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

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Chapter 6.

General discussion
Introduction

Spending time in detention does not leave one unaffected, and most young people struggle to get their lives back on track when they reenter society. This might be the case especially for young adult offenders who make a dual transition, from secure confinement to the broader community and from adolescence to adulthood (Altshuler & Brash, 2004). Moreover, the first period after release seems to be a critical phase, and the risk of recidivism is highest during the first few months post release (Snyder & Sickmund, 2006). It appears to be difficult for juvenile and young adult offenders to translate skills learned inside prison to real-world settings once back in the community, and youths at high risk of recidivism seem to need continued support. As research shows, abrupt transitions to independence for youth upon reaching age of exit produces detrimental outcomes (Abrams, Shannon, & Sangalang, 2008). Therefore, aftercare may be an essential component if institutional intervention programs are to have a lasting effect (Inciardi, Martin, & Butzin, 2004; Kurlycheck & Kempinen, 2006).

Although various aftercare programs for juvenile and young adult offenders have been developed over the past decades, the question of ‘what works for whom’ remains largely unanswered. Now that state governments are moving more and more toward financing only evidence based interventions (Welsh, Rocque, & Greenwood, 2014), establishing whether aftercare is effective becomes a pressing concern. This dissertation aimed to fill the gap in scientific knowledge on effectiveness of aftercare following detention or secure care and examined if the New Perspectives Aftercare Program (NPAP), an aftercare program for serious juvenile and young adult offenders in The Netherlands, effectively targets criminogenic needs of juvenile and young adult offenders and is capable of reducing recidivism.

Overall, the aim of this dissertation was threefold. First, we aimed to conduct a comprehensive overview and meta-analysis of all previous effectiveness research on aftercare programs for juvenile and young adult offenders in order to establish whether or not aftercare interventions are effective, which kind of programs produce the most positive results and what group of offenders benefits most from aftercare. Furthermore, we intended to inform other researchers, practitioners and policy makers about the considerations and challenges faced when one intends to conduct a randomized controlled trial in a criminal justice setting to study the effectiveness of an intervention targeting juvenile delinquency. And third, two studies were dedicated to establish whether or not NPAP was effective in decreasing risk factors, such as criminal thinking patterns and cognitive distortions, improving adequate coping and prosocial skills, and subse-
Summary of the main findings

The first study (chapter 2) was a meta-analytic review on the effectiveness of aftercare programs following detention or secure care. The study included 22 studies, including 5764 participants, all of which had a (quasi-) experimental research design, with the control group receiving ‘care as usual’ or no treatment. Recidivism was measured by re-arrests and/or reconvictions, and was based on official reports. Results showed that aftercare had a small positive effect on recidivism, with an overall effect size of $d = .12$.

Moderator analyses showed that aftercare is most effective if it is well implemented and consists of individual treatment, and if it is aimed at older and high-risk youth. Providing individual instead of group treatment creates the opportunity to take personal characteristics into account and to meet the unique needs of individual participants, which is consistent with the needs- and responsivity-principles of the RNR-model (Andrews et al., 1990). Furthermore, aftercare interventions are most effective in decreasing recidivism when they are focused on the individual offender, while a focus on the system yields smaller effects.

Another finding from the meta-analysis was that aftercare is more effective in late adolescence and early adulthood. This is in line with the assumption that moral, social and identity development continue into young adulthood, a phase in which juveniles become more motivated and open to change, and mature into non-delinquent adult social roles and bonds (Arnett, 2000; Sampson & Laub, 2001).

Additionally, the meta-analysis showed that aftercare programs are suitable for offenders generally at high risk of recidivism, such as ethnic minority groups (Lewis, 2010) and youth involved in gangs (Thornberry et al., 2003), but less so for young offenders addicted to drugs. Aftercare was also more effective in the predominantly violent samples compared to the non-violent samples. The risk principle and prior research indicate that an early onset and multiple prior offenses increase the risk of recidivism (Loeb & Farrington, 2001; Moffitt, 1993), and a medium to high risk is an inclusion criterion for NPAP. Yet, the age at first arrest and the number of prior offenses were not related to the program effectiveness.

