Running Head: Group climate and treatment motivation in residential youth care

Group Climate and Treatment Motivation in Secure Residential and Forensic Youth Care from the Perspective of Self Determination Theory

G.H.P. van der Helm, PhD[[1]](#footnote-1),[[2]](#footnote-2)

C.H.Z. Kuiper, PhD1,

G.J.J.M. Stams, PhD3

Address correspondence to: Peer van der Helm, Leiden University of professional sciences, P.O. Box 382,2300 AJ Leiden, The Netherlands

Email: [helm.vd.p@hsleiden.nl](mailto:helm.vd.p@hsleiden.nl)

Declarations of interest : none

Abstract

Treatment motivation in secure residential youth care is a assumed to be a necessary condition for effective treatment, and therefore a key element in the reduction of problem behavior and criminal recidivism. According to Self-Determination Theory (SDT) three basic psychological needs (autonomy, competence and relatedness) are essential for motivation, which are characteristics of a positive residential group climate. Based on SDT, we examined whether a therapeutic (open) group climate and low levels of institutional repression were associated with treatment motivation of adolescents residing in (semi-) secure residential youth care facilities. An ethnically diverse sample was studied of 179 male (66%) and female (34%) adolescents (*M* = 16.2 years; *SD* = 1.5), in 12 (semi)secure youth care facilities and 9 forensic youth care institutions. We measured residential group climate with the PGCI and treatment motivation with the ATMQ, and fitted a Cross-Lagged Panel Model (CLPM) of residential group climate and treatment motivation. It was found that a positive group climate in the first month after placement predicted greater treatment motivation three months later.

Key words: secure residential and forensic youth care, group climate, treatment motivation, Self-Determination Theory

Group Climate and Treatment Motivation in Secure Residential and Forensic Youth Care from the Perspective of Self-Determination Theory

In the Netherlands, adolescents with severe behavioral problems who need protection against themselves or against others may be referred to or involuntarily placed in secure youth care facilities (SYC) after authorization by the civil court, while juvenile offenders are sentenced to detention in forensic youth care institutions (FYC) by the criminal court (Hilverdink, Daamen, & Vink, 2015). The involuntary character of these placements may have a negative impact on their treatment motivation (Brauers, Kroneman, Otten, Lindauer, & Popma, 2016). It is assumed that juveniles need a high level of treatment motivation in order to be able to profit from interventions that target behavioral adjustment both within and outside secure residential settings (Andrews & Bonta, 2010; Olver, Stockdale, & Wormith, 2011).

In the present study, treatment motivation as an outcome is considered to be ‘a state of readiness or eagerness’ to seek out help and work actively at a solution (Miller & Rollnick, 2002), while the development of treatment motivation is examined from the perspective of Self Determination Theory (SDT; Deci & Ryan, 2008, 2014; Ryan& Deci, 2000, 2017) and residential group climate (Van der Helm, 2011). SDT assumes that the social environment influences motivation by its impact on the basic requirements for self-determination, that is, autonomy, competence, and relatedness (Deci & Ryan, 2008).

In recent years, the social environment in residential youth care facilities has been examined from the perspective of residential group climate, which has been defined as *‘the quality of the social- and physical environment in terms of the provision of sufficient and necessary conditions for physical and mental health, well-being, contact and personal growth of the residents, with respect for their human dignity and human rights as well as (if not restricted by judicial measures) their personal autonomy, aimed at recovery and successful participation in society’* (Stams & Van der Helm, 2017).

Residential group climate can be either closed (negative) or open (positive). A closed residential group climate is characterized by repression, which diminishes autonomy, relatedness, and competence (Van der Helm, Wissink, De Jongh, & Stams, 2011). In (secure) residential youth care, autonomy is often severely restricted by group workers through punishment and reward systems (Van der Helm & Stams, 2012) and fear of losing control (De Valk, Kuiper, Van der Helm, Maas & Stams, 2016; Van der Helm, Boekee, Stams, & van der Laan, 2011). Behavioral management in residential facilities often results in learned helplessness and diminishes opportunities for personal growth and development of social and cognitive competencies (De Valk et al., 2016). In many residential facilities withholding contact or even separation is used as a way of punishment for ‘improper’ behavior (De Valk et al., 2015; Ros, Van der Helm, Wissink, Stams, & Schaftenaar, 2013), or quality of relationships (i.e., relatedness) between adolescents and staff is heavily compromised by discontinuity in care (Souverein, Van der Helm & Stams, 2013; Van der Helm & VandeVelde, 2018).

