Beyond detention: The effectiveness of aftercare for juvenile and young adult offenders

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Chapter 3.

Endeavors in an experimental study on the effectiveness of an aftercare program in The Netherlands: Research note

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Abstract

This article addresses our endeavors and experiences conducting a Randomized Controlled Trial (RCT) to evaluate a promising aftercare intervention in the Netherlands. New Perspectives Aftercare Program (NPAP) is an intensive reentry program for serious juvenile and young adult offenders, aged 16 to 24, starting in the last phase of their detention or secure care and lasting for 9 months. Implementing the experimental study was a challenge, because it covered both the juvenile and adult justice system, with offenders receiving aftercare mandated under criminal and civil law, resulting in complex referral pathways complicating the system and moment of randomization. Other matters were related to resistance to random assignment and unforeseen conflicts between administrative and evaluation priorities of the different stakeholders, such as the city council and youth care organizations. Our experiences may be helpful to other researchers who encounter similar problems to fruitfully conduct experimental research in criminal justice settings.
Every year, several thousand adolescents and young adults leave juvenile detention centers, secure care facilities and penitentiary institutions in The Netherlands, in a ratio equivalent to the United States (Snyder & Sickmund, 2006). About half of the offenders recidivate within two years after release (Wartna, Tollenaar, Blom, Alma, Essers, & Bregman, 2010). It is well established that recidivism among young people that reenter society after release from a correctional facility is high, and it is difficult for them to change their lives of crime and become responsible, law-abiding citizens (Snyder & Sickmund, 2006).

To facilitate a successful rehabilitation, over the years various re-entry and aftercare programs have been developed for young offenders (Altschuler & Armstrong, 1994), yet few aftercare programs have been accompanied by robust scientific research to test their efficacy (James, Stams, Asscher, De Roo, & Van der Laan, 2013). Criminal justice agencies are now pressed to offer ‘evidence-based’ interventions, while increasingly more emphasis is placed on funding and conducting rigorous scientific research on the efficacy of interventions (Mears, 2010; Ministry of Justice, 2003; Welsh & Harris, 2008). In The Netherlands, reducing criminal recidivism of juvenile and young adult offenders has become a critical policy issue and comprehensive policy programs ‘Working on Reduction of Recidivism’ and ‘Tackling Juvenile Delinquency’ were developed, stressing the need for effective interventions and suitable aftercare (Ministry of Justice, 2003).

To ensure a successful reentry and reduce the risk of recidivism of juvenile and young adult offenders in The Netherlands, the aftercare program New Perspectives Aftercare Program (NPAP) was established in 2007 and soon after labeled as 'promising' by the 'Best Practices Initiative Behavioral Interventions in Justice Settings', under the condition that its efficacy is demonstrated through robust scientific research (Ministry of Justice, 2009).

In general, there is consensus among researchers that randomized controlled trials (RCT’s) are the golden standard when it comes to conducting effectiveness research. This is not different for Dutch researchers (Asscher, Deković, Van der Laan, Prins, & van Arum 2007), who are aware of the importance and advantages of randomized controlled designs (Bijleveld, 2003). Notwithstanding the ‘evidence-based practice’ policies and established evaluation research tradition, experimental studies constitute only a small fraction of all research being conducted in the criminal justice field (Farrington, 2003b; Farrington & Welsh, 2005b), due to various reasons. One reason is that the interventions are offered by various stakeholders, whose interests are sometimes conflicting with those of researchers and can lead to the “often messy nature of conducting evaluations in the field” (Welsh et al., 2011, p. 194). Secondly, anticipated practical and ethical difficulties might impede some researchers from embarking on the RCT journey (Lum & Yang, 2005).
Chapter 3.