Whereas the treatment duration and moment of starting the aftercare program were not related to the program’s effectiveness, lower recidivism rates were found when the frequency of contacts per month increased. Therefore, the dura-
tion of the aftercare program is of less significance than the intensity of the treatment. These findings confirm prior research showing that intensive treatment provided to a high-risk population reduces recidivism (Andrews et al., 1990; Andrews & Bonta, 2006; Lipsey, 1995). Hence, the overall effects of the meta-analysis are modest, but the results of the moderator analyses suggest that 'something works' in aftercare for juvenile and young adult offenders, as long as the aftercare program is well-implemented, intensive and aimed at the individual older, high-risk youth.

The second study (chapter 3) described the implementation of the randomized controlled trial on the effectiveness of the aftercare program NPAP. Since criminal justice agencies are nowadays pressed to offer ‘evidence-based’ interventions, increasingly more emphasis is placed on conducting rigorous scientific research on the effectiveness of interventions, such as NPAP (Mears, 2010; Ministry of Justice, 2009; Welsh & Harris, 2008). Researchers are reluctant to carry out a Randomized Controlled Trial because of the often encountered practical and ethical barriers resulting from conflicting interests of the stakeholders involved in the study (Lum & Yang, 2005; Welsh et al., 2011). In chapter 3 the challenges and solutions that were encountered during the RCT examining the effectiveness of NPAP are described.

During the process of implementation of our RCT study several issues arose. Firstly, we had to decide on the moment of randomization. Due to the risk of substantial drop-out with early randomization (when NPAP was first considered as aftercare by referral agencies) we opted for “randomization as late as possible” by the primary researcher in mutual agreement with the involved youth care organizations. This way, a selection bias could be minimized.

Secondly, the referral paths were complex due to differences in age (that could vary from 16-24 years) and legal status of the participants (juvenile or adult criminal justice system).

Thirdly, we experienced much resistance against the random assignment of youths to NPAP or TAU during various stages of the study from both the city council (in case of Utrecht) and youth care workers (in all cities involved). Reasons for resistance were politically and financially motivated or were related to a perceived violation of ethical norms, i.e., the feeling that control group members could not be denied the best possible care: NPAP.

Another threat to the study were the conflicting issues that arose, such as financial consequences following an expected decrease in new clients due to the randomization, which undermined the support of the involved youth care organizations. To overcome these barriers in future experimental studies, funds and resources should be allocated by the governmental organizations on the condition of requiring an evaluation of evidence-based programs through sound scien-
tific research or public-private partnerships, such as Social Impact Bonds (Asscher et al., 2007; National Juvenile Justice Network, 2014; Rubin, 1997). This way, interventions can be implemented and scientifically evaluated, and organizations can be compensated for their temporary lower production because of their involvement in the experimental research.

Finally, our study comprised serious young offenders, often not motivated for treatment, let alone participation in scientific research (Crisanti, Case, Isaksen, & Steadman, 2014). Therefore, convincing them to cooperate and limiting attrition as much as possible was another major challenge.

Resistance was largely overcome and compliance with the study design was achieved by investing much time in proper communication, establishing good working relationships with the different parties and participants involved, and being actively on-site during the phase in which the randomization and measurements took place.

The third study (chapter 4) examined the effectiveness of the NPAP aftercare program for serious juvenile and young adult offenders in The Netherlands with an experimental intention-to-treat design. The aim was to determine whether NPAP was effective in decreasing cognitive distortions and criminal thinking patterns and increasing prosocial skills of the juveniles compared to a control group that received ‘treatment as usual’. The following moderators were examined to establish whether NPAP was more or less effective for certain groups of young offenders: ethnic minority status, age, voluntary or mandatory aftercare, starting aftercare during or after confinement and whether or not the aftercare program was successfully completed.

