Bilaga till rapport

Insatser i öppenvård för att förebygga ungdomars återfall i brott
Rapport 308 (2020)

Bilaga 1 Tabell över inkluderade studier

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Author Year Ref Country Study design	Aim Setting Follow up	Particpants	Intervention	Comparison	Outcomes	Results
Ashford et al 2019 [68] USA CT	**Aim** compared the recidivism risks of older, high-risk juvenile probationers exposed or unexposed to an experimental case management intervention to further the development of a supportive community intervention **Setting** high-risk juveniles placed on the same form of standard probation supervision during the same period of time and from the same area of a large, urban county **Follow-up** 3 years	**Number of participants** N=143 **Mean age** 16.8 years **Gender** 92 % boys	**Name** Team case management n=29 **Components** In addition to probation (se comparison two support specialists offered support to one probationer and the probationer's family, but one of the two specialists was the primary person responsible. Each specialist had primary responsibility for 15 cases and an adjunctive level of responsibility for another 15 cases. The program's supervisor and the other specialists operated as a team in developing self-sufficiency plans. The specialists assertively supported and connected the probationers and their families with other services in. Including accompanying youth on referrals to other community-based services. It also included taking proactive steps in promoting opportunities for change in the lives of the probationers and the lives of members of their families.	**Name** Probation n=114 **Components** Level I supervision. This is the highest level of non-intensive supervision in the jurisdiction and calls for the probation officers to have two face-to-face contacts with the juvenile and one face-to-face or telephonic contact with the parent or guardian each month. They also should visit the probationer within 45 calendar days after the youth is on supervision and have one contact every 3 months with schools to review the juvenile's attendance. Lastly, officers need to verify employment by speaking with the juvenile's employer, seeing the juvenile's pay stub, and if appropriate, observing the juvenile at their place of employment.	*Recidivism* We operationalized recidivism as the filing of a charge in a felony-level court during a period of 3 years that began on the 18th birthday of each individual.	Any felony offence 3 years 49 % (14/29) 36 % (40/114)

Asscher et al 2014 [51] Netherlands RCT	**Aim** The present study focused on the sustainability of the effects of Multisystemic Therapy (MST) on delinquency and recidivism **Setting** The juvenile justice system **Follow-up** 6 months and 2 years for official records	**Number of participants** N=256 (33 lost to post-intervention assessment, 59 lost to follow-up) **Inclusion criteria** juveniles with severe and persistent antisocial behavior. 71 % of the participants had been arrested at least once before treatment **Mean age** 16.02, SD=1.31 **Gender** n=188 boys and n=68 girls	**Name** Multisystemic Therapy (MST) n=147 **Components** Several key systems in which the adolescent is embedded: family, school, peer group, and neighborhood. MST services are often provided in homes at times that are convenient for the families. In consultation with family members, the therapist identifies a well-defined set of treatment goals, assigns the tasks required to accomplish these goals, and monitors the progress in regular family sessions at least once a week.	**Name** Treatment as usual (TAU) n=109 **Components** Services included individual treatment (individual counseling or supervision by probation officer or case manager, 21 %), and family-based interventions (family therapy, parent counseling, parent groups, or home-based social services, 53 %). Seven percent received a combination of care (e.g., individual treatment and family counseling), and 4 % were placed in a juvenile detention facility. Fifteen percent eventually received no treatment due to various reasons such as moving house or repeated no show at treatment sessions.	*Externalizing behavior (parent report)* Child Behavior Checklist (aggression and delinquent behavior, 33 items), items had to be answered on a three-point scale, ranging from 0 (never) to 2 (often). *Behavioral problems (parent report)* DSM symptom scales for behavioral problems assessed with the Disruptive Behaviors Disorder rating scales The subscales Oppositional Defiant Disorder (9 items) and Conduct Disorder (18 items) had to be answered on a four-point scale, ranging from 1 (not at all) to 4 (a lot). *Externalizing behavior (self report)* The externalizing behavior problems subscale of the Youth Self Report, which consists of the aggression and delinquency subscale, in total consisting of 30 items, to be answered on a threepoint scale, ranging from 0 (never) to 2 (often). *Delinquency (self report)* Two subscales of the Self-Report Delinquency scale (SRD). The SRD Violent offending (5 items) and	Externalizing problem (parent report) Pre-test MST: 23.32 (12.60) TAU: 22.55 (19.25) 6 months: MST: 17.02 (10.52) TAU: 21.70 (9.57) Externalizing problem (youth report) Pre-test: MST: 12.40 (9.25) TAU: 12.36 8.32) 6-months: MST: 10.03 (6.05) TAU:12.20 (6.27) Violent offending (youth report) Pre-test MST: 0.38 (0.58) TAU: 0.36 (0.57) 6 months MST: 0.28 (0.40) TAU: 0.28 (0.34) Property offending (youth report) Pre-test: MST: 0.31 (0.43) TAU: 0.29 (0.45) 0.15 (0.22) 0.26 (0.41) (0 6 months: MST: 0.15 (0.22) TAU: 0.26 (0.41) Official recidivism Pre-test At least 1 arrest MST (n=147): 70.7 %