Aware of certain obstacles to be faced and based on the conviction that a randomized controlled trial is the best possible way to test the effectiveness of NPAP, we decided to take on the daunting task of conducting an experimental study in the Dutch criminal justice setting. This paper describes the implementation process of the experimental study to test the efficacy of NPAP, an intensive aftercare intervention for serious young offenders in The Netherlands aimed at successful transition from a (juvenile) detention center or secure care facility back into the community, preventing further offending. The key practical and logistical challenges encountered during the process of implementation and while conducting the experimental study are discussed, together with formal and informal organizational cultural barriers that we faced and our ways of overcoming them. It is the authors’ hope that, by sharing information and experiences, implications and lessons can be drawn from our aftercare study that are of use to fellow researchers planning to conduct an experimental study in the criminal justice field.

New Perspectives Aftercare Program (NPAP): A description of the intervention

NPAP is an intensive aftercare program for serious juvenile and young adult offenders, aged 16 to 24 years, reentering society after a period of detention or secure care, with a moderate to high recidivism risk. Young adults are targeted by the intervention, because the transition from adolescence to adulthood is seen as a process of ‘emerging adulthood’, with young adults more closely resembling juveniles than adults with respect to their development, risk and needs (Arnett, 2000). The goals of the treatment are the prevention of recidivism by modifying cognitive distortions and behavior and improving skills. The intervention is intensive, vigorous and highly individualized; combining reintegration in the neighborhood, work or school and focusing on the network of the juvenile or young adult as a whole. The intervention strategies include coordinated case management, motivational interviewing and cognitive behavioral interventions focused on controlling impulses, problem solving and criminogenic thinking patterns (Vogelvang & Schut, 2008). NPAP is divided into three phases and is typically delivered for 9 months, with a 3-month follow-up period. The first (re-entry) phase commences during the last three months of detention, to ensure a smooth transition from the closed environment back into the community, followed by an intensive phase of three months and a consolidating phase. The youth care workers have low caseloads (six to seven clients maximum), are available 24 hours a day, are outreaching, invest in a therapeutic relationship with
their clients, and aim to build a prosocial network that the juveniles and young adults can rely on beyond the intervention period.

NPAP seems to be a promising aftercare intervention for the following reasons. First, the problems targeted in the intervention are selected on the basis of theories and empirical findings regarding the development and persistence of antisocial behavior, such as distorted social information processing (Crick & Dodge, 1994), and the coping-relapse model (Brown, St. Amand & Zamble, 2002). Second, NPAP has several important characteristics that have been shown in previous research to increase its effectiveness. It focuses on general treatment principles, such as the therapeutic alliance, one of the most important factors contributing to the effectiveness of the intervention (Wampold & Brown, 2005). Furthermore, NPAP aligns with the risk-needs-responsivity (RNR) model, focusing on moderate to high-risk juveniles, targeting the criminogenic needs and responsiveness of the juvenile and young adult offenders (Andrews et al., 1990). The program also addresses the need for an aftercare intervention for young adult offenders, who are often caught between two stools, due to transition from a juvenile to an adult justice system and the shift from a pedagogical to a punitive approach. The reentry phase is especially challenging for them, as they are facing both the transition from their detention facility to the broader community and, simultaneously, the transition from adolescence to adulthood, with its own specific challenges (Travis, Solomon, & Waul, 2001).

In short, NPAP includes all the characteristics (multifaceted, community-based and offender-focused) that are nowadays generally recognized as features of effective interventions aimed at positive behavioral change and recidivism reduction for juveniles and young adults (Altschuler & Armstrong, 1994; Lipsey, 1992).

**Study of the effectiveness of New Perspectives Aftercare Program**

NPAP was developed in 2007 by Spirit, a large youth care organization in Amsterdam, and Bureau Van Montfoort, a research and consultancy agency in The Netherlands. Soon after NPAP had been accredited as a promising recidivism reducing intervention by the Ministry of Justice (2009), a team of researchers

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5. Juveniles and young adults with an intellectual disability were excluded from enrolment in NPAP. A separate NPAP program was developed to meet their specific needs (Adviesbureau Van Montfoort, Spirit Jeugd en Opvoedhulp, William Schrikker Groep, 2010).
from the University of Amsterdam (UvA) and the Netherlands Institute for the Study of Crime and Law Enforcement (NSCR) obtained a grant from the Netherlands Organization of Health Research and Development (ZonMw) to conduct a study of the efficacy of NPAP in the Netherlands. The study was to be carried out in three major cities in The Netherlands where NPAP was implemented: Amsterdam, Utrecht and The Hague.