No direct intervention effects were found on any of the outcome measures: aggressive behavior, cognitive distortions, pro-criminal attitude, coping and prosocial skills. Moderator analyses, however, showed several interaction effects of ethnicity and coping skills for both NPAP and TAU youths. Dutch NPAP youths used more reassuring thoughts and more often showed a palliative reaction pattern (i.e., engaging in other activities trying to relax) - both adequate coping skills - following aftercare, whereas Dutch control group youths did not. The intervention effect of aftercare on palliative reaction pattern in Dutch youths was also found for Caribbean youths, yet in the opposite direction. Moreover, results showed that older youths referred to TAU did seek social support more often, whereas NPAP youths did so significantly less over time, which is a negative effect of the intervention on this particular coping mechanism. Furthermore, NPAP dropouts displayed significantly more indirect aggression at posttest compared to youths dropping out from TAU who showed no significant change in indirect aggression, suggesting that drop-out from the NPAP aftercare program has a detrimental effect.
Results showed that the moment of starting the aftercare intervention was not related to the aftercare program’s effectiveness, which is in line with the meta-analytic study (chapter 2). These findings suggest that NPAP is not more effective when the intervention starts during the last phase of detention than when started upon reentry. Additionally, the moderator analyses showed that it does not matter whether NPAP is provided on a mandatory or voluntary basis, which is at odds with traditional views on therapy outcomes, which assume that clients must have a genuine motivation to change (Prochaska & Di Clemente, 1992), which may be negatively affected by coercion (Parhar, Wormith, Derkzen, & Beauregard, 2008). However, current research suggests that motivation is a dynamic process (Van der Helm, Wissink, De Jongh, & Stams, 2013; Wormith et al., 2007), which may not always be negatively influenced by coercion or repression (Van der Helm, Beunk, Stams, & Van der Laan, 2014), while no clear outcome differences are found between mandatory and voluntary participation (Schmucker & Lösel, 2008).

Finally, the fourth study (chapter 5) examined whether NPAP was effective in terms of official delinquency outcomes. We compared the two conditions in terms of time to re-conviction, and frequency of re-arrests and violent or non-violent rearrests. Survival analysis was used to obtain the cumulative survival curves for participants. The results showed no statistically significant differences between NPAP and TAU on any of the recidivism outcomes.

Again, moderator analyses were carried out to determine whether the results were different for specific client characteristics (ethnicity, age at first arrest, etc.). Indeed, NPAP participants with a younger age of onset had a slightly higher chance to recidivate compared to control group youths, and therefore may be poor candidates for an intensive aftercare program such as NPAP (Moffitt, 1993).

Similar to results from a meta-analysis by Wilson and colleagues (2003) and a recent study on the effectiveness of correctional programs with ethnically diverse offenders (Usher & Stewart, 2014) no differences in treatment effects were found for the various ethnic groups, indicating that NPAP does not seem to be culturally biased, because there was no differential impact on Dutch and ethnic minority youths.

Results from this dissertation show that those most likely to reoffend tend to be the young offenders with long histories of offending, similar to what is shown by prior research (Gendreau, Little, & Goggin, 1996; Loeber, Farrington, Stouthamer-Loeber, & White, 2008; Moffitt, Caspi, Harrington, & Milne, 2002), regardless of whether they received NPAP or TAU. The other potential factors of influence on the effectiveness of the aftercare program - program retention and whether or not participants were referred to aftercare on a mandatory or volun-
tary basis - did not have any impact on the recidivism outcomes when NPAP was compared with TAU, as was the case for the outcomes in chapter 4.

Considered together, the expected advantage of NPAP over treatment as usual failed to emerge, and the superiority of the NPAP aftercare program was not supported by the results on recidivism, criminal thinking styles, cognitive distortions or social skills.

In the following general discussion, some of the most important findings will be considered and put into a broader context, followed by a discussion on the strengths and limitations of this dissertation, implications for clinical practice and suggestions for further research.

**Discussion**

Overall, the most precise inference that we can make is that in the studies included in this dissertation (chapters 4 and 5) no evidence was found that receiving NPAP aftercare services provides any additional effect above and beyond what juvenile and young adult offenders released from detention facilities received elsewhere in one form or another. However, finding no evidence to support the claim that NPAP is effective is better than finding a negative effect, which was found in some studies on aftercare programs for juvenile and young adult offenders included in our meta-analytic review (Barton, Jarjoura, & Rosay, 2008; Lane, Turner, Fain, & Sehgal, 2005; Sealock, Gottfredson, & Gallagher, 1997) as well as interventions focusing on supervision that thereby increased revocations (Taxman, 2002).

