One size does not fit all

The need for treatment tailoring in youth and family services

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Chapter 1

General Introduction

Treatment Tailoring in Family Services

Child maltreatment is a worldwide public health problem that, based on self-report studies, affects the lives of up to one third of children around the world (Stoltenborgh et al., 2015). Child victimization is associated with serious short- and long-term consequences for millions of children, such as depression, substance abuse, post-traumatic stress symptoms, and aggression (Cicchetti & Handley, 2019; English et al., 2005; Gilbert et al., 2009; Stoltenborgh et al., 2015). Therefore, effective interventions for reducing child maltreatment are highly needed. Throughout the years, many parent support programs aimed at reducing child maltreatment have been developed, but those programs show only small overall effects (Euser et al., 2015; Van der Put et al., 2018a; Vlahovicova et al., 2017). An explanation for these results may be that interventions provided by youth and family services are insufficiently personalized to the individual risks, needs, and characteristics of families at risk.

There are many barriers to successful intervention outcomes in child welfare, such as mental illness or substance abuse of caregivers (Dawson and Berry, 2002). Such factors may have a negative impact on the outcome of protocolled treatment programs when these programs are not specifically designed to target such factors (Van Yperen et al., 2017). To facilitate personalized intervention in family services, practitioners should deliver the most efficacious treatment that fits the individual characteristics of clients (Ng & Weisz, 2016). A promising way to provide personalized care in youth and family services is applying the Risk, Need, and Responsivity principles of the Risk Need Responsivity (RNR) model for the assessment and treatment of offenders (Andrews et al., 1990) in the clinical practice of child welfare (e.g., Van der Put et al. 2016b; 2018a). In short, the RNR model describes how individual risks, needs, and specific characteristics of criminal offenders should be assessed to deliver effective care that is tailored to diverse profiles of individual clients.

The Risk, Need, and Responsivity Principles

In forensic care aimed at preventing criminal behavior and recidivism, personalizing treatment has been largely guided by the Risk Need Responsivity (RNR) model (Andrews et al., 1990). Through reviewing offender rehabilitation literature, the authors of the RNR model identified certain patterns associated with effective treatment programs (Bonta & Andrews, 2017). Based on their findings, several core principles

for providing personalized and effective treatment were formulated, including three core principles: the Risk, Need, and Responsivity principles.

The risk principle is about matching an intervention's intensity to an offender's risk for recidivism. More precisely, this principle states that higher-risk offenders need more intensive and extensive services than offenders with a lower-risk profile (Bonta & Andrews, 2017). In RNR assessment instruments, the risk factors that are measured can either be static or dynamic. Static risk factors are strongly associated with an increased risk of criminal behavior and recidivism, but are "unchangeable" (e.g., criminal history and history of drug abuse) and can therefore not be targeted in treatment. On the other hand, dynamic risk factors (e.g., criminal associates and family or marital problems) are usually less strongly associated with criminal behavior, but can be changed and targeted in treatment. Successfully addressing dynamic risk factors contributes to an offender's reduction in risk (Bonta & Andrews, 2007). The need principle indicates that effective programming addresses the unique dynamic criminogenic risk factors (i.e., needs) of individual offenders to successfully reduce the risk of criminal recidivism (Bonta & Andrews, 2017; Gill & Wilson, 2017; Vieira et al., 2009; Wylie et al., 2019). The responsivity principle refers to delivering treatment programs in a style that is consistent with the abilities of the offender. According to the general responsivity principle, cognitive social learning methods (e.g., modelling, role-play, or rehearsing skills) should be used to influence behavior, because those strategies are often more effective in changing problematic behavior than other forms of intervention (Bonta & Andrews, 2017). The specific responsivity principle states that an intervention should be adapted to the specific learning ability, learning style, circumstances, and demographic characteristics of clients (e.g., gender, age, and ethnicity), so that treatment effectiveness can be enhanced. (Andrews et al., 2011; Bonta & Andrews, 2007; Bonta & Andrews, 2017; Taxman, 2014).