					Property offences (10 items) *Official recidivism* The official Judicial Registration System. The file containing number of arrests, severity of arrests, and dates of arrests and convictions was provided by the Dutch Ministry of Justice, Recidivism was defined in terms of frequency (dichotomous variable: at least one arrest; and continuous variable: number of arrests), velocity of recidivism (time until first re-arrest) and type of recidivism (categories: violent versus non-violent)	TAU (n=109): 70.6 % Number of arrests: MST (n=147): 2,29 TAU (n=109): 2,14 Violent offense MST (n=147): 54 % TAU (n=109): 57 % 2 years follow-up At least 1 arrest MST (69/119) 58 % TAU (36/73) 49 % Number of re-arrests MST: 1.12 TAU: 1.22 d=0,06 Violent re-arrest (only for those who recidivate, n=151) MST: 50 % TAU 41 % Time to re-arrest MST (n=119): 8,28 (6,24) TAU (n=73): 8,16 (6,69) Hazard ratio=1,136, KI 95 % 0,804-1,603 Data also available for 6 months follow-up

Baglivio et al 2014 [35] USA CT	**Aim** Compare the effectiveness of MST and FFT with one another in a statewide multiyear sample of juvenile offenders. **Setting** Florida Department of Juvenile Justice (FDJJ) system **Follow-up** 12 months	**Number of participants** n=2 203 **Inclusion criteria** All juvenile offenders under the care of the FDJJ referred to MST and FFT between July 1, 2009 and June 30, 2011 **Mean age** Not stated **Gender** Not stated	**Name** Multisystemic Therapy (MST) n=629 **Components** A structured home-based family intervention, specified in a treatment manual, addressing both individual level (cognitions) and systemic (family, school, peer) factors. Services are delivered to youths as well as their parents/guardians in their homes, schools, and neighborhoods. A prominent goal of treatment is to empower the caregivers with requisite skills and resources to independently address problem behaviors. The average length of service was 119 days.	**Name** Functional Family Therapy (FFT) n=1 574 **Components** A structured home-based family intervention. Including progression through three distinct phases: Engagement and Motivation, Behavior Change, and Generalization Youth. The average length of service was 95 days.	*Recidivism* Youth adjudicated or convicted for an offense that occurred within 12 months of termination of service. Dichotomous measure; having been adjudicated/convicted for an offense committed within 12 months was coded 1, and not having been adjudicated/ convicted for such an offense was coded 0.	Recidivism within 12 months Matched sample: MST (188/628): 29.9 % FFT: (170/628): 26.9 % Full sample: MST (n=629): 29.9 % FFT (n=1574): 28.6 %

Barnoski 2004 [32] USA CT	**Aim** The CJAA represents the nation's first statewide experiment of research-based programs for juvenile justice. **Setting** Washington's 33 juvenile courts **Follow-up** 18-month follow-up period for re-offending and then a one-year period to allow for offenses to be adjudicated	**Number of participants** n=700 **Inclusion criteria** only moderate- to high-risk youth with a specific risk profile are considered for ART, FFT, and MST. Low risk youths were considered for COS. Process started in July 1999, and sufficient sample sizes were attained by September 2000 **Mean age** 15,3 years **Gender** Approximately 80 % male	**Name** Functional Family Therapy (FFT) n=494 (subgroup that followed the programs specifications) **Name** Aggression Replacement Training (ART) n=918 (subgroup that follows the programs' specifications) **FFT Components** A structured family-based intervention that works to enhance protective factors and reduce risk factors in the family. FFT is a three-phase program. The first phase is designed to motivate the family toward change. The second phase teaches the family how to change a specific critical problem identified in the first phase. The final phase helps the family generalize their problem-solving skills. **ART Components** A 10-week, 30-hour intervention administered to groups of 8 to 12 juvenile offenders three times per week. The program relies on repetitive learning techniques to teach participants to control impulsiveness and anger and use more appropriate behaviors. In addition, guided group discussion is used to correct anti-social thinking.	**Name** TAU **Components** Participants in the treatment as usual condition received traditional probation services in their local county. In this system, probation services were specifically detailed in the State Standards of Probation Practice, and were strictly enforced by state probation officials. To deliver probation services, 85 % of probation resources are typically devoted to weekly checking and supervision, and 15 % are devoted to education and guidance. Youth in the study did not receive any additional treatment services.	*Recidivism* Recidivism is defined as reconvictions in the Washington State court system. The rates shown are adjusted to account for systematic differences between the program and control groups using means in the equations from the logistic regressions	ADJUSTED 18-MONTH FELONY RECIDIVISM, Total (competent and not competent delivery reported) Functional Family Therapy: 93/387 Control: 85/313 Aggression Replacement Training (total): 147/704 Control: 126/525 FFT is delivered competently, the program reduces felony recidivism by 38 percent When competently delivered, ART has positive outcomes with estimated reductions in 18-month felony recidivism of 24 percent

Barnoski 2006 [47] USA CT	**Aim** evaluate the mentoring program as part of our legislatively directed role to consult with the Juvenile Rehabilitation Administration (JRA) on ways to implement research-proven programs **Setting** In 1996, JRA's Seattle office established a mentoring program as part of a federal initiative aimed at creating community partnerships to prevent and reduce youth violence **Follow-up** 2 years	**Number of participants** n=156 **Inclusion criteria** JRA provided the Institute with a database that identified youth who completed an application to join the mentoring program. Youth in the mentor group released to King and Pierce Counties between February 1997 and September 2000. **Mean age** 16.2 years **Gender** 40 % boys	**Name** Mentoring n=78 **Components** The program recruits and trains adults from diverse cultural backgrounds to serve as mentors for youth returning from a JRA facility. A mentor is a trusted adult who volunteers to assist a youth in setting and fulfilling educational and vocational goals, and to help the youth live a drug- and crime-free life. Mentors are required to: Make a one year commitment to the youth; Complete an application screening process, Complete a one-day eight-hour mentor training program; Meet with the youth monthly during the last five to six months of the youth's confinement, write or call weekly; Attend monthly meetings to enhance mentoring skills; and Meet with the youth weekly after the youth returns to the community.	**Name** Comparison n=78 **Components** youth in the comparison group were matched on gender, ethnicity, and number of prior admissions to JRA. No information about interventions.	*Recidivism* Recidivism is defined as any offense committed after release to the community that results in a Washington State conviction. This includes convictions in juvenile and adult court.	Total recidivism 2 years Odds ratio: 0.78 (0.30 till 2.02) p=0.609

