



NATIONAL CRIME PREVENTION CENTRE

Building the Evidence – YOUTH AT RISK

2008-YR-02

FAMILY-BASED PROGRAMS FOR PREVENTING AND REDUCING JUVENILE CRIME

This fact sheet presents family-based programs for preventing and reducing juvenile crime whose effectiveness has been well established by reliable and rigorous evaluation studies.

The criteria used to determine the effectiveness of programs include the following¹:

- a rigorous evaluation methodology;
- a conceptual framework based on scientific knowledge;
- measurable and concrete results on the reduction of the negative effects of risk factors or the increase of the positive effects of protective factors;
- effects that are maintained over time;
- the replication of the program in different environments, obtaining similar results each time.

PROGRAMS AND INTERVENTION STRATEGIES FOR FAMILIES

For programs involving the family, three intervention strategies are considered adequate:

- parental training programs;
- family therapy programs;
- integrated approach programs.

The choice of programs presented here is based on the following criteria: the programs must be based on the family and must target the risk factors associated with families; youth targeted by the programs must be identified as youth who are at risk of developing delinquent behaviour or who are already involved in delinquent activities; and the program results must be supported by evaluations that confirm a reduction in the risk of juvenile delinquency, the mitigation of risk factors or the reinforcement of protective factors.

Parental training programs

This type of program essentially aims to teach parents how to use adequate discipline techniques, balanced supervision and control, and how to set clear and consistent limits for children and youth who tend to disobey rules.²

Parental training uses a structured approach, mainly designed to improve family relations and to help parents use appropriate child-rearing techniques.

PARENTAL TRAINING PROGRAMS			
TITLE	TARGET GROUP	TARGETED PROBLEMS AND RISK FACTORS	RESULTS AND RATING ³
<p>Preventive Treatment Program</p>	<p>Age group: 7-9 years (boys only)</p> <p>Boys from disadvantaged families who present behavioural problems.</p>	<p>Problems:</p> <ul style="list-style-type: none"> • gang-related activities; • delinquency; • substance abuse; • aggression and violence. <p>Risk factors:</p> <ul style="list-style-type: none"> • mismanagement of family conflicts; • poor parental supervision; • use of corporal punishment; • inconsistent discipline. 	<p>Results:</p> <ul style="list-style-type: none"> • at 12 years old, the boys who participated in this program commit fewer thefts, are less likely to have substance abuse problems and are less involved in fights; and • at 15 years old, the boys who participated in this program are less involved with gangs, have fewer substance abuse problems, commit fewer delinquent acts and have fewer friends who had been arrested by the police.^{4,5} <p>Rating³: I: exemplary II: ns (not stated)</p>
<p>Parenting with Love and Limits (PLL)</p> <p>Also accompanies family therapy</p>	<p>Age group: 10-18 years (girls and boys)</p> <p>Youth who have committed a first offence/youth at risk of adopting delinquent behaviour/dropouts.</p>	<p>Problems:</p> <ul style="list-style-type: none"> • gang-related activities; • delinquency; • substance abuse; • aggression and violence; • academic problems. <p>Risk factors:</p> <ul style="list-style-type: none"> • poor parental supervision; • mismanagement of family conflicts; • poor family bonds; • family violence; • sibling with behaviour problems; • use of corporal punishment; • inconsistent discipline. 	<p>Results:</p> <ul style="list-style-type: none"> • in the year following PLL, 85% of youth did not have a substance abuse relapse; • compared to a control group, PLL youth reduced their aggressive behaviour, depression and attention deficit problems; and • parents of PLL, compared to those of a comparison group, improved communication with their youth.⁶ <p>Rating: I: exemplary II: ns</p>



PARENTAL TRAINING PROGRAMS (CONTINUED)			
TITLE	TARGET GROUP	TARGETED PROBLEMS AND RISK FACTORS	RESULTS AND RATING ³
Focus on Families	<p>Age group: 3-14 years (girls and boys)</p> <p>Targets families in which one parent is on methadone treatment.</p>	<p>Problem:</p> <ul style="list-style-type: none"> substance abuse. <p>Risk factors:</p> <ul style="list-style-type: none"> parents who are involved in criminal activity or who have a criminal history; poor parental supervision; mismanagement of family conflicts; use of corporal punishment; inconsistent discipline; poor family bonds. 	<p>Results:</p> <p>After 12 months of counselling, the <i>Focus on Families</i> parents, compared to a comparison group:^{5,7}</p> <ul style="list-style-type: none"> reported fewer conflicts; were better able to ensure house rules were obeyed; changed their social circle; reported a 65% reduction in the frequency of heroin use; were six times less likely to use cocaine in the last month. <p>Rating:</p> <p>I: exemplary II: model</p>