The first aim was to examine whether NPAP produces outcomes that are superior to the existing services (‘treatment as usual’). The primary outcome is defined as a decrease in the frequency and seriousness of criminal behavior and, in addition, the overall level of psychosocial functioning after a period of incarceration (short and long term effectiveness). The second aim was to understand the processes through which NPAP works by testing the hypothesized mediators of beneficial intervention: decrease in the adolescent or young adult’s involvement with deviant peers and increased involvement with conventional, prosocial peers, modification of cognitive distortions and criminal thinking patterns, increase in the competence and problem solving skills of the adolescent or young adult, increase in scholastic involvement and/or obtaining and maintaining a job, and improvement of communication between his/her parents or caretakers. The third aim was to determine the conditions that may affect the effectiveness of NPAP: characteristics of clients (ethnicity, age, IQ, criminal record, motivation) or characteristics of the intervention (length, intensity, start during vs. after detention etc.). The study involved random assignment of 180 individuals referred to NPAP, equally divided into an experimental (NPAP) condition and control condition (‘treatment as usual’, TAU). After a client was referred to NPAP, he/she was screened by the NPAP’s team manager and/or behavioral scientist based on an intake form and the available case file. Juveniles and young adults aged 16 to 24 were eligible for the aftercare program and inclusion in the study if they 1) had spent a minimum of four weeks in detention; 2) had committed a minimum of three criminal acts, including one serious act; and 3) had a medium to high recidivism risk, based on a recent risk assessment by the RISc\(^6\) (Adviesbureau Van Montfoort & Reclassering Nederland, 2004) or the SAVRY\(^7\) (Lodewijks, Doreleijers, Ruiter & Wit de-Grouls, 2006). Exclusion criteria were 1) a low IQ (<75); 2) severe psychiatric problems and/or; 3) substance abuse problems; and 4) absence of motivation (Vogelvang & Schut, 2008). If a client was

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6. The abbreviation RISc stands for ‘Risico Inschattingsschaal’ [Risk Assessment Tool] and is the Dutch adaptation of the Offender Assessment System (OASys) (OASys Development Team, 2001).
7. The SAVRY is the Dutch translation of the Structured Assessment for Violence Risk in Youth (Borum, Bartel, & Forth, 2002).
found eligible for enrolment in NPAP, he or she was informed about the trial through the referral agency. With informed consent, his/her details were communicated with the primary researcher, who immediately conducted the randomization and informed the team manager of the outcome. Subsequently, all juveniles and young adults were approached by the researchers for a prior to the start of NPAP or TAU (T1), a test during the intervention (after 3 months, T2), a post-test immediately afterwards (9 months later, T3) and a follow-up assessment one year after the end of the intervention (T4). A range of standardized questionnaires and a semi-structured interview were conducted at each measurement wave, to identify an individual’s cognitive and behavioral problems, motivation and changes over time and to establish short- and long-term goal attainment. Both juveniles and young adults themselves and their (aftercare) intervention worker, were included as informants. Recidivism, the primary outcome measure, was measured by official records and self-report.

The reasons to conduct a randomized experiment were the following: in order to carry out a systematic evaluation of any intervention, an experimental design is the condition sine qua non and can reduce some important threats to validity (Asscher et al., 2007; Farrington, 2003c). First, by random assignment, it is possible to avoid a systematic bias when dividing people into treatment and comparison groups, and one may assume that both groups are equivalent (Farrington & Petrosino, 2001). Second, an RCT can rule out (or, at least, make highly implausible) the effects of confounding factors, such as passage of time, the effects of assessment, or differences in client characteristics that may affect treatment outcomes between study participants in the experimental and control conditions (Cook, 2003; Weisburd, 2003). Randomized experiments provide the most unambiguous results concerning the efficacy and effectiveness of any treatment and give clear results on the direction of causal influence, proving highly useful in contributing to the credibility when conveying the outcomes of the study (Boruch, Snyder & DeMoya, 2000a; Farrington, 1983, Lum & Yang, 2005; Sherman, 2003).