The Risk-Need-Responsivity Model in Youth and Family Services

Although the RNR model was specifically designed for preventing recidivism of criminal offenders, it seems very promising to apply the RNR principles to other development domains as well, such as child welfare that addresses (risks for) family problems and child maltreatment (Van der Put et al., 2015; Van der Put et al., 2018a). This idea is promising because the etiology of both delinquency and child maltreatment

can be explained by the interplay of risk factors (e.g., psychopathology) and protective factors (e.g., social support) across various social systems, such as the family, school, and neighborhood (see Belsky, 1993; Bronfenbrenner, 1979). Further, the occurrence of delinquency and child maltreatment are both determined by the balance between risk and protective factors (Belsky, 1980, 1984; Cicchetti and Carlson, 1989; Cicchetti and Rizley, 1981; Folger and Wright, 2013; Smith et al., 2009; Stouthamer-Loeber et al., 2002).

Although the RNR principles are likely to be applicable to interventions aimed at preventing child maltreatment, the application of the RNR-model in child protection services is slightly different from treatment in the criminal justice system that is aimed at preventing delinquent behavior (Van der Put et al., 2018). First – before applying the RNR principles – the child's immediate safety should be determined by means of a safety assessment. Next, a risk assessment should be used for determining the required intensity of a treatment trajectory. As safety and risk assessments often include similar problematic behavior of caregivers, they are often mixed up and sometimes used interchangeably (Hughes and Rycusa 2006). However, distinguishing safety assessment from risk assessment in child protection is important, given that they serve different purposes that require different actions (Van der Put et al., 2018; Vial et al., 2021). If a safety assessment reveals that a child is in immediate danger, safety measures (e.g., placement in protective custody) should be undertaken to prevent the child from being further harmed. On the other hand, risk assessment instruments help professionals to identify children and families with a substantial risk for child maltreatment that subsequently are offered treatment with a proper intensity to lower the risk at child maltreatment. Next, specific treatment targets (i.e., family needs) should be assessed for choosing an appropriate treatment program. Last, treatment programs should be aligned with family responsivity factors (e.g., learning abilities and treatment motivation).

In recent years, the implementation of the first structured safety and risk assessment instruments has proven to be beneficial for improving the quality of assessment procedures in child welfare agencies (i.e., ARIJ Safety and ARIJ Risk, Van der Put et al. 2018; Van der Put et al. 2016; Vial et al., 2021). Recently, ARIJ-Needs has been developed to assess family needs that comprise dynamic risk factors for child maltreatment (Van der Put et al., 2018). However, research on the implementation of the need and responsivity principles in youth and family services is not yet available.

Implementing a comprehensive RNR approach in child protection services seems important, because the RNR model may promote better allocation of services (Van der Put, 2018), but this will only be effective when the RNR principles are applied appropriately. Therefore, a better understanding of how the RNR principles can be applied in the clinical practice of child welfare is needed to support practitioners in providing tailored - and thereby hopefully more effective - care aimed at reducing (recurring) child maltreatment.

The Present Dissertation

The overarching aim of this dissertation was to increase the knowledge on how treatment programs can be better tailored to specific risk factors, needs, and characteristics of individual families that are involved in youth and family services, based on the three core principles of the RNR model. Although research to date has not yet determined the effectiveness of applying the RNR model in child protection services, available meta-analytic research mostly supports the effectiveness of the RNR principles in forensic care (e.g., Andrews et al., 1990; Andrews & Dowden, 2006; Hanson et al., 2009). However, these findings may be questionable because the coding of the RNR principles was performed inconsistently across meta-analytic reviews that were conducted more than one or even two decades ago. Therefore, the aim of the first study (Chapter 2) was to re-examine the effectiveness of applying the RNR principles in specifically family interventions aimed at preventing juvenile recidivism (Dowden and Andrews, 2003). We chose to critically re-evaluate the effectiveness of adhering to the RNR-principles in family interventions specifically, as the risk factors that are targeted in these type of interventions (e.g., harsh parental discipline and poor parent-child-communication) have been associated with both youth delinquency and child maltreatment (e.g., Baldwin et al., 2012; Stith et al., 2009; Assink et al., 2019). A comprehensive coding scheme on the operationalization of the RNR principles was developed, recent studies on the effectiveness of family interventions were included, and an innovative three-level approach to meta-analysis was used. Notably, this study underlined the importance of a correct operationalization of the RNR principles in treatment delivery by using structured assessment instruments in the decision making process of appropriate interventions.