Family therapy programs

Family therapy adopts a multidimensional approach that combines parental training, youth training and family dynamic improvement. Family therapy programs essentially aim to

improve communication and interaction between parents and children and enrich parental practices to better resolve problems that arise.⁸

FAMILY THERAPY PROGRAMS			
TITLE	TARGET GROUP	TARGETED PROBLEMS AND RISK FACTORS	RESULTS AND RATING ³
Functional Family Therapy (FFT)	<p>Age group: 11-18 years (girls and boys)</p> <p>Youth who present delinquent behaviour/youth currently involved in criminal activities.</p>	<p>Problems:</p> <ul style="list-style-type: none"> aggression and violence; substance abuse. <p>Risk factors:</p> <ul style="list-style-type: none"> poor parental supervision; mismanagement of family conflicts. 	<p>Results:</p> <ul style="list-style-type: none"> compared to traditional justice service for youth, FFT reduces the risk of recidivism by 50% to 60%;⁵ after one year of counselling, the rate of recidivism in youth who participated in the project was 19.8% versus 36% in other youth;⁹

FAMILY THERAPY PROGRAMS (CONTINUED)			
TITLE	TARGET GROUP	TARGETED PROBLEMS AND RISK FACTORS	RESULTS AND RATING ³
			<ul style="list-style-type: none"> compared to traditional probation services for youth, residential treatments; and therapeutic approaches, FFT obtained better results.⁵ <p>Rating: I: exemplary II: exemplary</p>
<p>Multidimensional Treatment Foster Care (MTFC)</p> <p>Also considered to be a program that uses an integrated approach</p>	<p>Age group: 11-18 years (girls and boys)</p> <p>Youth with chronic delinquent behaviour who are at risk of incarceration.</p>	<p>Problems:</p> <ul style="list-style-type: none"> delinquency; aggression and violence. <p>Risk factors:</p> <ul style="list-style-type: none"> poor parental supervision; mismanagement of family conflicts; parents who are involved in criminal activity or who have a criminal history. 	<p>Results:</p> <ul style="list-style-type: none"> after a 12-month follow-up, MTFC youth, compared to youth placed in traditional placement centres, committed fewer offences (an average of 2.6 offences versus 5.4);⁹ after a 12-month follow-up, MTFC boys aged 12 to 17 spent 60% fewer days in prison compared to boys placed in traditional placement centres, used fewer hard drugs, had a lower rate of recidivism and were more likely to return to their families;⁵ after a 24-month follow-up, MTFC youth had better academic integration.¹⁰ <p>Rating: I: exemplary II: exemplary</p>
<p>Brief Strategic Family Therapy (BSFT)</p>	<p>Age group: 8-18 years (girls and boys)</p> <p>Youth who present or who are at risk of adopting delinquent behaviour.</p> <p>The therapy also addresses dropouts and youth with substance abuse problems.</p>	<p>Problems:</p> <ul style="list-style-type: none"> delinquency; substance abuse. <p>Risk factors:</p> <ul style="list-style-type: none"> poor parental supervision; mismanagement of family conflicts; poor family bonds; siblings with behaviour problems. 	<p>Results:</p> <p>BSFT is considered an effective treatment to improve behaviour problems, reduce recidivism among young offenders and improve family relations.⁷</p> <p>Rating: I: effective II: exemplary</p>



FAMILY THERAPY PROGRAMS (CONTINUED)			
TITLE	TARGET GROUP	TARGETED PROBLEMS AND RISK FACTORS	RESULTS AND RATING ³
Multidimensional Family Therapy (MDFT)	Age group: 11-18 years (girls and boys) Youth with substance abuse problems and youth who present behaviour problems.	Problems: <ul style="list-style-type: none"> • substance abuse; • aggression and violence. Risk factors: <ul style="list-style-type: none"> • poor parental supervision; • mismanagement of family conflicts; • use of corporal punishment; • inconsistent discipline. 	Results: <ul style="list-style-type: none"> • MDFT youth showed more positive changes (45%) than youth in regular group therapy (32%) and youth in multi-family therapy (26%);⁵ • after one year, 70% of MDFT youth and 55% of youth who participated in cognitive therapies stopped using drugs; and • MDFT enabled the participating families to improve their functioning and cohesion.⁷ Rating: I: effective II: exemplary
Positive- Parenting- Program (Triple P) Also accompanies parental training	Age group: Youth under 16 years (girls and boys) Youth with behaviour (or emotional) problems.	Problem: <ul style="list-style-type: none"> • behaviour problems. Risk factors: <ul style="list-style-type: none"> • mismanagement of family conflicts; • depressed parents. 	Results: Compared to families on a waiting list to receive treatment, those who participated in Triple P ¹¹ : <ul style="list-style-type: none"> • reduced behaviour problems in their children; and • improved parenting practices and skills. Rating: I: ns II: ns

Integrated approach programs

The integrated approach involves the participation of several partners (health and social services, education, justice, police, mental health professionals, substance abuse treatment, etc.). Integrated approach programs primarily aim to break family isolation by combining, in a personalized way, a wide range of

services and support networks for the family and youth. This approach also takes into consideration the fact that the risk factors come from several areas (neighbourhood, school, friends, family and the youth's individual characteristics).

