



Youth Forensic Psychiatric Services

Service Development for High Risk/High Harm Adolescents

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Overview

- Organization
- Service Development and Evolution
 - Sexual Offence Treatment Program (SOTP)
 - Violence Offence Treatment Program (VOTP)
- Implications for Future Directions

- **Youth Forensic Psychiatric Services (YFPS)** is a provincial branch in the Ministry of Children and Family Development.
- Developed as a Service in the early 80's for the purposes of:
 - assisting the Youth court in making dispositions
 - providing mental health services to young offenders
- Accredited by the Council on Accreditation (COA) in August 2005

The Structure

- Four Regions (8 Outpatient Clinics)
- One Inpatient Assessment Unit (IAU)
- Contracted Services



Relevant Legislation and Their Relevance to YFPS

- Youth Criminal Justice Act (YCJA)
 - Emphasis on Rehabilitation
- Criminal Code of Canada
 - Classification of index offences
- Mental Health Act (BC)
 - Involuntary Treatment
- Forensic Psychiatry Act (BC)
 - MH services to persons involved in criminal justice system

Target Population

- Adolescents between 12 – 17 years
- Legally mandated by the Youth Courts for assessment and/or treatment
- In need of services for mental health and/or behaviour problems
- Referrals are accepted from Youth Courts, Youth Probation, and Youth Custody Centres.

Our Vision

- To promote high quality and accountable assessment and treatment services based upon best practice
- To balance the needs of the client with the protection of the public
- To enhance service delivery and contribute to the field of forensic psychiatry through ongoing program evaluation and research

Multi-Disciplinary Clinical Personnel

- psychiatrists
- psychologists
- social workers
- nurses
- health care workers (IAU)

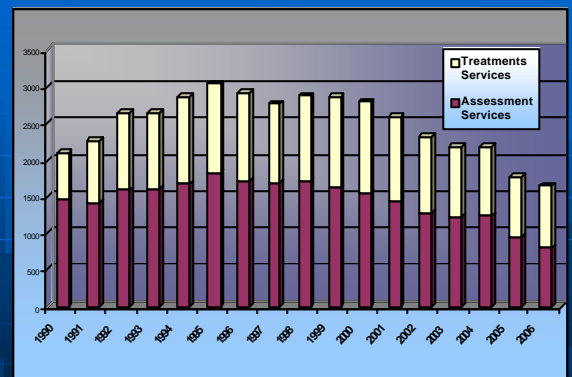
Services and Programs

- Court-ordered Assessments
 - at the Inpatient Assessment (IAU) in Burnaby
 - at any of the 8 Outpatient Clinics
 - and in Youth Custody Centres
- Post-Disposition Assessments
 - Referred by Probation Services or Youth Custody Services
 - Typically for case-management assistance or assessing treatment needs

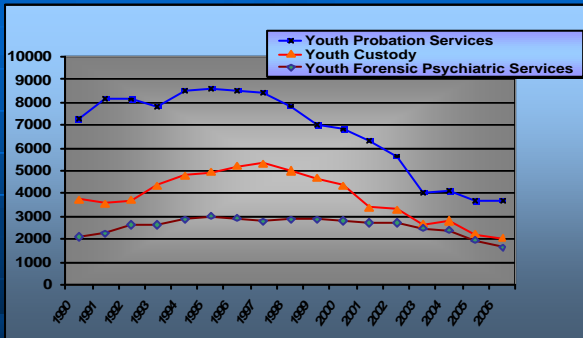
Services and Programs (cont.)

- Outpatient Treatment Programs
 - Sexual Offence Treatment Program (SOTP)
 - Violence Offence Treatment Program (VOTP)
 - General Mental Health Services

Admissions Since 1990



Admissions Over Time in Probation, Custody, and YFPS



Various Program Reviews over the Years

- SOTP by Office of the Comptroller General (OCG)
- Accreditation
- SOTP Internal 5yr/10yr
- VOTP
- Mental Health Services in Youth Custody Centres (YCC's)