An open residential group climate is characterized by responsiveness of staff, who provide emotional and social support, a safe and supportive atmosphere among adolescents at the living group, and opportunities for personal growth, which is assumed to foster autonomy, relatedness, and competence. Although conceptually a supportive presence of group workers and a positive emotional atmosphere among adolescents may be most strongly associated with the dimension of relatedness, and growth may be more strongly associated with personal autonomy and competence, we assume that in particular the combination of these three therapeutic residential group climate dimensions (i.e., support, atmosphere, and growth) as well as low levels of repression provide the preconditions for self-determination, and therefore treatment motivation.

*The present study*

Based on self-determination theory, we hypothesize that an open and therapeutic group climate and low levels of repression are positively related to treatment motivation of adolescents in (semi-)secure and forensic youth care.

Method

*Participants*

The present study was conducted in 12 secure residential youth care facilities (SYC) and 9 youth correctional facilities (FYC). In the youth-correctional facilities only those adolescents were selected who were expected to stay more than 4 months, and short stay was excluded. The sample consisted of 179 adolescents (66% male and 34% female) randomly selected from the living groups and asked by staff (response rate = 84%) within one month after placement. The procedure was repeated three months after the last interview. The mean age of respondents was 16.2 years (*SD* = 1.5, range = 12-20 years). Most respondents were born in the Netherlands (84%), while 76% had a father or a mother who was born in a non-western country. The mean stay at the time of the research was 5.5 weeks (*SD* = 13.2, range = 2-20 weeks).

*Procedure*

Participants were interviewed for about one hour (results not reported here), after which they completed a questionnaire. All respondents participated voluntarily, signed an informed consent declaration, and were assured that their answers would be treated confidentially and processed anonymously, being accessed only by the researchers. All names on the questionnaires and interview transcripts were deleted and given a code number in SPSS. To protect the privacy of the respondents, researchers had no access to the names. All interviews and questionnaires were administered by graduate students of the Leiden University of Applied Sciences (bachelor of social work and master youth care) and the University of Amsterdam (Department of Forensic Child and Youth Care Sciences), who received a training for this purpose.

*Measures*

*Residential group climate* was measured with the Prison Group Climate Inventory (PGCI; Van der Helm, Stams, & Van der Laan, 2011). The PGCI consists of four scales and 36 items rated on a 5-point Likert-type scale, ranging from 1 = *I do not agree* to 5 = *I totally agree*. Each item belongs to only one of the four scales for group climate. The Support scale (12 items) assesses contact group workers make with adolescents and their responsivity to specific needs of the adolescents. Paying attention to adolescents, taking complaints seriously, respect, and trust are important characteristics of support. An example of a Support item is ‘group workers treat me with respect.’

The Growth scale (eight items) assesses learning perceptions, competence, and giving meaning to the stay in the institution. An example of a Growth item is ‘I learn the right things here.’ The Repression scale (nine items) assesses perceptions of strictness and control, unfair and haphazard rules, and lack of autonomy at the living group. An example of a Repression item is ‘You have to ask permission for everything here.’ The group Atmosphere scale (seven items) assesses the way adolescents treat and trust each other, feelings of safety toward each other, being able to get some peace of mind, and having enough daylight and fresh air. An example of an Atmosphere item is ‘We trust each other here. The four scales together form a higher order factor: ‘residential group climate’ (Van der Helm et al, 2011).

In the present study, reliabilities were good: ‘support’ α = .883, ‘growth’ α = .864, ‘atmosphere’ α = .782, and repression α = .775.

*Treatment motivation* was measured using the 11 items version of the Adolescent Treatment Motivation Questionnaire (ATMQ; Van der Helm, Wissink, Stams, De Jongh, 2011), which is based on the theoretical motivation stage model of Prochaska and DiClemente measuring the ‘active change’ phase. A 5-point Likert-type scale was used, ranging from 1 = *I do not agree* to 5 = *I totally agree*. An example of an item from the active phase of motivational change is ‘I want to work on my problems.’ Higher scores on the scale for treatment motivation indicate greater treatment motivation. In the present study, Cronbach’s alpha for this scale was .88.