In the present effectiveness study, the adolescents and young adults in the control condition received ‘treatment as usual’ (interventions or services previously available). This enables us to determine whether the aftercare program works better than treatment as usual. An additional advantage of the ‘treatment as usual’ control condition is that this design is more likely to be tolerated in youth care and criminal justice settings and can overcome resistance to the effectiveness study, since practitioners feel it is better than receiving no treatment at all (Asscher et al., 2007). Considering these methodological issues, the choice of an experimental design was not hard to make. Nevertheless, there were many issues to consider when implementing this design, as the reality was far more
complicated than initially anticipated by the researchers, based on experiences from a previously conducted experimental study on the effectiveness of Multi Systemic Therapy (MST) (Asscher et al., 2007). In the following sections, we elaborate on the choices we made and discuss several obstacles faced when implementing the randomized controlled design in practice.

Challenges implementing the aftercare effectiveness study

Moment of Randomization

After opting for a randomized controlled trial, the first choice to be made was the moment of randomization. In our study, there were two options. Firstly, randomization on the individual level could take place immediately after a juvenile or young adult is referred to NPAP and meets the inclusion criteria. With “randomization as late as possible” the randomization could be done at one central point, and preferably by the researchers themselves, which minimizes the chance of selection bias. After a juvenile has been randomly allocated to NPAP or the control condition the youth care organization carrying out NPAP could be involved in establishing ‘treatment as usual’ and referral of clients within their own organization, making the process easier to carry out. A disadvantage is that if after careful consideration by all parties concerned, a juvenile or young adult referred to NPAP can be turned down after randomization, which may result in disappointment of those responsible for referral. Moreover, referrers might feel that their preceding thoughts and efforts to provide the best service for their clients are futile, which might lead to reluctance to refer more clients in the future (Asscher et al., 2007).

Alternatively, randomization could take place “as early as possible”, when NPAP is first considered as aftercare program by referral agencies. This way they could become actively involved in the randomization process, choosing an alternative as part of the ‘treatment as usual’. Early randomization, however, does have several disadvantages. First, there is a substantial risk of drop-out after randomization, since several steps still need to be taken and the juveniles or young adults might not fit the inclusion criteria or lack the motivation needed to enroll in the program. Second, all referral agencies and stakeholders in the different cities need to cooperate in the random assignment of eligible study participants, which is logistically and administratively almost impossible. Even if researchers would manage, there is a considerable risk of non-compliance of one or more parties concerned during the course of the inclusion and randomization process (Asscher et al., 2007).
Considering the abovementioned randomization options, through mutual agreement by the researchers and the youth care organization that offered NPAP we decided to randomize as late as possible. This decision turned out to be only one of many obstacles still ahead, due to the complexity of the referral paths and the resistance to random assignment from the stakeholders that followed.

**Complexity of referral paths**

A second issue was the complexity of the referral paths, due to differences in age and legal status of the research participants. NPAP focuses on adolescent and young adult offenders aged 16 to 24, who are released from a juvenile correctional or adult penitentiary institution convicted under criminal law. Consequently, there are two different referral paths, through the juvenile and through the adult justice system. In addition, juveniles can also be institutionalized in a secure care institution under a civil suit with regard to their behavior problems and police contacts and referred to NPAP for aftercare, constituting a third referral pathway. Furthermore, offenders can be referred to the aftercare program on a voluntary or compulsory basis, as part of special conditions under juvenile or adult parole supervision or a compulsory treatment order (CTO) for minors as per verdict of the juvenile court.