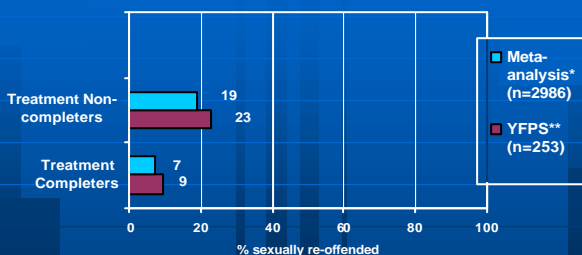
Sexual Offence Treatment Program (SOTP)

Adolescent Sex Offenders: Timeline of Offending Behaviour¹

Age (In years) at first...	M	SD
Sexually inappropriate behaviour* (n=370)	12.3	3.2
Sexual offence* (n=343)	13.4	2.4
Contact with police* (n=392)	14.0	2.2
Charge (n=408)	14.6	1.6
Assessment (Intake)* (n=380)	16.0	1.6

*Information is **not** based on legally charged offending behaviour.

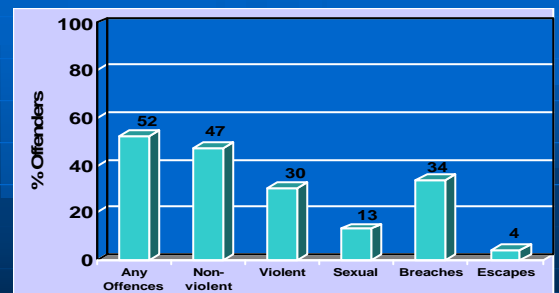
A Comparison of Sex Offence Treatment Outcome (5-year follow-up)^{2,3}



*Follow-up time: M = 59 months (Reitzel & Carbone, 2006)².

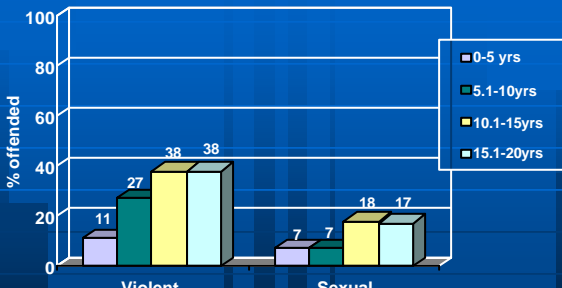
**Follow-up time 0-5 years (Gretton, Catchpole, McBride, Hare, & Regan, 2005)³.

Adolescent Sex Offenders (N=487) Recidivism by Offence Type¹



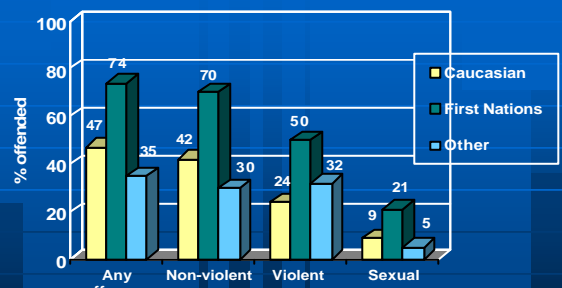
Follow-up Time: M=10.8 yrs, SD=5.2 yrs (range: 2mo-19.8yrs)

Adolescent Sex Offenders (N=487) Recidivism up to 20 Yrs Follow-up¹



Note. Differences between percentages were significantly different for violent and sexual offences, $\chi^2=21.0$, $df=3$, $p<.001$ and $\chi^2=11.4$, $df=3$, $p=.01$, respectively, $\alpha=.02$

Adolescent Sex Offenders (N=341) Recidivism by Ethnicity Groups^{1,4}

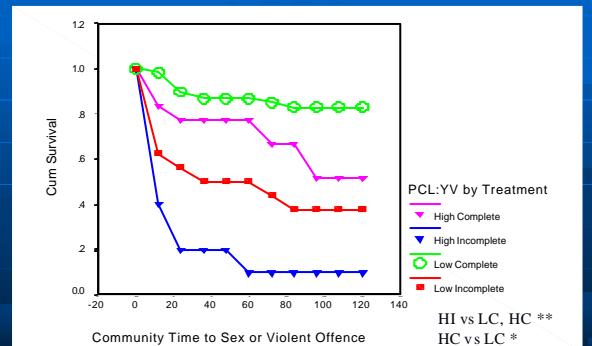


Note. Differences between percentages were significantly different for any, non-violent, violent, and sexual offences, $\chi^2=20.0$, $df=1$, $p<.001$; $\chi^2=20.3$, $df=1$, $p<.001$, $\chi^2=20.8$, $df=1$, $p<.001$; $\chi^2=9.3$, $df=1$, $p<.002$ respectively, $\alpha=.02$