Blechman et al 2000 [48] USA CT	**Aim** Compared juvenile offenders' recidivism following nonrandom assignment to juvenile diversion, JD plus skill training or JD plus mentoring **Setting** intake charges were theft (29 %), burglary (27 %), criminal mischief (19 %), assault (14 %), disorderly conduct (15 %), and controlled substances (9 %). Most participants (186 or 75.9 %) had no known preintake arrests; 48 (19.6 %) had one prior arrest; 10 **Follow-up** 2 years	**Number of participants** N=182 (skills training excluded) **Inclusion criteria** Minors charged with nonviolent misdemeanors or first felonies (''intake arrest'') **Mean age** 14.98 years **Gender** 71.8 % male	**Name** JD plus mentoring (MEN) n=45 **Components** The MEN group included 45 participants who were matched with adult volunteer mentors by Community Agency M. The ST group included 55 participants who attended 4 weekly 2-hour-long anger management, personal responsibility, and decision-making classes at Community Agency S.	**Name** Juvenile diversion (JD) n=137 **Components** JD participants received a scantily documented variety of interventions.	*Recidivism* Official records provided dates of arrests and associated criminal charges preceding and following the intake arrest	Recidivism 2 years Mentoring: 23/45 Diversion: 63/137 OR=1.228 Log(oddsratio)= 0.205 SE=0.344

Bouffard et al 2016 [45] USA CT	**Aim** Examine whether an Restorative justice (RJ) program for juvenile offenders had differential impacts on recidivism across various offender characteristics **Setting** Juvenile justice system in a small city in the Upper Midwest **Follow-up** 3,5 years	**Number of participants** n=352 **Inclusion criteria** Participants entered the RJ program between 1999 and 2005, and they are compared with a sample of 353 similar youth who were referred for traditional juvenile justice system (2000-2005). Primarily property related misdemeanor offenses, but also some violent offenses **Mean age** Youth averaged 14.95 years **Gender** Male: 72.8 % Female: 27.2 %	**Name** Restorative justice (RJ) programs n=284 **Components** An initial in-person conversation with an RJ facilitator. Direct victim–offender dialogue (including conferences with support people in attendance) occurred in more than half of RJ-referred cases (55 %). Agreements specified multiple conditions, including verbal and written apologies, a written report or presentation, community service work and financial compensation.	**Name** Treatment as usual (TAU) n=267 **Components** Nearly all (95 %) of the youth referred to traditional juvenile court processing received a term of probation as a result of their referral. Most of these youth were placed on supervised probation (79 %); dispositions of unsupervised probation (17 %) and dispositions other than probation (4 %) also occurred.	*Recidivism* Officially recorded contact with the police	*Recidivism* No/minimal, direct, community, indirect mediation: 82/284 Tau (juvenile court): 133/267

Burraston et al 2014 [43] USA CT	**Aim** Investigate the effectiveness of the automated phone calls on reducing recidivism **Setting** Juvenile court in one county of a western state of the United States. **Follow-up** 1 year	**Number of participants** n=70 **Inclusion criteria** Moderate to high-risk juveniles from a juvenile court. **Mean age** 16.07 years (sd 1.21) **Gender** 89 % were male	**Name** cognitive-behavioral class + phone calls n=39 **Components** Six training sessions every week, about 90 min each focusing on helping the youth to understand the natural consequences of their behavior. In one of the sessions, the participants were asked to identify their long-term goals and what they needed to do to accomplish them. Toward the end of the classes, all youth chose some goals and 28 were given cell phones, called twice daily, and asked how well they were accomplishing their goals. Personalized messages from significant others were created to congratulate them when they were making progress or to encourage them if they were struggling.	**Name** Standard treatment n=31 **Components** Standard treatment for juveniles on probation, which included an individualized treatment plan plus classes to help them avoid drug use or succeed in school.	*Recidivism* whether or not a participant was rearrested and the total number of rearrests during the year following treatment. The juvenile court keeps a detailed record of each juvenile and the types and frequency of all offenses.	Number rearrested Class-phone 15/28 Class-only 6/11 Control 28/31

Butler et al 2011 [52] UK RCT	**Aim** To evaluate whether Multisystemic Therapy (MST) is more effective in reducing youth offending and out-of-home placement in a large, ethnically diverse, urban U.K. sample than an equally comprehensive management protocol. **Setting** Two local youth offending services in North London. **Follow-up** 6 months after the intervention started (secondary outcomes) and then every 6 months until the 18-month follow-up point (redivicm).	**Number of participants** n=108 **Inclusion criteria** Youths with a court referral order for treatment, a supervision order of at least 3 months' duration, or, following imprisonment, on license in the community for at least 6 months. From November 2003 to December 2009. **Mean age** 14.9 years **Gender** 82 % were male	**Name** MST n=56 **Components** MST is a family- and community-based intervention that uses intense contact with families to understand and address the drivers of a young person's antisocial behavior. It targets drivers related to the young person's individual adjustment, their family relationships, school functioning, and peer group affiliations. For this study, the MST team comprised three therapists and a supervisor. Therapists were intensively involved with the families, visiting them at least 3 times per week, and were available by telephone to support them 24 hours per day and 7 days per week. The lengths of the interventions ranged from 11 to 30 weeks.	**Name** Youth Offending Teams (YOT) n=52 **Components** A tailored range of interventions aimed at preventing reoffending. Interventions are extensive and multicomponent: helping the young person to re-engage in education; help with substance misuse problems and anger management; training in social problem-solving skills; and programs for vehicle-crime, violent-offending, and knife-crime awareness. The treatments are evidence-based interventions Delivered by professional social workers, specialist therapists, or probation officers. The key differences between MST and YOT are that interventions are not normally organized to be delivered in a family context by a single person. Conducted over the period that MST was administered.	*Recidivism* Primary outcomes were reports of offending behavior based on police computer records including custodial sentences.	Proportion with offences 6 months before treatment All offences MST: 45/55 (82 %) YOT: 35/52 (67 %) Violent offences MST: 20/55 (36 %) YOT: 16/52 (31 %) Non-violent offences MST: 33/55 (60 %) YOT: 29/52 (56 %) Proportion with offences 18 months after treatment All offences MST: 4/52 (8 %) YOT: 17/47 (36 %) Violent offences MST: 1/52 (2 %) YOT: 4/47 (9 %) Non-violent offences MST: 4/52 (8 %) YOT: 16/47 (34 %) YSR and externalizing behavior is also reported in the study