Why did both studies on the effectiveness of NPAP not produce clear-cut positive results? Firstly, similar to Frederick and Roy (2003), we could question whether difficulties in consistent implementation of NPAP led to our findings of mostly null effects. One possibility is that treatment fidelity was insufficient to provide a fair test of the program’s effectiveness. This can lead to a Type II error: the erroneous conclusion that NPAP is ineffective, when in fact, weaknesses in treatment implementation impeded drawing conclusions on the program’s (in)effectiveness (Fagan, 1990).

Research shows that effect sizes are larger when programs are implemented and delivered in a high quality manner (Andrews & Dowden, 2005; Gendreau, Goggin, & Smith, 1999; Lipsey, Landenberger & Wilson, 2007; Wilson, Lipsey, & Soydan, 2003), which is in line with findings from our meta-analytic study on aftercare (chapter 2). More attention should have been given to the degree to which NPAP was actually carried out as intended. Therapeutic integrity – the extent to which a program adheres to its intended design and manual - was not
systematically evaluated during the effectiveness study. There may have been differences in the frequency of contact, contact time and cognitive interventions provided to juveniles across the different program sites.

Unfortunately, it was impossible to establish the intensity of the treatment, because the number and duration of face-to-face and phone contacts between participants and project staff were not systematically registered by the youth care workers. This proves to be difficult in practice, as can also be seen based on findings from our meta-analysis on aftercare, which showed that just over half of the effectiveness studies reported the frequency of contacts (chapter 2).

Furthermore, according to the evaluation manual, monitoring information on the program integrity should have been gathered by the program developers. During the course of the study we became aware that the necessary information did not become available. Hence, we asked the involved youth care organizations for the information, but regrettably, insufficient information was at hand to establish the level of treatment adherence.

Therefore, it cannot be ruled out that the failure of the NPAP aftercare program to achieve a significant reduction in cognitive distortions, pro-criminal attitude and criminal behavior and increase of prosocial skills compared to the TAU group was (partly) due to poor implementation of key components of the program. Yet, it should be recognized that treatment integrity is often not as high in effectiveness studies compared to efficacy studies (Van der Stouwe et al., 2014; Weisz, 2013;), since they are conducted under clinically relevant conditions in which (external) factors are at play that cannot be controlled (e.g., great variety in competence of therapists, staff turnover, unanticipated life events during the course of treatment, sudden changes in treatment motivation, low therapeutic alliance, lack of stringent use of inclusion/exclusion criteria, high comorbidity of mental disorders), and which may negatively impact both susceptibility to treatment of clients and treatment adherence of therapists (Shadish et al., 2000). Secondly - and related to the issue of treatment integrity - it is possible that not all juveniles receiving NPAP met the inclusion and/or exclusion criteria to be admitted to this intervention. According to the results of the meta-analytic review in chapter 2, aftercare programs for juvenile and young adult offenders should be intensive in nature and aimed at high-risk youths, which is in line with RNR-principles. Furthermore, NPAP may be effective in reducing recidivism in certain types of offenders. It is also possible that certain parts or specific aspects of the intervention are more effective than others. Unfortunately, we were unable to test these hypotheses, as sufficient information on whether the juveniles met the inclusion criteria for NPAP did not become available.

Along these lines, one could speculate that due to the multimodal nature of NPAP, through which the intervention focuses on both practical matters as well
as cognitive deficiencies of the juveniles, the focus of the intervention becomes so scattered that the youth care workers can only touch upon the many program components and are unable to give sufficient time and energy to any particular aspect needed to have a significant positive impact (Lane et al., 2005). Effects of intervention programs are unlikely of long lasting value if they do not closely match pressing concerns in the daily lives of young offenders in the community and are not carefully and consistently reinforced in this setting (Altschuler, Armstrong, & MacKenzie, 1999).