*Statistical analyses*

We first computed means, standard deviations and examined correlations between all observed residential group climate dimensions and treatment motivation at T1 and T2 in preliminary analyses. Subsequently we fitted a Cross-Lagged Panel Model (CLPM) in Mplus of residential group climate and treatment motivation. The following cut-off values are indicative of close model fit: NFI and CFI > .95 and RMSEA < .08, whereas a non- significant x2 indicates exact model fit (Arbuckle, 2007; Hu and Bentler, 1999; Kline, 2005).

Results

*Preliminary analyses*

The means and standard deviations for the climate dimensions and treatment motivation at T1 and T2 and the correlations among these variables are presented in Table 1. Results show moderate to strong correlations among the group climate dimensions at T1 (.51 < *r* < .77, *p* < .001) and T2 (.41 < *r* < .81, *p* < .001) in the expected direction, and also moderate to strong stability of these group climate dimensions (.57 < *r* < .68, *p* < .001) as well as treatment motivation (*r* = .60, *p* < .001) over a three month period. Finally, all group climate dimensions at T1 and T2 were weakly (*r* = .24, *p* < .01) to strongly (*r* = .73, *p* < .001) associated with treatment motivation at T1 and T2. Support and growth showed somewhat stronger correlations with treatment motivation than did atmosphere and repression.

*Cross-lagged panel model*

The CLPM model (see Figure 1) showed no exact fit – χ2 *(22) = 40.379, p = .009 –* but a close fit to the data: *RMSEA= 0.069*; *TLI= .971* and *CFI= .986*. Standardized path coefficients indicated somewhat stronger stability in residential group climate (.665, *p* < .001) than in treatment motivation (.385, *p* < .001). Only the (cross-lagged) path from residential group climate at T1 to motivation at T2 proved to be significant (.278, *p* < .01), indicating that a more positive group climate during the first month of residential care was associated with greater treatment motivation three month later, whereas the path from treatment motivation at T1 to residential group climate at T2 was not significant (.077, *p* = .444).

Discussion

The present study showed that a positive group climate in semi(secure) and forensic residential youth care facilities during the first month after placement of justice-involved adolescents predicted greater treatment motivation three months later, which confirmed our hypothesis derived from self-determination theory. These findings underscore the importance of living group quality for treatment motivation. Adopting a strength-based approach based on psychological needs of residents instead of behavioral control has been shown to improve living group climate significantly (Barton & Mackin, 2012), and reduce aggressive and delinquent behavior (Van den Tillaart, Eltink, Van der Helm, Stams, & Wissink, 2018).

Support and growth showed somewhat stronger correlations with treatment motivation than did atmosphere and repression. This can probably be explained by the observation that staff in Dutch (secure) facilities have been trained to provide relational support (Bramsen, Willemse, Kuiper & Cardol, 2018) and methods that aim to enhance competence (Slot & Spanjaard, 1999), whereas autonomy, as a precondition for treatment motivation, may be compromised by generally high levels of repression (De Valk, Kuiper, Van der Helm, Maas, & Stams, 2018), which tend to be rather stable and difficult to influence (Stams & Van der Helm, 2017). In addition, group atmosphere deals with relatedness among adolescents, and may therefore be secondary, exerting a relatively indirect effect on treatment motivation compared to relational support provided by staff.

Our study revealed that group climate proved to be relatively stable over time compared to treatment motivation. Notably, Stams and Van der Helm (2017) showed that active feedback on group climate quality to staff as well as adolescents could improve positive aspects of the climate over time. However, reducing repression proved to be more difficult, probably because repression was assessed as a unidimensional construct by Stams and Van der Helm. It is therefore possible that the feedback on repression provided to staff and adolescents was too general to bring about change or detect change in repeated assessments of repression. Moreover, repression may be more difficult to change than the positive aspects of residential group climate, because it is affected by detention itself, including deprivation of freedom, the secure physical (prison) environment, and the extreme power-imbalance between residents and staff (De Valk et al., 2016, 2017, 2018).

According to De Valk et al. (2018) repression is a multi-dimensional construct, which consists of five dimensions: *abuse of* *power, injustice, lack of autonomy, lack of meaning,* and *dehumanization.* These various dimensions could shed new light on the ‘autonomy’- dimension of SDT theory, and probably ask for differential professional behavior of staff. Therefore, these aspects probably should be monitored regularly to satisfy basic psychological needs of adolescents in residential care.

