staff discretion. Furthermore, lack of motivation can be a responsivity issue that clinicians may face during the treatment process for a variety of reasons. In response to lack of motivation, clinicians should utilize motivational interviewing to generate motivation in the client.

**Recommendations for GLM implementation.**

**Development of a good lives plan.**

Integration of a good lives plan into the therapy delivered at SLYA may increase the overall efficacy of their rehabilitative approach. Prior to treatment, clinicians at SLYA should provide psychoeducation to the client’s regarding primary goods. This process should ultimately be aimed at developing the client’s understanding of what constitutes primary goods. Once the client comprehends the concepts of each of the primary goods, the clinician and client should aim to prioritize the importance of each of the primary goods to the client’s life. SLYA should utilize standardized instruments designed to evaluate individualized goals and personal values. One such example is the Personal Concerns Inventory (Sellen, McMurran, Cox, Theodosi & Klinger, 2006). As in the Personal Concerns Inventory which is concerned with motivation in abusing substances, measures that pertain to why offenders exhibit criminal behaviour. In other words, these instruments are utilized to ascertain what the client attempts to obtain from their antisocial behaviour. If, in addition to the Personal Concerns Inventory, clinicians at SLYA conduct unstructured interviews to ascertain the prioritization of client’s primary goods, questions should pertain to the client’s core beliefs and drives in their life. Subsequent questions
should probe the function of the client’s criminal behaviours. In this context, the function refers
to what purpose criminal behaviour served to gain in the client’s life. Beyond this, the SLYA
clinician should identify secondary goods that are underdeveloped to pursue the identified
primary goods. Once the SLYA clinician has identified the values and skill deficits of the client,
CBT should be utilized to develop these skills or secondary goods to help the client attain their
priority primary goods.

**Limitations of Current Recommendations**

**RNR**

Andrews and Bonta (2006) maintained that albeit the RNR principles are empirically sound, there lies difficulty in implementation. First, Andrews and Bonta concluded that while RNR has been accepted by some correctional and forensic agencies, the RNR model taken together including all assessment and training procedures is intricate. Agencies will have to learn how to reorganize their agency to fit the RNR principles and allocate time and resources to adequately teach staff to adhere to RNR principles, which may be difficult and expensive. Another issue lies in how agencies will evaluate their level of adherence to the RNR model. An appropriate response to this may be for SLYA to hire outside consultants to evaluate their agency’s RNR standards to avoid any biases in evaluation.

The main concern with the above limitations is the time and funds needed to transition to absolute adherence to RNR principles. If correctional agencies can produce adequate time and funds to shift their approach to an RNR treatment approach, the agencies must seek consultation from another agency that is competent in the delivery of the RNR model. Proper training from the outside consultant must be delivered to staff and management to help ensure the integrity of the treatment implemented. Furthermore, outside consultants would also be required for some time to guarantee that the program is adhering to the RNR principles. The correctional agency will be able to evaluate their own level of adherence once the consulting firm has identified management as competent in RNR implementation.

**GLM**

The main limitation with respect to the GLM is that it has yet to be empirically tested on a youthful offender sample, making it difficult to determine its influence on youthful criminal conduct (Wormith et al, 2012). This model has demonstrated positive effects for adult sexual offenders (Willis & Ward, 2011). However, until systematic investigation is conducted on the youthful population, SLYA should cautiously consider integrating components of the GLM. In particular, as stated earlier, the process of prioritizing primary goods and the developing secondary goods in the client should be cautiously incorporated into SLYA procedures.

**Summary and Conclusions**

Many researchers, including Whitehead and Lab (1989) and Martinson (1974), questioned the efficacy of youthful rehabilitative treatment for decades. Behavioural treatment and punitive sanctions comprising incarceration, correctional boot camps, and scared straight programs did not produce any sizable reductions in youthful recidivism. Taken together,
rehabilitative and punitive sanctions were ineffective at treating this forensic population. In response to this assertion, this literature review was conducted to chronicle the advancement of correctional treatment for youthful offending in Canada, highlight evidence-based practices in the literature, and present recommendations for implementation at SLYA.