Minors can also be referred to NPAP through the Trajectory Meeting, where all juveniles placed in a juvenile detention center are discussed on a regular basis, from the moment they enter the institution until they reenter society. All relevant partners, such as child protection service and parole officers, convene to establish one comprehensible plan and discuss the trajectory, institutional transfers and need for aftercare with regard to the juvenile. For adults, the city council is formally responsible for ensuring proper aftercare for all its adult offenders reentering their city limits. In practice, not all cities coordinate this through a central entity. Amsterdam and Utrecht manage the reintegration of former detainees ad hoc, while The Hague has installed a Bureau of Aftercare.

Finally, NPAP also accepts ‘walk-ins’, mostly young adult offenders who fell through the cracks of care when they turned 18 while incarcerated, and were released without a supervision order. Altogether, this results in a highly complex system of trajectories through which juveniles and young adults can be enrolled in NPT for aftercare and many parties that had to be informed and convinced to cooperate with the experimental study.
Resistance to random assignment

Resistance was shown by various stakeholders during the various stages of the experimental intervention study: the agencies administrating the intervention, the city council in the case of Utrecht; and from all referral agencies in the cities involved. Different issues came into play, ranging from violation of ethical norms, to politically and financially motivated resistance.

The first objection to the research design, that was initially brought to the table by all managers of the youth care organizations carrying out NPAP and the referral agencies, was that they could not possibly deny control group members services to which they were otherwise entitled. Second, practitioners often believed that NPAP is better than others, despite the fact that the efficacy has not yet been proven and it could even cause serious harm (Deković, 2010; Dishion, Decord & Poulin, 1999; Lilienfeld, 2007; Petrosino, Turpin-Petrosino, & Finckenauer, 2000). The argument demonstrating that it is unethical to mandate NPAP before it has been rigorously tested (Boruch et al., 2000b) was “only convincing after repeated long and intense discussions” with the various parties involved (Asscher et al., 2007, p. 121).

In order to comply with the ethical standards of the youth care agencies and to obtain the cooperation of the youth care institutions and referral agencies involved, a few exceptions to the randomization process had to be allowed. For example, juveniles with a compulsory treatment order (CTO) were excluded, thus avoiding interference with juvenile court decisions. Another exception that was allowed was the exclusion of offenders that had a brother or sister from the same household already enrolled in NPAP, in order to avoid a possible transference effect. To prevent false claims to the exception rule, a youth care worker could never decide on his/her own that an exception had to be made, but had to consult the researcher. In practice, this turned out to be more difficult to manage than anticipated, with youth care workers and managers in Utrecht creating their own exception rules. As a result, several referrals were held back from the researchers and juveniles were enrolled in NPAP anyway. Since this posed a threat to the validity, these individuals now had to be excluded from the study.

In opposition, the city council of Amsterdam and The Hague did not raise any major objections to the research design, but supported the experimental study after their concerns about the contents of ‘treatment as usual’ had been addressed. The only manifest obstructions by local government officials came from the city of Utrecht. After various meetings and long discussions, officials from the city council reluctantly agreed to endorse the experimental study, only to withdraw support several months later. Apart from ethical objections, they claimed that there was no suitable ‘treatment as usual’, referring to interventions
or services previously available. This was surprising, as NPAP does not exist for a long period of time yet and a list of alternative interventions for both minors and young adults was provided. The local government officials ‘overruled’ the researchers on more than one occasion and decided to enroll juveniles in NPAP even though they were randomly assigned to the control group for an alternative treatment, without discussing this with the researchers. As a result, these juvenile offenders had to be excluded from the study.

Clearly it is important to spend much time and effort into proper communication. Actively engaging with the youth care agencies, greatly improved working relations and the willingness to cooperate in Amsterdam and The Hague. The primary researcher and research assistant were on-site on a regular basis and involved in the daily routine of the youth care organizations, for example by sitting in on team meetings and maintaining a close professional relationship with the youth care workers carrying out NPAP.