Supportive staff-adolescent relationships, positive relationships among adolescents at the living group, a positive learning environment, and low levels of repression (e.g., coercion) seem necessary to satisfy the basic self-determination needs of adolescents who stay in residential care and subsequently foster their treatment motivation. This can only be attained by staff being aware of the basic psychological needs of adolescents in residential care. This might be achieved through psycho-education (Ranz, Horen, Mc Farlane & Zito, 1991), staff intervision and supervision (The Dutch Safety Board, 2011), and the implementation of strength-based approaches (Barton & Mackin, 2012), and alternative ways to deal with challenging behavior (e.g., aggression) of adolescents in residential care (Stams & Van der Helm, 2017). One such approach is Non-Violent Resistance (NVR, Day & Heismann, 2010), which respects the adolescent’s needs for relatedness, competence and autonomy by not fighting back and keep offering contact when in crisis.

There are some limitations to this study. A first limitation is that we did not assess dimensions of self-determination, that is, competence (i.e., perceptions of ability), relatedness (i.e., feeling socially accepted, included, and supported), and autonomy (i.e., exercising responsibility, choice, and decision-making). We derived our hypothesis from self-determination theory in that a positive residential group climate would increase treatment motivations of adolescents in (semi-)secure residential youth care facilities. A second limitation is that group climate was assessed by means of adolescent self-report only. Observations of group climate and in-depth interviews with adolescents as well as staff should be used in future research, besides questionnaires assessing group climate, self-determination and treatment motivation. Third, the research period was relatively short (4 months), although in The Netherlands most adolescents stay in residential care for only a short perioded of time, which nevertheless may have a major impact on their functioning, even within a short period of four months (Van der Helm, 2011). Finally, the small number of participants, as well as the under- or overrepresentation of particular subgroups, does not allow a multi-group analysis (e.g., distinguishing between gender, age-groups, or ethnic background).

Despite these limitations, this study could have important implications. Residential group climate and basic human needs are often overlooked when assessing the effects of residential treatment (Strijbosch et al., 2015). Moreover, A study by Harder, Knorth and Kalverboer (2012) showed that adolescents’ treatment motivation placed in secure residential care deteriorated from admission to departure. Weisz et al. (2013) estimated the effects of psychological evidence-based youth interventions on various outcomes to be only modest under optimal circumstances (efficacy studies), and small or even non-significant under clinically representative conditions, with no effect for multi-problem youth with complex needs (Weisz et al., 2017). Interestingly, Weiss, Westerhof and Bolmeier (2016) found a moderate and positive effect of interventions on psychological well-being, which supports rehabilitative approaches that focus on positive youth development, such as the Good Lives Model of offender rehabilitation (GLM; Barnao, Ward, & Casey, 2016; Ward, 2002, Ward & Fortune, 2013), which shows many commonalties with SDT (Ward & Fortune, 2013).

When we combine an effective treatment method with a positive group climate, fulfilling SDT basic psychological needs, we could probably better personalize interventions (Ying & Weisz, 2016) and gain larger treatment effects by increasing treatment motivation and positive youth development in general. By this we could perhaps contribute to braking the chain of negative life events of children in residential youth care, first by preventing harm (Van der Helm, 2011), and secondly, by fostering resiliency of adolescents in (semi-)secure facilities (Wolff & Baglivio, 2017).

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

This research has been made possible by a SIA-Raak NWO Grant (‘with small steps’)

We thank Thijs de Jong and Denise van Duin for their contribution.