Numerous online sources and hard copy resources were utilized in the creation of this literature review. Studies were required to contain measures to reduce recidivism in participants between the ages of 12 and 18 and were required to be published after the year 2000. An exception to this rule was that adult female, sexual offending, and violent populations were discussed in certain sections. Furthermore, publications prior to the year 2000 were acceptable in certain cases to allow for historical context.

The results indicated that the RNR model was the most empirically validated treatment approach in the literature demonstrating the largest effect sizes (Andrews & Bonta, 2006). Furthermore, while behavioural intervention was discredited by Martinson (1974) and Whitehead and Lab (1989), these treatment techniques have been shown in recent years to be efficacious in treating youthful offenders as poor treatment integrity has rendered these methods ineffective in the past (Gendreau et al., 2011). It has been shown that the GLM may effectively supplement the clinical potency of the RNR model in reducing adult sexual offender recidivism (Ward et al., 2011). However, further research should be conducted to determine if the GLM is an efficacious treatment approach for youthful offending (Wormith et al., 2012).

Limitations of the Current Literature Review

While this literature review illuminates effective treatment modalities and proper implementation of such approaches in a comprehensive fashion, it also suffers from some notable limitations. Despite the fact that this literature review was intended to chronicle and highlight best-practices in Canada regarding the treatment of youthful offenders, this review was generally limited by the treatments offered only in Canada. Having stated this, some foreign literature was incorporated in this review that pertained to the treatment approaches implemented in Canada. Since foreign resources were utilized, this literature review was limited to resources reported by English speaking researchers. In particular, literature in regards to the RNR model and the GLM, the focal points of this literature review, originate from predominantly English speaking nations including Canada, United States of America, United Kingdom, New Zealand, and Australia. In accordance with this, the evaluation of the RNR model and the GLM research was limited to these countries. Additionally, empirically-validated treatment modalities conducted in foreign nations were, as a result of the aforementioned limitations, ignored.

Contributions to the Behavioural Psychology Field

This literature review presents two contributions to the behavioural psychology field. First, this review has presented a rationale to deter the use of further punitive sanctions or means to reduce youthful recidivism. That is, punitive approaches appear to result in a paradoxical effect on recidivism and increase it in some cases (Green & Healy, 2003). When punitive approaches were demonstrated to be most effective, only small reductions in reoffending occurred (Green & Healy, 2003). In direct contrast to the low level of efficacy from punitive measures on recidivism, this literature review also highlighted the best-practices for youthful
offender treatment based on scientific investigation. In particular, cognitive and behavioural intervention techniques have been identified as efficacious treatment approaches (Gendreau et al., 2011; Ross & Fabiano, 1985). Moreover, the RNR model has been shown to be the gold standard in youthful offender rehabilitation (Andrews & Bonta, 2006). Since no treatment model to date has yielded flawless results, additions to the currently existing RNR principles are required. In accordance with this, this literature review identified the GLM as a possible adequate extension to the potency of the RNR model. Further research in this domain should be conducted to determine if the GLM is effective at increasing the RNR model’s ability to reduce youthful recidivism.

Directions for Future Research

Based on the current literature regarding youthful offender rehabilitation, researchers should aim to build on three areas of inquiry. First, further empirical investigation should be conducted to further determine whether or not level systems specifically have any degree of efficacy in the treatment of youthful recidivism as there has been little research conducted. Solid theoretical underpinnings do not always translate into practical results in favour of the theory. Therefore, additional research is necessary to establish level systems as either effective or ineffective. However, treatment integrity should be stressed in future research in this regard to ensure the results reflect the accurate application of level systems.

Second, research should be conducted to ascertain methods in which the RNR principles can be effectively adhered in real world applications. The demonstration applications conducted by researchers of RNR principles yielded greater effect sizes than correctional applications of the RNR model by non-research clinicians. Research should be performed to determine how real world applications of RNR can result in similar effect sizes as demonstration projects.