To facilitate the implementation of the RNR principles in child protection, valid and reliable assessment instruments are highly needed. In recent years, structured

assessment tools became available that facilitate the implementation of the risk principle (i.e., the ARIJ Risk) and the need principle (i.e., ARIJ Needs) in child protection (Van der Put et al., 2018a, 2018b; Vial et al., 2021). To date, ARIJ Needs has not yet been introduced in clinical practice, as only a pilot version of the instrument has been developed. Therefore, the aim of the second study (Chapter 3) was to examine the clinical usability of ARIJ Needs in child protection services by interviewing practitioners. In addition, a vignette describing a child protection services case was used to examine differences between family needs assessments based on unstructured clinical judgment without ARIJ-Needs, and structured clinical judgment with ARIJ-Needs. The results of this study provided detailed insights into current practitioner decision-making processes in child protection services, and information on how ARIJ Needs can be improved to support practitioners in the decision-making process of appropriate interventions aimed at preventing (recurring) child maltreatment.

Contrary to the implementation of the risk and need principles in child protection, studies on the clinical value of the responsivity principle in child protection services were not yet available. This gap in the literature was rather striking, given that responsivity is one of the three core components of the RNR framework that prescribes how interventions should be tailored to the individual needs and characteristics of clients and thus delivered in a personalized way (Bonta and Andrews, 2017). Therefore, the aim of the third study (Chapter 4) was to provide an overview of responsivity factors for clinical practice by reviewing literature on the responsivity principle, and by examining the value of the identified responsivity factors in child protection services through interviews with clinical professionals. Based on the results, an overview of seven core responsivity factors was created that are related to caregiver characteristics in child protection services. In addition, this overview included treatment recommendations to target those factors in order to enhance caregivers' abilities to succeed in treatment aimed at reducing the risk of (recurring) child maltreatment.

Given that the RNR model was specifically designed for preventing recidivism of individual criminal offenders, it is important to gain insights into criminogenic risks of domestically violent caregivers. Just as child abuse and neglect, the exposure to domestic violence between family members has been associated with externalizing and internalizing problems in children, such as increased aggressive behavior, trauma, and depression (e.g., Huth-Bocks et al., 2001; Evans et al., 2008; Jouriles et al., 2008). Furthermore, children raised in domestically violent families are at extensively higher

risk of abuse and neglect than children raised in homes without domestic violence (Jouriles, et al., 2008; McGuigan & Pratt, 2001). Even though many domestic violence perpetrators are female, not much is known about how female criminogenic risks differ from those of males (de Vogel et al., 2014). Therefore, the fourth study (Chapter 5) examined gender differences in criminogenic risk factors between male and female domestic violence perpetrators. Using network analysis, the interrelatedness between criminogenic risk factors for both domestic violent men and women was examined. Further, the association between criminogenic risk factors and treatment dropout was examined. The results of this study provide important insights into gender specific differences in criminogenic risk factors for domestic violence, which can support clinical professionals in tailoring treatment to the specific needs of male and female domestic violence perpetrators.

The fifth and final study (Chapter 6) was not focused on risk factors for child maltreatment but on the effects of child maltreatment victimization. To the best of our knowledge, this study is the first to examine the distinctiveness of two maltreatment dimensions, i.e., abuse versus neglect, and emotional versus physical maltreatment, in identifying developmental problems within a sample of child maltreatment victims. Family demographics and developmental problems were examined in a clinical sample of 146 children from families involved in a Multisystemic Therapy – Child Abuse and Neglect treatment trajectory. This study provided valuable insights into the developmental outcomes of victims of different child maltreatment types. In turn, these insights can be used by child welfare practitioners to provide personalized treatment so that adverse health outcomes of victims at a later age can be prevented.

This dissertation closes with a summary of the main findings of the studies along with the most notable strengths and limitations of the studies (Chapter 7). This final chapter concludes with a discussion of the implications for clinical practice and directions for future research.