Finally, our meta-analytic review showed that aftercare yielded more positive outcomes when the control group did not receive any intervention compared to when the control group received services otherwise available (‘care as usual’). Therefore, although we did not specifically monitor this, the absence of significant positive effects of NPAP could have been related to the lack of program differentiation, which involves “the extent to which a program’s theory and practices can be distinguished from other programs (program uniqueness)” (Durlak & DuPre, 2008, p. 329). The level of standard treatment, supervision and guidance that may be provided to ex-offenders in the control group, e.g., by other secondary prevention programs in the various cities in The Netherlands that target criminogenic needs similar to NPAP, may not be significantly different from NPAP. On the other hand, as shown in the last study of this dissertation (chapter 5), both the NPAP and control group showed substantial recidivism, indicating that neither NPAP nor treatment as usual seem to have been able to substantially reduce the recidivism rates and time to recidivism.

Strengths and limitations of the studies in this dissertation

Limitations

There are a number of limitations to the studies in this dissertation that should be addressed. The main limitation was that program integrity was not included in the study as a potential moderator of the effectiveness of NPAP. Hence, it cannot be ruled out that our findings were negatively influenced by lack of treatment integrity. As mentioned, we did attempt to establish the level of treatment adherence, but we were unable to do so, because the necessary information did not become available. Notably, treatment adherence had not been adequately monitored by the organizations responsible for the delivery of NPAP, which may be regarded as a necessary condition for treatment adherence.

A second limitation is related to the study in chapter 4, which included self-reported outcome measures on cognitive distortions, prosocial skills and behav-
ior. Even though the main researcher and various experienced research assistants put forth many efforts to include and retain program participants in the study, there was a considerable attrition across waves. As was found in our meta-analytic review on aftercare in chapter 2, attrition is often associated with smaller effect sizes. On the other hand, attrition in our effectiveness study including self-reported measures (chapter 4) did not seem to be selective based on our analyses of the pretest differences. Therefore, we believe that our final sample is not statistically different from the initial sample of those who did not complete all measurement waves. Moreover, the impact of attrition was controlled for by our ‘intention to treat’ analyses. Yet, for some non-significant results from the moderator analyses there may have been a difference between the experimental and control group that was undetected due to low statistical power, since the subgroups in the moderator analyses were relatively small (Asscher et al., 2007; Gardner et al., 2010). The power analyses, however, showed that a substantially larger sample would not have resulted in finding more significant results. In addition, the sample size was comparable to most experimental studies on the effectiveness of aftercare programs for juvenile and young adult offenders (Bergseth & McDonald, 2007; Greenwood et al., 1993; Sontheimer & Goodstein, 1993; Wiebush et al., 2005).

Furthermore, chapter 5 included official records to study the recidivism rates of young offenders referred to aftercare, while judicial records are merely one way to measure recidivism. Our study could have benefited from the inclusion of self-reported measures of recidivism, since it has the potential to inform about criminal behavior that has not come to the attention of government officials, and multiple vantage points help to register and understand the complex phenomenon of recidivism and changes in criminal behavior over time ( Thornberry & Krohn, 2000; Piquero, Schubert, & Brame, 2014).

Finally, the study period was too short to detect any long-term changes in psychosocial functioning and criminal behavior, and future studies could benefit from a longer follow-up period.

**Strengths**

Despite these limitations, the studies in this dissertation also had some important strengths. Most importantly, this dissertation includes the first randomized controlled trial of an aftercare program for juvenile and young adult offenders in The Netherlands, and one of few randomized controlled trials (RCT’s) into the effectiveness of aftercare programs conducted worldwide (James et al., 2013). Although many programs have been developed aimed at successful offender treatment and reintegration (Farrington & Welsh, 2006), unfortunately, only few
have been empirically evaluated, and of the interventions that have been evaluated, experimental studies constitute only a small fraction of all research conducted in criminal justice settings (Farrington, 2003; Farrington & Welsh, 2005). The scarcity of scholarly studies on the effectiveness of aftercare programs for juvenile and young adult offenders is problematic, since it has left a lacuna in knowledge on what works for whom in aftercare. Randomized experiments provide the most unambiguous results concerning the efficacy and effectiveness of any treatment, since they can rule out most of the confounding factors (Boruch, Snyder, & DeMoya, 2000; Farrington, 1983; Lum & Yang, 2005; Sherman, 2003; Weisburd, 2000). Therefore, the RCT included in this dissertation increases our scientific knowledge on aftercare for juvenile and young adult offenders and makes a valuable contribution to the growing body of literature on this topic.