INTEGRATED APPROACH PROGRAMS			
TITLE	TARGET GROUP	TARGETED PROBLEMS AND RISK FACTORS	RESULTS AND RATING ³
<p>Multisystemic Therapy (MST)</p> <p>Sometimes classified under family therapy</p>	<p>Age group:</p> <p>12-17 years (girls and boys)</p> <p>Youth with chronic violence problems, substance abuse problems and those who are at risk of placement.</p>	<p>Problems:</p> <ul style="list-style-type: none"> • aggression and violence; • substance abuse. <p>Risk factors:</p> <ul style="list-style-type: none"> • mismanagement of family conflicts; • poor parental supervision. 	<p>Results:</p> <ul style="list-style-type: none"> • the reduction of recidivism rate varied between 25% and 70%⁹; • the reduction in youth placement rates varied between 47% and 64%⁹; • compared to youth who received traditional services, MST youth experienced a significant reduction in criminal activity⁶; • MST is one of the most effective programs for aggressive and antisocial adolescents¹²; • compared to youth in traditional placement, MST youth reduced their rate of arrest, self-reported delinquency and the number of assaults against other youth.¹³ <p>Rating:</p> <p>I: exemplary II: exemplary</p>
<p>CASASTRAT</p> <p>{Striving Together to Achieve Rewarding Tomorrows}</p> <p>Also known as <i>Children at Risk</i></p> <p>Also considered to be family therapy</p>	<p>Age group:</p> <p>8-13 years (girls and boys)</p> <p>Youth at risk of being involved in criminal activities or youth who present substance abuse problems.</p>	<p>Problems:</p> <ul style="list-style-type: none"> • delinquency; • substance abuse; • aggression and violence; • academic problems. <p>Risk factors:</p> <ul style="list-style-type: none"> • parents who are involved in criminal activity or who have a criminal history; • poor parental supervision; 	<p>Results:</p> <p>After one year, youth who participated in CASASTRAT, compared to youth from a comparison group:¹⁴</p> <ul style="list-style-type: none"> • had a lower drug use rate (56% versus 63%); • sold drugs less frequently (14% versus 24%); and • committed fewer violent crimes (22% versus 27%).



INTEGRATED APPROACH PROGRAMS (CONTINUED)			
TITLE	TARGET GROUP	TARGETED PROBLEMS AND RISK FACTORS	RESULTS AND RATING ³
		<ul style="list-style-type: none"> • mismanagement of family conflicts; • poor family bonds; • family violence; • family instability. 	<p>Rating:</p> <p>I: effective II: ns</p>
<p>Wraparound Milwaukee</p> <p>Also accompanies family therapy</p>	<p>Age group:</p> <p>13-17 years (girls and boys)</p> <p>Youth who present emotional and behaviour problems/ youth who present mental health needs.</p>	<p>Problems:</p> <ul style="list-style-type: none"> • delinquency; • substance abuse; • aggression and violence. <p>Risk factors:</p> <ul style="list-style-type: none"> • parents who are involved in criminal activity or who have a criminal history; • poor parental supervision; • mismanagement of family conflicts; • family violence; • siblings with behaviour problems; • use of corporal punishment; • inconsistent discipline. 	<p>Results:</p> <ul style="list-style-type: none"> • pre-and post-test evaluations showed that the youth involved in Wraparound reduced their rate of recidivism and improved their performance in school, at home and in the community; and • after one year of counselling, there was a decrease in the rate of violent sex offences (from 14% to 2%), offences against property (from 42% to 15%), assaults (from 20% to 5%) and offences involving firearms (from 11% to 3%).⁵ <p>Rating:</p> <p>I: promising II: ns</p>
<p>All Children Excel (ACE)</p>	<p>Age group:</p> <p>6-15 years (girls and boys)</p> <p>Youth who present a high risk of chronic delinquency and violence.</p>	<p>Problems:</p> <ul style="list-style-type: none"> • delinquency; • aggression and violence; • academic problems. <p>Risk factors:</p> <ul style="list-style-type: none"> • parent who are involved in criminal activity or who have a criminal history; • poor parental supervision; • mismanagement of family conflicts; • poor family bonds; • family violence; • siblings with behaviour problems; • use of corporal punishment; • inconsistent discipline. 	<p>Results:</p> <ul style="list-style-type: none"> • an evaluation from 1999 to 2003 showed that youth who participated in ACE attended school regularly, were accepted to high school and improved their attitudes and behaviour at school;¹⁵ • among youth who present the same level of risk, those who participated in ACE had a lower rate of recidivism (35% versus 57%); and • over a period of 4.5 years, 86% of ACE youth did not face new charges.¹⁶ <p>Rating:</p> <p>I: promising II: ns</p>