Adolescent Sex Offenders: Differences between Ethnic Groups (background)^{1,4}

	n	Caucasian	First Nations
History of Abuse			
Sexual Abuse**	249	53%	75%
Physical Abuse*	257	50%	67%
Emotional Abuse	219	43%	50%
Neglect**	211	37%	73%
Alcohol Abuse**			
Drug Abuse**	274	23%	44%
Characteristics			
FAE/FAS*	96	19%	63%
ADHD	302	40%	28%
Learning Disability**	289	38%	55%
Highest grade achieved**	179	9	8

Outcomes based on PCL:YV Group and Treatment Completion³



Key Findings and Implications

- A closer look at cultural characteristics
- Develop strategies to reach youths with various cultural background
- Review of assessment tools
- Further professional development and training
- Provincial Advisory clinical team

Violent Offender Treatment Program (VOTP)

Background to Program

- 1999 funding of £708,400 from Federal Gov't
- Estimated costs:
 - Intensive treatment program: £ 62,744
 - Psycho-educational program: £ 22,770
 - Enhance Psycho-educational: £ 35,420
- Programs allocated according to population served

Overview

- A risk-focused program that provides standardized assessment & treatment services to adjudicated youth, 12 - 18 years, whose violence and/or aggressive behaviors presents a risk to society.

Program Goals

- Reduce violent behavior.
- Assess risk and treatment needs.
- Strengthen protective factors.
- Improve stability.
- Reduce likelihood of re-offending.

Key Elements

1. A risk-focused approach that identifies & assesses areas of risk & strengths in each case. Youth viewed in the context of situation.
2. Service tailored to needs. Risk focused treatment approach.
3. Standardized assessment & treatment practice wherever program is offered.

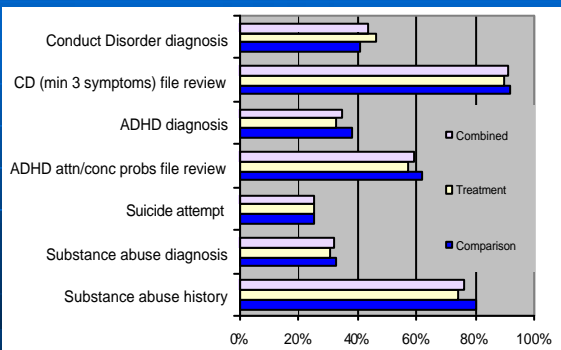
Key Elements (cont.)

4. Regular case management reviews & evaluation.
5. Where applicable, increased emphasis on a family-based approach, with flexible use of treatment modalities & approaches

Procedure⁵

- 119 youths across three sites
- 61 treated youths and 58 untreated comparison youths
- Treatment and comparison youths were similar in relevant aspects such as age, gender, ethnicity, previous criminal history, level of psycho-social functioning

Indices of Psycho-Social Functioning⁵

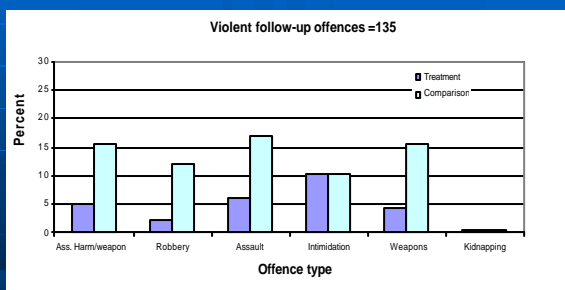


VOTP: Summary of Findings⁵

Average age at referral offence (years)	15.7
Average number of months in treatment (for treated youths)	8.9
History of more than one violent offence	77%
Average number of previous violent offences	3.8
History of significant substance abuse	76%
History of Suicide Attempts	25%
History of Physical Abuse	48%