Celinska et al 2018 [36] USA CT	**Aim** The question of whether FFT is effective in bringing about positive changes among juvenile offenders under family court supervision. **Setting** Youths enrolled in the Children at Risk Resources and Interventions – Youth Intensive Intervention Program (CARRI-YIIP). **Follow-up** 12 months	**Number of participants** n=155 **Inclusion criteria** Youth referred to or having a past involvement with at least one of the following: Family Court, probation, County Youth Detention, Division of Youth and Family Services and Family Crisis Intervention Unit; having a history of being at risk for delinquency behavior. The data were collected between 2006 and 2011. **Mean age** 15.5 years **Gender** Male: 59.8 % in FFT, 47.9 % YCM Female: 40.2 % in FFT 52.1 % YCM	**Name** Functional Family Therapy (FFT) n=107 **Components** FFT is a short-term family intervention that usually lasts three months. It targets youth between the ages of 11 and 18. At least one involved parent or guardian must be present during the therapy. The FFT model consists of three distinctive parts: engagement and motivation, behavioural change and generalization.	**Name** Youth Case Management (YCM) programme n=48 **Components** Mentoring and individual therapy were provided by over ten different providers located in the Middlesex County.	*Recidivism* Court-obtained recidivism data Dichotomous variables capturing whether the subject was sanctioned for technical violations, reconvicted for a new offence, or re-institutionalized for a new offence.	*1-year recidivism n (%)* Total reconvictions YCM: 21 (43.8) FFT: 40 (37.4) Reconvictions for violent offences: YCM: 5 (10.4) FFT: 17 (15.9) Reconvictions for property offences: YCM: 8 (16.7) FFT: 6 (5.6) Logistic regression modelling of 1 year recidivism (age, gender, race, ethnicity, mental health treatment, trauma history, delinquent history held constant), (YCM=1; FFT=2) Total reconvictions OR=0.5 (CI, 0.23-1.07) Reconvictions for violent offences OR=0.98 (CI, 0.33-2.92) Reconvictions for property offences OR=0.07 (0.1-0.44)

Cunningham et al 2012 [66] USA RCT	**Aim** To determine the sustained efficacy of the SafERteens interventions **Setting** The SafERteens RCTtook place at a level I traumacenter, Hurley Medical Center, in Flint, Michigan. **Follow-up** 3, 6 and 12 months	**Number of participants** n=726 **Inclusion criteria** Adolescent ED patients (14–18 years of age) presenting for medical illness or injury were eligible for screening. Adolescents seeking care for acute sexual assault or suicidal ideation, altered mental status precluding consent, or who were medically unstable. September 2006 to September 2009. **Mean age** 16.8 (1.3) **Gender** Male: n=316 (43.5 %)	**Name** The SafERteens brief interventions Computer delivered n=237 Therapist delivered n=254 **Components** Based on principles of motivational interviewing. Involved normative resetting and alcohol refusal and conflict resolution skills practice. Culturally relevant for urban youth. The sections included goals, personalized feedback for alcohol, violence, and weapon carriage, decisional balance exercise for the potential benefit of staying away from drinking and fighting, 5 tailored role plays. The computer intervention was a stand-alone interactive animated program with touch screens and audio via headphones to ensure privacy. An animated character guided participants.	**Name** n=235 **Components** Brochure with community resources.	*Recidivism* Peer violence: Items from the conflict tactic scale assessed past-year severe aggression toward peers (eg, hit or punched, serious physical fighting, used a knife/gun, etc). Severe past-year peer aggression (4 items) was computed as a binary variable (no/yes).	*Violence (n, s %)* Severe peer aggression Baseline Therapist group: 210 (82.7) Computer group: 179 (75.5) Control group: 183 (77.9) 12 monts follow-up Therapist group: 79/203 (39.3) Computer group: 98/200 (49.3) Control group: 104/200 (52.0) Tabel 2 0,88 (0,57-1,34) 1,36 (0,87-2,12)