INTEGRATED APPROACH PROGRAMS (CONTINUED)			
TITLE	TARGET GROUP	TARGETED PROBLEMS AND RISK FACTORS	RESULTS AND RATING ³
<p>SNAP™ Under 12 Outreach Project (ORP)</p> <p>Also accompanies family therapy and parental training</p>	<p>Age group: 6-12 years (boys only)</p> <p>Boys who have committed offences or who present serious behaviour problems.</p> <p>Note: a program for girls, <i>SNAP™ Girls Connection</i>, was established in 1996.</p>	<p>Problems:</p> <ul style="list-style-type: none"> • delinquency; • aggression and violence. <p>Risk factors:</p> <ul style="list-style-type: none"> • poor parental behaviour • poor parental supervision. 	<p>Results:</p> <p>Compared to a control group, SNAP participants⁵:</p> <ul style="list-style-type: none"> • had fewer individual problems (anxiety, depression); • improved their social skills (better relations with peers; participation in activities); • reduced their rate of aggression and delinquency; • 60% of high risk children who participated in ORP did not have a criminal record; • showed positive skills after treatment, developed positive ties with teachers, friends and family members and were less likely to associate with “bad friends”; and • parents had less difficulty in relations with their children and were confident that they could adequately supervise their behaviour. <p>Rating:</p> <p>I: exemplary II: ns</p>

CONCLUSION

Whether they are based on parental training, family therapy or an integrated approach, the programs presented in this fact sheet prove that effective intervention with families can effectively reduce the risk of juvenile delinquency. The following are a few key elements to the success of these programs:

- Target the main risk factors. Several researchers have demonstrated that the most effective prevention programs target population presenting several risk factors at once.¹⁷

- Strengthen the protective factors associated with families, particularly parent-child relations, communication, parental supervision, discipline and family ties.
- Implement programs that combine diversified intervention strategies and use an integrated approach. The more complete a program is and the more it involves several services, the better the chances of success.¹⁸



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Notes

1. Increasingly, the cost benefits analysis is also taken into consideration as a criterion for program effectiveness. This analysis shows that the money invested in prevention programs is profitable when compared with the resulting benefits (Welsh, 2007).
2. Kumpfer et al., 1998.
3. Explanation of program rating levels:
 - I. Office of Juvenile Justice and Delinquency Prevention (OJJDP)- *Model Programs Guide (MPG)*
 - Exemplary: program with a high degree of fidelity that demonstrates robust empirical findings, a reputable conceptual framework and an evaluation design of the highest quality [experimental].
 - Effective: a program with sufficient fidelity that demonstrates adequate empirical findings, uses a sound conceptual framework and an evaluation design of high quality [quasi-experimental].
 - Promising: program that demonstrates promising empirical findings, uses a reasonable conceptual framework but requires more thorough evaluation; the evaluation is based only on pre- and post-test measurements.
 - II. Strengthening America's Families Project
 - Exemplary: program that has an evaluation of the highest quality, presents positive results and has been replicated several times.
 - Model: program that has been thoroughly evaluated but seldom replicated.
 - Promising: program that requires other research or uses non-experimental evaluation methods; results seem promising but need to be confirmed with more rigorous evaluation methods.
4. Farrington D. and B. Welsh. 1999. *Delinquency Prevention Using Family-Based Interventions*.
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6. *Community Guide to Helping America's Youth*. Available from: www.helpingamericasyouth.gov/
7. *Strengthening America's Families, Effective Family Programs for Prevention of Delinquency*. Available from: www.strengtheningfamilies.org/
8. Krug et al., 2002.
9. Mihalic, S. et al. 2001. *Blueprints for Violence Prevention*. US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
10. Center for the Study and Prevention of Violence, *Blueprints for Violence Prevention*, Available from: www.colorado.edu/cspv/blueprints/
11. *Guide to Effective Programs for Children and Youth*. Available from: www.childtrends.org/Lifecourse/programs/TripleP-PositiveParentingProgram.htm
12. Elliott et al., 1998.
13. Henggeler et al., 1997.
14. Promising Practices Network on Children, Families and Communities. Available from: www.promisingpractices.net/default.asp
15. Ed Frickson, Ramsey County, All Children Excel
16. Reinhardt, 2007.
17. Sherman, 1997; see also Coie and Jacobs, 1993; Yoshikawa, 1994; Tremblay and Craig, 1995; Wasserman and Miller, 2000.
18. Kumpfer et al., 1998.