Furthermore, our RCT study is of importance since it is conducted in a dynamic ‘real world’ forensic youth care setting (Weisburd, 2013). We examined whether NPAP produces outcomes that are superior to the existing services (‘treatment as usual’). By comparing NPAP to the care usually provided the results found are more realistic than when the study would have been carried out in a clinically controlled setting. Therefore, the prospective and longitudinal effectiveness study included in this dissertation is more clinically relevant than its counterpart, efficacy studies, could be (Kendall, 1999; Weisz et al., 2005; 2006).

Hence, the successful implementation of the experimental design is of great relevance, for both policy makers, scientists and clinicians, and hopefully encourages other researchers to embark on a similar journey in studying the effectiveness of an intervention in a ‘real world’ criminal justice setting in The Netherlands through a randomized controlled design.

**Implications for clinical practice**

Theories on development and desistance of antisocial behavior as well as the RNR model suggest that an intensive aftercare program aimed at high risk youths, such as NPAP, would help increase the odds of a successful community reentry and recidivism reduction (Abrams, Shannon, & Sangalang, 2008). Yet, a positive impact of NPAP on self-reported cognitions, skills and behavior and officially recidivism was not found in the randomized trial that was reported on in this dissertation.

In addition, as shown by our meta-analytic review on the effectiveness of aftercare and other meta-analyses (Lipsey, 2009; Stals, Van Yperen, Reith, & Stams, 2008), well-implemented interventions sort the most positive effect. Considering that research showed that well-designed and implemented aftercare pro-
grams can support young offenders’ motivation to change and provide the social control needed to sustain desistance from crime (Panuccio et al., 2012), it is crucial for NPAP to assure itself of a good program-integrity. According to some scholars, youth care organizations train professionals in the intervention, but thorough implementation of the intervention following this is a forgotten issue (Gendreau, Goggin, & Smith, 1999). Proper registration of inclusion criteria, program intensity and employed treatment components are a first step in order to establish whether or not an intervention is carried out as intended and is in line with the RNR-model (Andrews et al., 2010; Van der Laan et al., 2002).

Furthermore, our meta-analytic review showed that treatment duration does not affect the impact of aftercare, but treatment intensity does. Therefore, aftercare aimed at high-risk offenders does not necessarily have to last long (Listwan, Cullen, & Latessa, 2006), but should include a high frequency of contacts, in accordance with the RNR-principles (Andrews, & Bonta, 2010). Given these findings, the intensive nature of NPAP could be a successful program element that should be monitored more closely and continue to be supported by policy makers and youth care agencies.

What do the results from this effectiveness study mean for other interventions and effectiveness studies in The Netherlands? It is uncertain if NPAP will be able to maintain its status as ‘promising’ intervention, as was accredited by the ‘Best Practices Initiative Behavioral Interventions in Justice Settings’ (Ministry of Justice, 2009). The common fear from youth care and criminal justice agencies is that there will be a call for discontinuation of NPAP based on the results from the current study. Hence, it is important to overthink the consequence of the null-findings on the basis of a RCT. In fact, this study provides the empirically strongest evidence that NPAP does not outperform TAU. What policy consequences should this have, especially considering that the NPAP program was one of the few that actually was willing to participate in a RCT? No direct conclusion can be drawn from this study that one should stop delivering NPAP. For instance, more insight in implementation issues may help to improve the performance of the program, which in the long run may lead to positive outcomes. At least, youth care organizations should ensure that a sufficient level of treatment integrity is met, and that the right target group is reached.