Dakof et al 2015 [49] USA RCT	**Aim** examine the effectiveness of multidimensional family therapy (MDFT) and adolescent group therapy (AGT)—on offending and substance use **Setting** Juvenile drug court **Follow-up** 1 year (after completed intervention)	**Number of participants** n=112 **Inclusion criteria** (a) ages of 13 and 18; (b) diagnosed with substance abuse or dependence (c) not actively suicidal, demonstrating psychotic symptoms, or diagnosed with pervasive developmental disorder, or mental retardation; (d) not currently charged for sale of drugs, weapons, or violent offenses, or sexual battery; (e) voluntarily enrolled in drug court **Mean age** 16.1 years **Gender** male (88 %)	**Name** Multidimensionell familjeterapi (MDFT) n=55 **Components** Therapists work individually with each family. Therapists work simultaneously in four interdependent treatment domains—the adolescent, parent, family, and community. At various points throughout treatment, therapists meet alone with the adolescent, alone with the parent(s), or conjointly with the adolescent and parent(s), depending on the treatment domain and specific problem being addressed.	**Name** group-based treatment represented by adolescent group therapy (AGT) n=57 **Components** The group treatment was a manual-guided intervention based on cognitive–behavioral therapy and motivational interviewing. The features and format were guided by research-supported principles and procedures and combines education, skill training, and social support (Center for Substance Abuse Treatment (CSAT), Each session was structured, beginning by goal setting/self monitoring of goal attainment, and followed by didactic /experiential activities, group processing/ reflection, and closure.	*Recidivism* Arrest data was extracted from a justice system database maintained by the State of Florida. Arrest records were collected for the year prior to and for 2 years following intake. Youth also completed the Externalizing subscales of the Youth Self-Report (YSR). The YSR is a widely used and validated measure of adolescent symptoms and behaviors.	Arrests 6-24 months follow-up Mean (SD) MDFT: 0,95 (1,25) AGT: 1,19 (1,54) Externalizing 24 months follow-up Mean (SD) MDFT: 45,78 (8,29) AGT: 47,60 (9,10)

Dembo et al 2016 [33] USA RCT	**Aim** To examine the effectiveness of a National Institute on Drug Abuse (NIDA)-funded Brief Intervention (BI) project involving truant youths to reduce contact with the criminal justice system. **Setting** A south Florida Juvenile Assessment Center, or Truancy Intake Center (TIC). The truancy center is a school-based center with a classroom-like setting and a community diversion program. **Follow-up** 18-month follow-up (for self-reported delinquency) and a 24-month follow-up for official criminal data	**Number of participants** n=300 **Inclusion criteria** Ages 11 to 17 with an official record of delinquency of two or fewer misdemeanor arrests. March 6, 2007, and June 21, 2012. **Mean age** 14.80 years (SD D 1.30). **Gender** male (63 %)	**Name** Brief intervention **Components** Specific coping skill program elements are based on Rational-Emotive Therapy (RET), which strives to alter beliefs that encourage and promote the use of effective coping skills, and Problem-Solving Therapy (PST), which focuses on developing certain coping skills. BI components dovetail with the view that drug involvement is learned behavior that develops within a context of personal, environmental, and social factors. Thus, the goal of the BI sessions are to promote positive coping skills. Each BI session was approximately 75 minutes in duration, and the sessions occurred about a week apart.	**Name** Standard truancy services **Components** Provided by the school district, as their normal services offered to youths detained for truancy. In addition to the normal truancy services provided by the school district, truant youths and their parents/guardians had access to a countywide agency and service resource file to assist them in connecting with needed services/programs.	*Recidivism* Youths were asked to self-report their involvement in a variety of personal, property, and drugrelated criminal acts. Specifically, youths were asked to report how many times they engaged in each of 23 delinquent behaviors during the year prior to the baseline interview and the time between subsequent follow-up interviews. Youths who reported committing an act 10 or more times were also asked to indicate how often they participated in this behavior (once a month, once every two or three weeks, once a week, two to three times a week, once a day, or two to three times a day). Five summary indices of delinquent involvement were initially created: general theft (e.g., petit theft, vehicle theft/ joyriding, burglary); crimes against persons (e.g., aggravated assault, fighting, robbery). Official recidivism Five follow-up periods over a two year period were defined following the youths' date of last project service (i.e., BI session or STS meeting): (a) 1–3	Mean cumulative number of arrests 12 months BI: 0,45 STS: 0,56 Mean cumulative number of arrests charges 12 months BI: 0,59 STS: 0,71

					months, (b) 4–6 months, (c) 7–12 months, (d) 13–18 months, and (e) 19–24 months. Since youths can be arrested on multiple charges, official state arrest information was obtained on the number of arrests and the number of arrest charges during the 24-month follow-up period. Summary scores for total arrests and total arrest charges were created for each of the five recidivism follow-up periods.	
Dembo et al 2001 [34] USA RCT	**Aim** Investigate the long-term impact of a Family Empowerment Intervention (FEI) on recidivism **Setting** The Hillsborough County Juvenile Assessment Center **Follow-up** Follow-up recidivism data covering one to four 12-month follow-up periods	**Number of participants** n=303 **Inclusion criteria** Youths who were arrested on misdemeanor or felony charges from September 1, 1994, through January 31, 1998 **Mean age** Averaged 15 years of age **Gender** Male 55 %	**Name** Family Empowerment Intervention (FEI) n=149 **Components** Families received three one-hour, home-based meetings per week over a 10-week period from a clinician-trained paraprofessional. Goals: (1) to restore the family hierarchy (2) restructure boundaries between parents and children; (3) encourage parents to take greater responsibility for family functioning; (4) increase family structure through implementation of rules and consequences; (5) enhance parenting skills; (6) have parents set limits, expectations, and rules (7) improve communication (8) improve problem-solving skills (9) connect the family to other systems (e.g., school, church, community activities).	**Name** Extended Services Intervention (ESI) n=154 **Components** Families in the ESI group received monthly phone contacts and, if indicated, referral information. Both FEI and ESI families had 24-hour a day, seven days a week access to YSP staff, and to information on various community resources.	*Recidivism* Official record data: (1) the number of offenses with which each youth was charged and (2) the number of arrests each youth experienced.	Mean transformed number of arrests 12 months ESI: 0.49 FEI not completed: 0.52 FEI completed: 0.20 Mean transformed number of arrest charges 12 months ESI: 0.71 FEI not completed: 0.67 FEI completed: 0.36