**Conflicting interests**

Conducting an experiment means that half of the research group will not receive the studied intervention but ‘treatment as usual’. Drawing up a list of interventions that could possibly serve as alternatives for the control group, we found that the majority of interventions could not be provided by the youth care agency itself, which posed a problem in two of the cities. In Utrecht, the youth care organization was aware of this issue from the beginning and initially accepted this as a negative side effect. In The Hague, on the other hand, they claimed not to be able to deliver ‘treatment as usual’, but after several meetings in which we attempted to overcome their resistance, the truth finally came out: they did not want to lose clients to other youth care agencies. Although it would have been more beneficial if we had known this up front, the reason itself is entirely valid, since there was a serious risk of losing half of their clientele and income. We agreed on referring all clients assigned to the control group to an alternative intervention within the organization itself, so they would not have to compromise too much regarding their finances.

In Utrecht, the organization administering NPAP had recently merged with a larger youth care organization, resulting in internal conflicts that only became apparent several months later. The management wanted to focus on high production, short-term output and securing a continuation of their contract with the city council, while the youth care workers had just agreed to cooperate with the study and claimed to be convinced of its benefits on the long term. This internal turmoil took its toll on the effort the NPAP youth care workers put into the research project and their communication with both the researchers and im-
important partners otherwise responsible for referring new clients. A decrease in new clients and multiple internal and joint discussions finally led to a discontinuation of the study in Utrecht, posing a serious threat to the inclusion of enough research participants within the time frame of the project.

Furthermore, commitment to the experimental study was much easier maintained if the administrative agencies did not need to worry about funding and keeping their program running on the short term due to the loss of clients through the randomization. This concern was raised in all cities where we carried out the aftercare study and it interfered with the willingness to cooperate, especially on the longer term. The youth care organizations that were involved anticipated the necessary support from the city councils, funders of the aftercare program, to bridge the financial gap, but were greatly disappointed. New policies demanded the implementation of evidence-based interventions, but at the same time, the city councils claimed not to have any money to support research enabling this, due to the financial crises and ensuing budget cuts. Perhaps the Ministry of Security & Justice, that is responsible for interventions in the criminal justice system, which put forward evidence-based interventions as a priority, could allocate funds and resources compensating youth care institutions for the time invested in implementing the research on a day-to-day basis (Asscher et al., 2007; Farrington & Welsh, 2005a; Rubin, 1997; Weisburd, 2003).

In contrast, in Amsterdam it was not the youth care organization itself, but one of the organizations offering ‘treatment as usual’ with a specialized team providing parole services to young adults, that was reluctant to cooperate. They were afraid that the outcomes of the study would reflect them negatively and decrease referrals to the interventions they provided themselves that had not (yet) proven to be effective. As a result, they refused to refer any clients to NPAP during the course of the study, reducing the number of clients that could be randomly assigned and included in the study. Unfortunately, there was nothing we could do to convince them otherwise.

Organizations in the criminal justice field are often worried about negative study outcomes, possibly explaining part of the resistance towards any research (Asscher et al., 2007). We stressed that recidivism is not the only measure of success and that frequency and severity of the offences would also be taken into account, as well as other behavioral and psychosocial changes. Particularly with high-risk serious offenders, such as in the NPAP study, we must bear in mind that their criminal activities are not likely to be reduced to zero after treatment and aftercare intervention(s) and that in addition other success rates, such as psychosocial functioning, can also be taken into account, as long as the study was successfully implemented and a sufficient amount of research participants was included. This put the minds of some youth care organizations at ease and
contributed to creating a shared interest in including as many participants in the study as possible to increase the power of the study.

**Attrition of research participants**

Conducting this study with a sample of serious young offenders made it difficult to secure the involvement of the research participants. Firstly, it was a challenge to convince them to cooperate. The youths in our study have often been in youth care and the criminal justice system for many years, where they have regularly undergone diagnostic tests or examinations and may have either become tired of tests or suspicious and afraid that whatever they say or state during the process will somehow be held against them in a court of law. It was difficult to ensure their continuous involvement in repeated testing over time and to trace them for follow-up assessments when they have reentered society after a period of incarceration, due to the fact they often do not have a fixed address, use pre-paid cell phones and have frequent changes in their social network (Schubert et al., 2001).