In addition, it is worth mentioning some recent developments in The Netherlands in light of this dissertation. The policies around rehabilitation and reentry seem to become increasingly an avoidance of risk, as can be seen through initiatives such as the Top600 in Amsterdam, focusing on the most problematic young offenders. Research has shown that interventions merely focusing on surveillance without providing treatment are unlikely to result in an improvement in social, cognitive and behavioral changes (Altschuler, 2004; Lipsey, 2009).
Therefore, the Top600 approach has combined parole supervision with care, incorporating the Intensive Forensic Approach (IFA) that includes many elements of the NPAP aftercare program. Yet, the effectiveness of this approach remains unclear, and the results of these policy changes are awaited.

**Directions for future research**

From the meta-analytic study included in this dissertation it has become clear that well-designed effectiveness studies are still relatively rare with regard to aftercare programs for juvenile and young adult offenders. Yet, effectiveness studies are the best way to establish what works for whom under clinically relevant circumstances (Weisz, Jensen-Doss, & Hawley, 2006). Therefore, the criminal justice system and youth care field could benefit from more randomized controlled trials. An accumulation of research could result in a more fine-grained identification of aftercare programs for juvenile and young adult offenders that do and do not reliably outperform treatment as usual (Weisz et al., 2013).

This dissertation provided insight into the effectiveness of aftercare for juvenile and young adult offenders. Through our meta-analytic study, increased knowledge on which aftercare programs are effective for whom is derived. Yet, the various aftercare programs are not identical in nature and content, and quality of the services provided is often not well described in effectiveness studies. Therefore, the question remains what specific components of aftercare programs are actually effective. This process should be understood much better and in turn be incorporated into correctional and aftercare programs. More research and information from the organizations carrying out the aftercare interventions is needed on the intensity, services and treatment elements that are actually provided to increase knowledge about the effective care processes, including mediator analyses, to identify mechanisms of change, following which “active therapeutic components could be intensified and redefined, whereas inactive or redundant elements could be discarded” (Kraemer et al., 2002, p. 878).

Merely a few studies include treatment integrity and recognize it as a factor of influence on the outcome of the intervention (James et al., 2013; Goense, Boendermaker, Van Yperen, Stams, & Laar, 2014; Perepletchikova, Treat, & Kazdin, 2007). Given that it cannot be completely ruled out that other factors, such as a lack of program integrity, influenced the results, future effectiveness studies on aftercare interventions should pay more attention to the implementation and treatment fidelity of the intervention.

Additional studies of aftercare programs with larger sample sizes are called for to increase the statistical power and allow for more nuanced interpretation of
results and moderator analyses. With a larger total sample size, larger subgroups can be created, hence allowing to draw more valid conclusions, e.g., on whether NPAP is suitable for a wide variety of ethnic backgrounds, or if the aftercare program should be tailored to be more culturally sensitive.

As Anthony et al. (2010) point out; there are several important sub-populations that require further study. Firstly, insufficient attention has been paid to youth from diverse ethnic backgrounds and the potential relation between cultural and religious factors and successful reintegration and desistance from crime (See Wissink, Deković, Stams, & Yagmur, 2008). Future studies should focus on youth with learning disabilities that might require tailored aftercare interventions (such as the recently developed NPAP for mentally challenged youths), which need to be evaluated. Thirdly, little is known about the effectiveness and specific working mechanisms of aftercare programs for female offenders (Day, Zahn, & Tichavsky, 2014). Furthermore, the role of parenting and the family during the reentry phase requires further attention and study, especially for young adults, since the findings from our meta-analytic review are somewhat at odds with previous research showing that family focused interventions can be successful in reducing recidivism among youths (Van der Stouwe, Asscher, Stams, Deković, & Van der Laan, 2014) and the social bonds theory (Sampson & Laub, 1993), which stresses the importance of family ties in the desistance process.

Another gap in knowledge is related to nonparticipation. Considering the number of juveniles and young adults leaving a secure care or detention facility each year, one would expect more referrals to aftercare. Yet, NPAP reaches only part of the target group and especially female young offenders are lacking almost completely from the list of program participants. Future research could shed more light on the reasons for nonparticipation of certain groups of ex-offenders in aftercare programs in The Netherlands.