de Vries et al 2018 [62] The Netherlands RCT	**Aim** The central aim was to examine whether New Perspectives (NP) outperforms existing services **Setting** Youth care referral agencies and (secondary) schools **Follow-up** 18 months after program start, 12 months after program completion	**Number of participants** n= 101 **Inclusion criteria** Youths experiencing problems on multiple life domains, and at risk for the development and progression of a deviant life style. The inclusion period lasted from September 2011 until April 2013. **Mean age** 15.58 (1.53) **Gender** Male: 67.3 %	**Name** New Perspectives (NP) n=47 **Components** A voluntary program divided in an intensive coaching phase of 3 months and a 3-month aftercare phase. Youth care workers are available 24 hours a day, 7 days per week. During the intensive coaching phase, the youth care workers have 8 hours a week per client. The contact intensity of the program aftercare phase is low, ranging from a minimum of 4 hours to a maximum of 12 hours (in 12 weeks).	**Name** Treatment as usual (TAU) n=54 **Components** Various youth care interventions; probation service (20 %), individual counseling (monitoring/supervision, 17 %), family counseling (monitoring/supervision, 9 %), individual coaching (influencing cognition and behavior, 13 %), academic service coaching (tutoring and special education included, 15 %), and other programs, such as social skills training, clinical group care, crisis intervention, family therapy, and Real Justice group conferencing (26 %). Most services were carried out in a community-based setting.	*Recidivism official records* Recidivism was assessed in terms of percentage (dichotomous variable: at least one arrest), frequency (continuous variable: number of any reconvictions), velocity (time until first reconviction), and seriousness of recidivism (number of violent offenses and at least one violent arrest). In addition, guidelines of the official Recidivism Coding System (RCS) of the Research and Documentation Centre were used to code the seriousness of offenses into nonviolent (0) and violent offenses (1). *Self-reported recidivism* "Self-report Delinquency Scale" (SRD) of the Research and Documentation Centre. Three subscales of the SRD scale were used for examination of the program effectiveness: Violent Crime (seven items), Vandalism (four items), and Property Crime (six items). In the present study, sum scores were used, indicating how often the participant showed delinquent activities.	*Recidivism official records 18 months* Number of rearrests (mean, sd) NP: 0.53 (1,54) TAU: 0,98 (1,87) Number of violent rearrests (mean, sd) NP: 0,11 (0,38) TAU: 0,22 (0,60) Number days to first rearrest (m,sd) NP: 451 (148,81) TAU: 402,98 (155,02) At least one rearrest (n, %) NP: 10 (21,3) TAU: 19 (35,2) At least one violent rearrest (of those reoffending) (n, %) NP: 4 (40) TAU: 8 (42,1) At the end of follow-up (875 days) NP 30 % and TAU 41 % had been rearrested; HR=0,69 (CI 95 %; 0,34, 1,39) *Self-reported delinquency* Delinquency (m,sd) Pre-test NP: 0,83 (1,29) TAU: 1,13 (1,76) 18 months NP (n=43): 1,65 (2,21) TAU (n=52): 2,33 (3,68) Violent offences (m,sd) Pre-test

						NP: 0,62 (1,71) TAU: 0,68 (1,27) 18 months NP (n=43): 0,98 (1,52) TAU (n=52): 1,33 (2,65) Property offences (m,sd) Pre-test NP: 0,21 (0,51) TAU: 0,46 (1,06) 18 months NP (n=43): 0,42 (0,82) TAU (n=52): 0,94 (1,96) 12 months follow-up also presented

Fonagy et al 2018 [53] UK RCT	**Aim** To assess the effectiveness and costeffectiveness of multisystemic therapy versus management as usual in the treatment of adolescent antisocial behaviour. **Setting** Nine multisystemic therapy pilot centres **Follow-up** 6, 12, 18 months after randomisation	**Number of participants** n= 684 **Inclusion criteria** Youths with moderate-to-severe antisocial behaviour recruited from social services, youth offending teams, schools, child and adolescent mental health services (CAMHS), and voluntary services **Mean age** MST: 13.7 (1.4) TAU: 13.9 (1.4) **Gender** MST male: 63 % TAU male: 64 %	**Name** Multisystemic therapy (MST) n=342 (n=257 at 18 months) **Components** Therapists worked primarily with caregivers to improve parenting skills, enhance family relationships, increase support from social networks, develop skills, address communication problems, encourage school attendance and achievement, and reduce association with delinquent peers. Techniques from cognitive behavioural therapy, behavioural therapy, and strategic and structural family therapy. Therapists met the family three times a week for 3‑5 months and were available 24 hours a day for 7 days a week.	**Name** Treatment as usual (TAU) n=342 (n=234 at 18 months) **Components** All families received management as usual from youth offending teams, CAMHS, or social and education services, based on the best available local services for young people, and was designed to be in line with current community practice informed by treatment guidelines. Management-as-usual interventions were multicomponent, no less resource-intensive than multisystemic therapy, and consistent with the young person`s complex mental health needs and behavioural difficulties.	*Recidivism* Time to first criminal offence and the total number of offences (as well as separately for non-violent and violent offences) based on official records from the Police National Computer and Young Offender Information System. *Wellbeing and adjustment* were (Mood and Feelings Questionnaire and SDQ) Completed by the youth SDQ, CBRS, and General Health Questionnaire. Completed by parents Data on *educational participation* (attendance and exclusions) were obtained from the National Pupil Database. LÄGG TILL	*Recidivism* Number of offences - all crimes 6 months pre-intervention MST: 32 % (340), m=0,7 (sd 1,5) TAU: 37 % (339), m=0,7 (sd 1,4) 18 months follow-up MST: 20 % (67of 340), m=0,5 (sd 1,7) TAU: 16 % (53 of 339), m=0,3 (sd 0,8) Violent crimes 6 months pre-intervention MST: 17 % (340), m=0,24 (sd 0,7) TAU: 16 % (339), m=0,24 (sd 0,6) 18 months follow-up MST: 8 % (27/340), m=0,2 (sd 0,7) TAU: 6 % (20/339), m=0,1 (sd 0,3) Non-violent crimes 6 months pre-intervention MST: 21 % (340), m=0,3 (sd 0,7) TAU: 23 % (339), m=0,4 (sd 0,8) 18 months follow-up MST: 10 % (34/340), m=0,2 (sd 0,8) TAU: 8 % (27/339), m=0,1 (sd 0,4) *Time to first offence*