Table 1: Means, Standard Deviations and correlations

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Variables | M | *SD* | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1. Support T1 | 3.49 | 0.82 | --- |  |  |  |  |  |  |  |  |  |
| 2. Growth T1 | 3.41 | 1.00 | .77\*\*\* | --- |  |  |  |  |  |  |  |  |
| 3. Atmosphere T1 | 3.24 | 0.87 | .71\*\*\* | .16\*\* | --- |  |  |  |  |  |  |  |
| 4. Repression T1 | 3.25 | 0.80 | .26\*\* | .48\*\* | .28\*\* | --- |  |  |  |  |  |  |
| 5. Support T2 | 3.35 | 0.87 | .28\*\* | .13\*\* | .59\*\* | .20\*\* | --- |  |  |  |  |  |
| 6. Growth T2 | 3.32 | 1.07 | .39\*\* | .26\*\* | .69\*\* | .33\*\* | .59\*\* | --- |  |  |  |  |
| 7. Atmosphere T2 | 3.18 | 0.82 | -.17\*\* | -.27\*\* | -.23\*\* | -.22\*\* | -.23\*\* | -.28\*\* | --- |  |  |  |
| 8. Repression T2 | 3.26 | 0.80 | -.13\*\* | -.33\*\* | -.22\*\* | -.29\*\* | -.16\*\* | -.28\*\* | .73\*\* | --- |  |  |
| 9. Motivation T1 | 2.08 | 0.54 | -.13\* | -.37\*\* | -.19\*\* | -.25\*\* | -.19\*\* | -.18\*\* | .47\*\* | .56\*\* | --- |  |
| 10. Motivation T2 | 2.06 | 0.58 | .11\* | -.23\*\* | .02 | -.16\*\* | -.02 | -.03 | .31\*\* | .39\*\* | .49\*\* | --- |

*Note.* The Pearson correlation coefficients were noted. \*\* *p* < .01, \* *p* < .05. (two-tailed); *N* = 179

Figure 1: longitudinal SEM model

peer_stdModel

References:

Arbuckle, J.L. (2007), Amos 16.0 User’s guide, Chicago: SPSS.

Andrews, D. A. & Bonta, J. (2010). Rehabilitating criminal justice policy and practice. *Psychology, Public Policy, and Law*, 16, 39–55. doi.org/10.1037/a0018362

Barnao, M., Ward, T. & Casey, S. (2016). Taking the good life to the institution: Forensic service users’ perceptions of the good lives model. *International Journal of Offender Therapy and Comparative Criminology*, 60, 766-786. DOI: 10.1177/0306624X15570027

Barton, W.H. & Mackin J.R., (2012). [Towards a Strength-Based Juvenile Correctional Facility: Sustainability and Effects of an Institutional Transformation](https://www.tandfonline.com/doi/abs/10.1080/10509674.2012.700688). *Journal of Offender Rehabilitation* 51:7, pp. 435-452. doi.org/10.1080/10509674.2012.700688.

Bramsen, I., Willemse, K., Kuiper, C., Cardol, M. (2018)) *My Path Towards Living on My Own: Voices of youth leaving Dutch secure residential care*. Submitted for publication

Brauers, M. J. A., Kroneman, L. M., Otten, R., Lindauer, R. J. L. & Popma, A. (2016). Enhancing adolescents' motivation for treatment in compulsory residential care: A clinical review. *Children and Youth Services Review*, 61 (2016) 117–125. doi.org/10.1016/j.childyouth.2015.12.011.

Day, E.M. en Heismann, E. (2010), Non-violent resistance programme. *For all those working with parents and carers of children and adolescents with violent behaviours*, Brighton, Pavilion Publishing.

De Valk, S., Van der Helm, G. H. P., Beld, M., Schaftenaar, P., Kuiper, C. & Stams, G. J. J. M. (2015). Does punishment in secure residential youth care work? An overview of the evidence. *Journal of Children’s Services*, *10*, 3–16. doi.org/10.1108/JCS-11-2014-0048.

De Valk., S., Kuiper, C., Van der Helm, G. H. P, Maas, A. J. J. A. & G. J. J. M. Stams (2016). repression in residential youth care: a scoping review. *Adolescent Research Review*,1-22, DOI: 10.1007/s40894-016-0029-9.

De Valk, S., Kuiper, C., Van der Helm, G.H.P., Maas, A.J.J.A., & Stams, G.J.J.M. (2017). Repression in Residential Youth Care: A Qualitative Study. Examining the Experiences of Adolescents in Open, Secure, and Forensic Institutions. Journal of Adolescent Research DOI:10.1177/0743558417719188

De Valk, S., Kuiper, C., Van der Helm, G.H.P., Maas, A.J.J.A., & Stams, G.J.J.M. (2018). *Measuring repression in residential youth care: Development and validation of the Repression Questionnaire.* Submitted for publication.

Deci, E. L. & Ryan, R. M. (2008). Self-determination theory: A macrotheory of human motivation, development and health. *Canadian Psychology*, *49*, 182-185. DOI: [10.1037/a0012801](http://dx.doi.org/10.1037/a0012801).