Our experience is that much of the success of tracking comes down to the individual level and effort put forth by research assistants and interviewers. A proactive attitude and good social skills are essential characteristics needed to both locate and motivate research participants tirelessly. A broad range of sources of information is necessary, such as contact details from important (extended) family members and caretakers and details from their (online) social network.

The financial reward of 20 euro per completed assessment appeared to positively influence the response rate of our group of serious, often calculating, offenders. Individuals that were obviously still earning a living through criminal acts seemed far less sensitive to the financial reward per completed assessment. Furthermore, researchers tried to establish a good working relationship with the participants by emphasizing the value of their opinion and triggering their moral values by stressing their opportunity to help their future generation of delinquent peers. We also tried to ensure that the same researcher conducted all assessments with a participant, and maintained good contacts with professionals who are responsible for monitoring the participants’ activities, such as youth care workers or parole officers (Schubert et al., 2001).

**Discussion and conclusion**

Implementing a randomized controlled trial in the criminal justice setting in order to study the effectiveness of the aftercare program NPAP was complicated by
several factors. First, the NPAP study was carried out both in the juvenile and adult justice system, including two legal frameworks, with different correctional institutions and criminal justice agencies involved. Second, there are many referral paths and institutions involved in the decision whether or not to enroll a juvenile or young adult in NPAP. Therefore, we continue to expend a great deal of time and energy to maintain the cooperation of all involved. Yet, through our trials and tribulations, at the time of writing, the study was successfully being conducted in Amsterdam and The Hague, with over two thirds of the research participants included and a relatively low drop-out rate on the first follow-up measurement waves, of approximately 25 percent. Other cities that have implemented NPAP since the start of the study were also contacted and can hopefully contribute to making the study a success. The first results on the effectiveness of the aftercare program and the factors that moderate and mediate the outcomes can be expected towards the end of 2013.

In the meantime, as researchers, we should remain alert to policy changes on a national and local level, possibly influencing the research project. For instance, policy changes in Amsterdam led to a shift in the target group of the intervention, with a new focus on the so-called ‘top 600’, a list of 600 juvenile offenders responsible for a disproportionate amount of (petty) crime and nuisance, but that did not necessarily spend time in (juvenile) detention. Additionally, a separate NPAP intervention for the Mentally Challenged (NPAP MC) was developed for the cognitively weaker juvenile and young adult offenders. This system change and development of the intervention had an impact of the referral pathways, and the number of clients referred to NPAP meeting our criteria for inclusion decreased. It was not possible to foresee these policy changes before the study was implemented and the inclusion schedule was drawn, but researchers should anticipate unexpected policy developments and draft a ‘Plan B’ on how to deal with a decrease in eligible research participants, such as the possibility of including other cities.

If researchers choose to implement an intervention study in the criminal justice field according to the golden standard, they can expect many problems similar to the ones discussed above. However, as Lum and Yang (2005) stated: the obstacles researchers might face are not insurmountable. The field can benefit from our experiences described in this paper, hearing about ethical, political and other pitfalls encountered in implementing an experimental design in a criminal justice setting (Rubin, 1997).

Researchers are often viewed by practitioners as being up in their ivory towers studying success and failure of interventions by looking at recidivism rates without truly studying the people behind them. There is a need for increased practitioner-academic partnerships (Braga, 2010; Welsh et al., 2011). By
continuing to implement rigorous research designs in youth care and criminal justice organizations, an agency-based research tradition can become embedded in (judicial) youth care and become part of the professional identity of youth care workers (Rubin, 1997; Weisburd, 2003). For instance, with regard to aftercare for serious young offenders, researchers could partner with probation and youth care agencies to effectively target those clients that specifically benefit from the (after-)care provided.

Finally, to create a future generation of youth care workers, managers and policy makers who hold scientific research dear to their hearts, colleges and universities should pay more attention in their curriculum to the importance of carrying out sound scientific research and all aspects involved. In the end, we all want the same: interventions that successfully reduce violence and crime among offenders reentering our society.