						HR=1,06 (CI, 95 % 0,84-1,33) p=0,64 *SDQ conduct problems (mean, sd;n)* Young people 6 months pre MST: 5,0 (2,1; 340) TAU: 4,9 (2,3; 340) 18 months MST: 3,5 (2,0; 221) TAU: 3,4 (1,9; 193) Parent report 6 months pre MST: 6,6 (2,4; 340) TAU: 6,6 (2,5; 340) 18 months MST: 4,4 (2,5; 232) TAU: 4,6 (2,5; 209) *Educational participation 18 months* OR: 0,71 (CI, 95 % 0,45-1,13)

Gilman et al 2019 [67] USA CT	**Aim** To assess the effectiveness Step-up **Setting** youth who had been referred to the juvenile court for an offender matter, had a court-identified DV issue, between 2006 and 2015 **Follow-up** 1 year	**Number of participants** N=115 **Mean age** 16.1 years **Gender** 65.6 % boys	**Name** Step Up, a group intervention program **Components** Step Up is a 21 week parent and youth group intervention for families for which a youth is being consistently violent in the home. The central therapeutic concept in the program is the abuse and respect wheels which reinforce a positive approach to conflict resolution along with cognitive restructuring, problem-solving and motivational approaches. The overarching philosophy of the program is restorative.	**Name** Treatment as usual **Components** Court-involved youth who had never participated in the program	*Recidivism* Recidivism was measured with a dichotomous variable indicating whether the youth experienced a new court contact (either a juvenile court referral for an offender matter or, for those who turned 18 during the recidivism window, a new criminal court case filing) within 12 months of the study start date.	General recidivism within 12 months Step up: 25/115 (21,7 %) Post weighted comparison sample: 36/115 (30,9 %)

Gottfredson et al 2018 [40] USA RCT	**Aim** assesses the costs and benefits to using Medicaid funding to implement a well-known evidence-based program, Functional Family Therapy (FFT), **Setting** The Philadephia family court **Follow-up** 18 months official records (12 months after the intervention ended)	**Number of participants** n=129 **Inclusion criteria** youth whose cases were heard on the participating judges docket between September 15, 2013 and February 4, 2016 and for whom the judge ordered family services. To be eligible for inclusion, youth had to be an 11‑17-year-old male **Mean age** 15.4 years **Gender** 100 % were male	**Name** **FFT-G** **N=66** **Components** The program typically involves 12–15 face-to-face sessions of approximately 1 hour during which trained therapists work with the targeted youth as well as his or her caregivers, usually in a home setting. The entire program is usually delivered over a three-month period. For this study, FFT was accommodated for use with a population at risk for gang membership.	**Name** TAU alternative program (FTTP) N=63 **Components** regular probation as well as referral to an alternative family therapy program, called the Family Therapy Treatment Program (FTTP). FTTP was a program also used by the Philadelphia Family Court, and its services were eligible for reimbursement through Medicaid. It was approximately of the same intensity and duration as FFT, but not manualized and had not undergone rigorous evaluation.	*Recidivism* the full history as well as subsequent contacts for the 18-month period after random assignment were collected from Family Court records after 18 months, self-reported delinquency at 6 months	Recidivism for high risk youths FFT-G: 23/66 (34.85 %) TAU: 29/62 (46.77 %)

Hansson et al 2000 [39] Sweden RCT	**Aim** To test the effects of FFT. **Setting** Child psychiatry in Sweden. **Follow-up** 2 years	**Number of participants** N=89 **Inclusion criteria** Youths arrested by police in Lund (1993 to 1995). Crimes inkluded theft, vandalism, burglary **Mean age** FFI: 14.7 (sd 1.8) years TAU: 15.5 (sd 1.2) years **Gender** 86 % boys	**Name** FFT (n=49) **Components** A structured home-based family intervention. Including progression through three distinct phases: Engagement and Motivation, Behavior Change, and Generalization Youth.	**Name** Treatment as usual (n=40) **Components** For example individual or family counselling.	*Recidivism* Arrested by police	Recidivsm 2 years FFT: 20/49 (40 %) recidivated Control: 33/40 (82 %) recidivated