Deci, E. L.& Ryan, R. M. (2014). The importance of universal psychological needs for understanding motivation in the workplace. In M. Gagne, *The Oxford handbook of work engagement, motivation, and self-determination theory* (pp. 13-32). New

Hu, L. and Bentler, P. (1999). ‘‘Cut-off criteria for fit indices in covariance structure analysis: conventional criteria versus new alternatives’’, Structural Equation Modeling, Vol. 6, pp. 1-55.

Kline, R. B. (2005). *Principles and practice of structural equation modelling* (2nd ed.).

New York, NY: Guilford.

Olver, M. E., Stockdale, K. C. . & Wormith, J. S. (2011). A Meta-Analysis of predictors of offender treatment attrition and its relationship to recidivism. *Journal of Consulting and Clinical Psychology,* 1, 6-21. DOI: 10.1037/a0022200.

Parhar, K. K. , Wormith, J. S. , Derkzen, D. M.& Beauregard, A. M (2008). Offender Coercion in Treatment A Meta-Analysis of Effectiveness. *Criminal Justice and Behavior, , 35(9),* , 1109-1135. doi: 10.1177/0093854808320169

Ranz, J.M., Horen, B.T., Mc Farlane, W.R., Zito, J.M. (1991). Creating a supportive environment using staff psycho-education in supervised residence. *Hospital Communitity Psychiatry*, (42) 11, 1154-1159

Ros, N.M., Van der Helm, G.H.P., Wissink, I., Stams, G.J.J.M., & Schaftenaar, P. (2013). Institutional climate and aggression in a secure psychiatric setting. *The Journal of Forensic Psychiatry & Psychology*, 24, 713-727. doi.org/10.1080/14789949.2013.848460

Ryan, R.M. & Deci, E.L. (2000) Self-Determination Theory and the Facilitation of Intrinsic Motivation, Social Development, and Well-Being *American Psychologist* 55(1):68-78 DOI 10.1037/0003-066X.55.1.68.

Ryan, R.M. & Deci, E.L. (2017). *Self Determination Theory. Basic Psychological needs in Motivation, Development and Wellness*. NY, Guilford.

Souverein, F. A., Van der Helm, G. H. P., & Stams, G. J. J. M. (2013). Nothing works in secure residential youth care? *Children and Youth Services Review*, *35*, 1941–1945. doi.org/10.1016/j.childyouth.2013.09.010.

Slot, N. W., & Spanjaard, H. J. M. (1999). *Expanding competency in residential child and youth care: Support for children and young people in residential homes and institutions*. Baarn: Intro Publishers (in Dutch).

Stams, G. J. J. M., & Van der Helm, G. H. P. (2017). What works in residential programs for aggressive and violent youth? Treating youth at risk for aggressive and violent behavior in (secure) residential care*.* In P. Sturmey (Eds.), *The Wiley Handbook of Violence and Aggression, 164*. NY: Wiley.

[Strijbosch, E. L. L.](javascript:__doLinkPostBack('','ss~~AR%20%22Strijbosch%2C%20E.%20L.%20L.%22%7C%7Csl~~rl','');), [Huijs, J. A. M.](javascript:__doLinkPostBack('','ss~~AR%20%22Huijs%2C%20J.%20A.%20M.%22%7C%7Csl~~rl','');), [Stams, G. J. J. M.](javascript:__doLinkPostBack('','ss~~AR%20%22Stams%2C%20G.%20J.%20J.%20M.%22%7C%7Csl~~rl','');), [Wissink, I. B.](javascript:__doLinkPostBack('','ss~~AR%20%22Wissink%2C%20I.%20B.%22%7C%7Csl~~rl','');), [**Helm**, G. H. P.](javascript:__doLinkPostBack('','ss~~AR%20%22van%20der%20Helm%2C%20G.%20H.%20P.%22%7C%7Csl~~rl','');) van der, [& Veen, Z.](javascript:__doLinkPostBack('','ss~~AR%20%22van%20der%20Veen%2C%20Z.%22%7C%7Csl~~rl','');) van der (2015). The outcome of institutional youth care compared to non-institutional youth care for children of primary **school** age and early adolescence: A multi-level meta-analysis. [*Children and Youth Services Review*](javascript:__doLinkPostBack('','ss~~JN%20%22Children%20and%20Youth%20Services%20Review%22%7C%7Csl~~rl','');)*, 58,* 208-218. DOI: 10.1016/j.childyouth.2015.09.018.