Third, at the present time, no empirical examinations of the GLM and youthful offenders have been conducted. While the GLM has been shown to have some merit in the rehabilitation of adult sexual offenders, the GLM needs to be empirically tested with youthful offenders. Examination of the GLM with a different forensic population may give some insight as to how the model can be applied to the youthful offender population. However, the actual application of the GLM with this population is the only certain method in determining if it is effective for such a population. In closing, the GLM should be empirically tested in conjunction with the RNR model to maximize treatment effectiveness.

Directions for Future Practice at SLYA

On a practical level, if the agency decides to pursue implementation of some of the evidence-based practices outlined in this thesis, they could engage another future thesis student in the collection of relevant clinical resources in the areas they identified. That future project could inform any other work conducted by agency personnel or consultants in these areas.

Total Thesis Count: 20, 670
References


### Appendix A: Criminogenic Needs and Signs

<table>
<thead>
<tr>
<th>Criminogenic Need</th>
<th>Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antisocial Personality</td>
<td>Aggressive, prone to boredom, acts impulsively, seeks pleasure.</td>
</tr>
<tr>
<td>Antisocial Cognitions</td>
<td>Poor attitude towards law, law enforcement, and courts. Demonstrates rationalizations for criminal conduct.</td>
</tr>
<tr>
<td>Antisocial Acquaintances</td>
<td>Has friends with criminal backgrounds and has few prosocial bonds.</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Abuse of illicit substances or alcohol is an indicator.</td>
</tr>
<tr>
<td>Family/Marital Standing</td>
<td>Poor relationships with family or spouses.</td>
</tr>
<tr>
<td>School or Work Satisfaction</td>
<td>Poor performance or under average satisfaction with time spent at school or work is an indicator.</td>
</tr>
<tr>
<td>Adaptive Use of Free Time</td>
<td>Is free time spent well in an appropriate manner? For example, spending time alone all day and every day is not time spent well.</td>
</tr>
</tbody>
</table>

(Andrews & Bonta, 2006)
Appendix B: Characteristic of Efficacious Contingency Management Programs

Positive
- Positive reinforcement should be used more frequently than punishment procedures.
- Staff should consult participants to determine appropriate tangible reinforcers.
- Parameters of level systems should be individualized to each participant depending on his/her characteristics.
- Reinforcement should be contingent only on performance rather than being “salary” based.
- Target behaviours should be operationalized to avoid ambiguity in observation and recording.
- Behaviours that are associated with criminal behaviour or the improvement of quality of life should be targeted. Other trivial behaviours should not be modified in treatment.

Negative
- CM programs should not allow participants to go into debt.
- Inflation and deflation of currency should be avoided in CM programs.
- Threats should not be used because there is no immediate consequence.
- Reinforcement and punishment procedures should not be delivered in a routine fashion. In the end, the offender should understand that his/her prosocial behaviour will only be occasionally reinforced and that he/she should be intrinsically motivated to exhibit prosocial behaviour. In other words, program fading is critical.

(Gendreau et al., 2011)
Appendix C: Risk Assessment Instruments

There are three levels of qualifications that risk assessments can be labelled. These levels of qualification determine who has the prerequisite experience to implement these evaluations in a clinical assessment process.

**Level B** – These instruments can only be implemented by individuals who have completed graduate level courses or equivalent training pertaining to psychological assessment procedures.

**Level C** – Same qualifications apply here as in Level B. However, depending on the state or province, users of Level C assessments may require membership in a professional association such as the American Psychological Association (APA).

**Level M** – These instruments may only be utilized by law enforcement agencies.

**Youth Level of Service/Case Management Inventory (YLS/CMI 2.0)**

<table>
<thead>
<tr>
<th>Authors</th>
<th>Hoge, Ph. D. and Andrews, Ph.D.</th>
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<td>Formats</td>
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(Mental Health Services, 2015b)

**Hare Psychopathy Checklist: Youth Version (PCL:YV)**

<table>
<thead>
<tr>
<th>Authors</th>
<th>Forth, Ph.D., Kosson, Ph.D., and Hare, Ph.D.</th>
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(Mental Health Services, 2015a)

**Structured Assessment of Violence Risk for Youth (SAVRY)**

<table>
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<tr>
<th>Authors</th>
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(Psychological Assessment Resources, 2015)