The fear is that aftercare programs, such as NPAP, which target a clearly difficult population of serious young offenders, will be judged negatively because of high recidivism rates. Yet, aftercare programs can be measured for effectiveness in a number of ways. In addition to recidivism rates and cognitive changes, measures of success can also include key intermediate objectives, such as increasing the number of participants who successfully complete aftercare, obtain a GED or become gainfully employed. Key stakeholders are ultimately concerned with two main issues: cost and impact. Therefore, future research should also focus on the incremental efficacy, i.e. cost-effectiveness, of aftercare programs, such as NPAP (Hendriks, 2014; Listwan, Cullen, & Latessa, 2006).
Conclusion

This dissertation aimed to establish whether or not aftercare contributes to the successful integration of juvenile and young adult offenders after a period of incarceration. The meta-analytic review showed that the aftercare has a positive, but small effect on recidivism. Aftercare programs sort the most effect if they are well-implemented, intensive in nature and aimed at older high-risk youth. From the conducted RCT on the effectiveness of the NPAP aftercare program, overall, no evidence was found to support the claim that NPAP was more effective in altering proximal outcome measures or dynamic criminogenic factors compared to TAU. Moreover, recidivism is high amongst both groups, regardless of whether they received aftercare. Considering the high recidivism rates of our study sample, one can argue that we are dealing with the most serious group of young offenders in The Netherlands, for which NPAP is often considered as a last resort and expectations towards curbing recidivism are generally low. On the other hand, aftercare might not be of sufficient quality to achieve the hoped for results. Even so, the findings from this dissertation support the need for aftercare programs that effectively mobilize community resources in the delivery of comprehensive, individualized systems of care for youth (Winokur Early, Chapman, & Hand, 2013).

Aftercare programs for juvenile and young adult offenders have come a long way during the past three decades. The Intensive Aftercare Program model (Altschuler & Armstrong, 1994) provided a comprehensive blueprint that was enriched by more recent reentry initiatives and spread out into Europe, leading to the development of the NPAP aftercare program. However, the findings of the present study, indicating NPAP does not outperform TAU, shows that aftercare programs also have a long way to go before becoming superior to existing services otherwise available. In addition, more effectiveness studies with a RCT design are needed to establish working mechanisms of aftercare programs, including program integrity measures to establish whether or not an aftercare intervention is carried out as intended.

What possibly can be learned from the results of this dissertation is that for high-risk juvenile and young adult offenders with a long criminal record and multiple criminogenic needs, such as the participants in this study, it might be difficult to desist from crime, at least during the relatively short and turbulent period in which they receive aftercare. Although youths often return home with expectations for success and motivated to change and start to lead a crime free life, they frequently encounter an immense gap between their hopes and wishes, and reality (Fader, 2013). Unfortunately, decisions made by juvenile and young adult offenders when they reenter society to become law-abiding citizens tend to
be short-lived. Similar to the Mark Twain quote: “Giving up smoking is the easiest thing in the world… I’ve done it thousands of times.” Some offenders will indeed manage to stop offending entirely. Yet, according to some scholars, desistance from crime should rather be seen as a process, “like the process of treatment from addiction – not easy and not immediate” (Shapland et al., 2012, p.133), with one or more relapses, that can actually facilitate the prevention of serious offending behavior in the future.

Perhaps, we should not expect to be able to ‘cure’ serious juvenile and young adult offenders from their criminal behavior, but rather think in terms of providing continuous ‘care’ and treatment - perhaps combined with parole supervision - for these problematic youngsters, until the majority (naturally) matures out of crime. Considering the many challenges juvenile and young adult offenders face upon reentry and with so much money being spent on imprisonment and correctional programs, it is only right that a reasonable proportion of the resources remain focused on improving the transition phase of these vulnerable young offenders in order to reduce recidivism. Hence, although this study does not provide compelling evidence to support the claim that NPAP is effective, one should be careful not to throw the baby out with the bathwater and continue to provide aftercare, at least regarding practical matters in the first crucial period after reentry in the community, as is recently agreed upon by the Ministry of Security and Justice (2014). Only then, this group of serious juvenile and young adult offenders may manage to bridge the gap between the institution and a crime-free life after a period of detention.