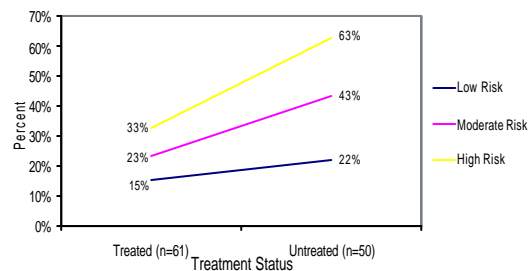
Violent Recidivism Rates^{5,6}

Treated Youths (n=61): 23%
 Untreated Youths (n=58): 48% (p < .01)

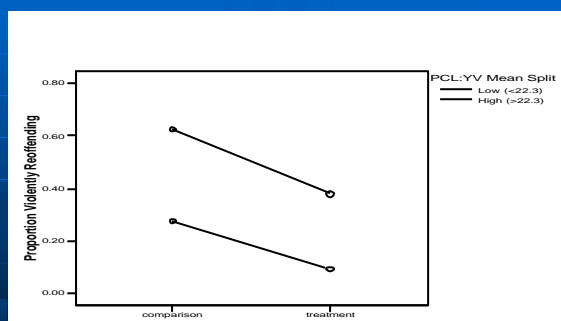


VOTP: Summary of Findings^{5,6}

Violent Reoffending by SAVRY Risk Level and Treatment Status



Outcomes following Violent Intervention for High vs Low PCL:YV Youth^{5,6}



Key Findings/Implications^{5,6}

- Provincially, VOTP completion was associated with a significant reduction in both violent and non-violent recidivism.
- There is a significant relationship between level of risk, as defined by a structured and standardized instrument designed specifically to measure risk for violence within the adolescent population and consequent violent outcome.
- Both genders that received treatment showed a significant reduction in violent reoffending.

Implications for Future Directions in Service Development

Past and On-going Challenges

- Environmental Diversity:
 - Rural vs. Urban
 - Cultural
- Various degree of family involvement
- Youth's motivation
- Youth's attendance and completion
- Adaptive and flexible clinical practice
- Clinical training

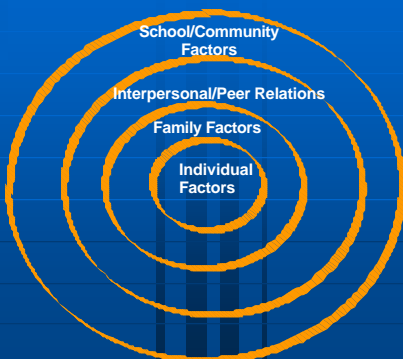
Challenge for Mental Health Professionals and Criminal Justice System

- There are many known predictors of seriously violent youth offending (e.g. Loeber & Farrington, 1998)⁷
- Many factors associated with long term risk can be identified at an early age. (e.g. Henry, Caspi, Moffitt, & Silva, 1997; Moffitt & Caspi, 2005; Moffitt, Caspi, Rutter, & Silva, 2001)^{8,9,10}
- Challenge to assess youth at highest risk and to target risk factors for early, comprehensive, and integrated intervention

Challenge for Mental Health Professionals and Criminal Justice System (cont.)

- Evidence suggests that intervention is most effective with highest risk youth (e.g. Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen, 1990; Wilson, Lipsey, & Derzon, 2003)^{11,12}
- In our own research on high risk youth, we find significant decreases in violent offences for treated compared to non-treated high risk youth

Risk Factors Evident in Childhood and Adolescence



Risk Focused Intervention

Risk Focussed interventions will apply interventions in the domains of:

- Individual (e.g. anger, impulsivity, cognitive distortions)
- Family (e.g. parental supervision, abuse, conflict)
- Peer/Interpersonal (interpersonal skills, exposure to positive peer role modeling)
- School/Community (e.g. promote school attendance and success, community liaisons, building stability and support networks in the community)

Three Main Points

- 1) Highest risk children and youth pose long term risk for harm and victimization
- 2) Many risk factors are known and identifiable in childhood
- 3) Early intensive intervention associated with significantly reduced risk

Key Principles for Service-wide Future Directions

- Evidence-based approach
- Clear program standards
- Measurable outcomes
- Regular evaluation

Strategic Approach to Service Development

1. Establish framework for assessing risk and points of intervention
2. Identify the multidisciplinary team that can conduct assessments and target interventions within the **domains** of the child/youth's functioning: Individual, family, peer, school, and community
3. Organize interventions that match the risks identified in each domain

Strategic Approach to Service Development (cont.)