The Dutch Safety Board (2011). *About the physical safety of the young child. Thematic study: cases of child abuse with a fatal or near fatal end*. The Hague: Dutch safety Board.

Van der Helm, G. H. P. (2011). *First do no harm,* living group climate in secure juvenile correctional institutions. Amsterdam, Netherlands: SWP Publishing.

Van der Helm, G. H. P., Stams, G. J. J. M., & Van der Laan, P. H. (2011). Measuring group climate in a forensic setting. *The Prison Journal*, 91, 158-177. doi.org/10.1177/0032885511403595.

Van der Helm, G. H. P. & Stams, G. J. J. M. (2012). Conflict and coping by clients and group workers in secure residential facilities. In K. Oei & M. Groenhuizen (Eds.), *Progression in forensic psychiatry: About boundaries* (pp. 553–564). Amsterdam, Netherlands: Kluwer.

Van der Helm, G. H. P., Boekee, I., Stams, G. J. J. M., & Van der Laan, P. H. (2011). Fear is the key: Keeping the balance between flexibility and control in a Dutch youth prison. *Journal of Children’s Services*, 6, 248–263. DOI: 10.1108/17466661111190947

Van der Helm, G. H. P., Wissink, I., Stams, G. J. J. M., & De Jongh, T. (2011). Measuring treatment motivation in a forensic setting. *International Journal of Offender Therapy and Comparative Criminology*, 57, 998–1008. DOI 0306624X12443798.

Van den Tillaart, J. Eltink, E., Van der Helm, G. H. P, Stams, G. J. J. M. & Wissink, I. (2018). Aggressive incidents in residential youth care. International journal of offender therapy and comparative criminology. 1–17. DOI:10.1177/0306624X18758898.

Ward, T. (2002). Good lives and the rehabilitation of offenders. Promises and problems. *Aggression and Violent Behavior*, 7, 513-528. doi.org/10.1016/S1359-1789(01)00076-3

Ward, T. & Fortune, CA. (2013). The Good Lives Model: Aligning risk reduction with promoting offenders’ personal goals. *European Journal of Probation*, 5, 29-46. DOI:10.1177/206622031300500203

Weiss, L.A., Westerhof, G.J., Bohlmeijer, E.T. (2016). Can we Increase psychological well-being? The effects of interventions on psychological well-being: A meta-analysis of randomized controlled trials. *PLoS ONE*, 11(6): e0158092. doi.org/10.1371/journal.pone.0158092

Weisz, J.R., Kuppens, S., Eckshtain D., Ugueto, A.M., Hawley, K.M., & Jensen-Doss, A. (2013). Performance of evidence-based youth psychotherapies compared with usual clinical care: A multilevel meta-analysis. *JAMA Psychiatry*, 70, 750–761. DOI: 10.1001/jamapsychiatry.2013.1176.

Weisz, J.R., Kuppens, S., Ng, M.Y., Eckshtain, D., Ugueto, A.M., Vaughn-Coaxum, R., Jensen-Doss, A., Hawley, K.M., Krumholz Marchette, L.S., Chu, B.C., Weersing, V.R. & Fordwoord, S.R. (2017). What five decades of research tells us about the effects of youth psychological therapy: a multilevel meta-analysis and implications for science and practice. *American Psychologist,* 72:79–117. DOI: 10.1037/a0040360.

Wolff, K.T., & Baglivio, M.T. (2017). Adverse childhood experiences, negative emotionality and pathways to juvenile recidivism. *Crime & Delinquency*, Vol. 63(12) 1495–152, DOI: 10.1177/0011128715627469.

Ying & Weisz, J.R. (2016). Annual Research Review: Building a science of personalized intervention for youth mental health, *Journal of Child Psychology and Psychiatry*, 57:3 (2016), 216–236, DOI:10.1111/jcpp.12470

1. Peer van der Helm and Chris Kuiper are professors at Leiden, University of Applied Sciences [↑](#footnote-ref-1)
2. Peer van der Helm is Research Director at Fier

   3 Geert- Jan Stams is Professor at Amsterdam University, department of Forensic Sciences and Youthcare [↑](#footnote-ref-2)