- In YFPS, are we going to be looking at risk-based approach rather the offence-based approach to delivering services?

Organizational Strategies

- Using a three-prong approach
 - Organizational Management
 - Clinical Expertise
 - Program Research and Evaluation
- Regular professional and training opportunities
- Report on findings, including successes and areas for development

References

- ¹ Gretton, H.M. (April, 2006). Adolescent sex offender treatment programs, 1985-2004: An examination of criminal outcomes. Paper presented at the 3rd Annual Forensic Psychiatry Conference: Mental Health & the Justice System, Vancouver, BC.
- ² Reitzel, L.R. & Carbone, J.L. (2006). The effectiveness of Sexual Offender Treatment for juveniles as measured by recidivism: A meta-analysis. *Sexual Abuse, 18*, 401-421.
- ³ Gretton, H.M., Catchpole, R.E.H., McBride, M., Hare, R.D., & Regan, K.V. (2005). The Relationship between psychopathy, treatment completion, and criminal outcome over ten years: A study of adolescent sexual offenders. In M. Caldwell (Ed.), *Children and Young People who Sexually Abuse: New Theory, Research and Practice Developments*. Russell House Publishing, UK.
- ⁴ Rojas, E.Y., & Gretton, H.M. (2007). Background, offense characteristics, and criminal outcomes of aboriginal youth who sexually offend: A closer look at aboriginal youth intervention needs. *Sexual Abuse, 19*, 257-283.
- ⁵ Gretton, H.M., Arabsky, S., Rajlic, G., Clift, R.J.W., Catchpole, R., & Buchanan, T. (2007). Violent Offender Treatment Program (VOTP): Outcome evaluation executive summary. Youth Forensic Psychiatric Services, Ministry of Children and Family Development, Burnaby, BC.
- ⁶ Gretton, H.M. (June, 2005). Program Evaluation and Research: An overview. Paper presented to the Youth Forensic Psychiatric Service Executive and Regional Directors, Burnaby, BC.

References

- ⁷ Loeber, R., & Farrington, D.P. (Eds.). (1998). *Serious & violent juvenile offenders: Risk factors and successful interventions*. Thousand Oaks, CA: Sage Publications.
- ⁸ Henry, B., Caspi, A., Moffitt, T., & Silva, P. (1997). Temperamental and familial predictors of criminal conviction. In A. Raine, P.A. Brennan, D.P. Farrington, & S.A. Mednick (Eds.), *Biosocial bases of violence* (pp. 305-307). New York: Plenum Press.
- ⁹ Moffitt, T.E., & Caspi, A. (2005). Life-course persistent and adolescence-limited antisocial males: Longitudinal follow-up to adulthood. In D.M Stoff & E.J Susman (Eds.), *Developmental psychobiology of aggression* (pp. 161-186). New York: Cambridge University.
- ¹⁰ Moffitt, T.E., Caspi, A., Rutter, M., & Silva, P.A. (2001). Sex differences in antisocial behaviour: Conduct disorder, delinquency, and violence in the Dunedin Longitudinal Study. New York: Cambridge University.
- ¹¹ Andrews, D.A., Zinger, I., Hoge, R.D., Bonta, J., Gendreau, P., & Cullen, F.T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, *28*, 369-404.
- ¹² Wilson, S.J., Lipsey, M.W., & Derzon, J.H. (2003). The effects of school-based intervention programs on aggressive behavior: A meta-analysis. *Journal of Consulting and Clinical Psychology*, *71*(1), 136-149.

For copies of YFPS papers or presentations, please contact Robert Clift at Robert.Clift@gov.bc.ca