Henggeler et al 2002 [54] USA RCT	**Aim** To examine the 4-year outcomes of an evidence-based treatment of substance-abusing juvenile offenders **Setting** **Follow-up** 4 years	**Number of participants** n=80 (68 %) of the 118 adolescents **Inclusion criteria** Juvenile offenders meeting DSM-III-R criteria for substance abuse or dependence and their families **Mean age** 15.7 years **Gender** 76 % were male	**Name** Multisystemic therapy (MST) n=43 **Components** In general, these interventions focus on the individual, family, peer, school, and social network variables that are linked with identified problems as well as on the interface of these systems. In designing particular intervention strategies, MST adapts empirically based interventions from pragmatic, problem-focused treatments that have at least some empirical support. These include strategic family therapy, structural family therapy, behavioral parent training, and cognitive- behavioral therapies.	**Name** Usual community services n=37 **Components** Youths in the comparison condition were referred by their probation officer to receive community-based substance abuse treatment. This treatment entailed weekly attendance at group meetings following a 12-step program, with additional residential and inpatient services available as needed. In contrast with the extensive community-based services received by families in the MST condition, youths in the usual community services condition showed little follow-through on community-based referrals.	*Recidivism* The Self-Report Delinquency scale (SRD) (Elliott et al., 1983) was used to measure aggressive crimes and property crimes perpetrated during the past 12 months. The SRD Aggressive Crimes scale consists of all items from the major assaults, minor assaults, and strong-armed robbery subscales, and the SRD Property Crimes scale consists of items from the minor theft, major theft, and property damage subscales. Responses to all items were recoded into 3-point Likert scales (0 = none in the past year, 1 = 1–3 times in the past year, 2 = more than 3 times in the past year) and summed to form total Aggressive Crimes and Property Crimes scores. In addition, archival records of convictions for both types of offenses were obtained from the South Carolina Law Enforcement Division records that extended back to the youth's 17th birthday. Thus adult criminal convictions were examined during an approximately 2.5-year window, on the average.	Aggressive Crimes SRD Aggressive Crimes MST: m=0.61, sd=0.90 TAU: m=1.36, sd= 2.21 Annualized convictions MST m=0.15, sd=0.43 TAU m=0.57, sd=1.80 Property Crimes SRD Property Crimes MST m=0.89, sd= 2.01 TAU m=1.26, sd=2.39 Annualized convictions MST m=0.19, sd=0.43 TAU m=0.20, sd=0.61 Psychiatric symptoms YAS Externalizing scale MST m=12.50, sd= 8.11 TAU m=11.26, sd=6.85 YAS Internalizing scale MST m=12.24, sd=9.36 TAU m=11.29, sd=6.60

					Conviction frequencies were annualized and adjusted for duration of incarceration, thus reflecting the number of convictions per year of non imprisonment. The extent to which the young adults experienced comorbid psychopathology was measured by the Externalizing and Internalizing scales of the YAS (Achenbach, 1991).	

Humayun et al 2017 [37] UK RCT	**Aim** To assesss the effectiveness of Functional Family Therapy for offending and antisocial behavior in UK Youth **Setting** Services (YOS; 67 %), Targeted youth Support Services (TYSS: multiagency prevention services for antisocial youth; 22 %), and other crime prevention agencies (11 %) **Follow-up** 6, and 18 months after randomization	**Number of participants** n=111 **Inclusion criteria** All youth had been sentenced for offending or were receiving agency intervention following contact with the police for antisocial behaviour. Recruited between 2008 and 2011. **Mean age** M = 15.0 SD = 1.63 **Gender** FFT male: 71 % TAU male: 72 %	**Name** Functional Family Therapy (FFT) +TAU n= 65 **Components** Five phases; engagement, motivation, assessment of risk and protective factors, behavior change, and generalization of improvements made in a few specific situations to wider contexts The FFT group received FFT plus TAU. FFT typically consisted of 12 sessions across 3–6 months. The FFT team consisted of two full-time and one part-time qualified Systemic Family Psychotherapists.	**Name** Treatment as usual (TAU) n = 46 **Components** TAU was delivered by referring agencies through a case worker usually using a support and counseling model. TAU included help with education, employment, substance misuse, anger management, sexual health, mental health problems, and social skills as well as reparation programs and victim awareness programs. Family therapy was not used.	*Recidivism* *Self-report delinquency* This asks about 19 criminal acts committed during the past year, e.g. criminal damage, stealing and robbery, and how often. The frequency of each act is summed. At 6 month follow-up youth reported on acts in the last 6 months, and at 18 months follow-up in the preceding 12 months; 6 month values were doubled for comparability. *Official records of offending*: Official records of convicted offences were obtained. These included community sentences, custodial sentences, and police cautions ('precourt disposals') for minor offences, e.g. criminal damage. Proportion of youth	Self-reported delinquency (m, sd) Pre-test FFT: 13.9 (11.75) TAU: 11.2 (8.61) 18 months FFT: 6.3 (7.98) TAU: 3.4 (5.47) Offended in previous 6 months (n, %) Pre-test FFT: 37 (57 %) TAU: 23 (50 %) 18 months FFT: 13/65 (20 %) TAU: 8/46 (17 %) Officially recorded offence 18 months OR=0,88 (CI 95 % 0,20-3,82) (the reference group is the control group)

Jeong et al 2017 [44] USA CT	**Aim** Determine the effectiveness of Project ASPECT in creating protective factors associated with recidivism. **Setting** Project ASPECT is an intensive, community-based intervention **Follow-up** 12 months after completion	**Number of participants** n=535 **Inclusion criteria** 12- to 16-year-old males who were first referred to the department before the age of 13 with previous violations (two or more misdemeanor adjudications or a felony offense) or otherwise identified as high risk for reoffending. **Mean age** ASPECT: 15.34 Control: 15.42 **Gender** Male only	**Name** Parent-involved cognitive behavioral therapy (ASPECT) n=311 Two subgroups: Parents' completion n=185 Parents' non-completion n=126 **Components** A cognitive behavioral peer group that meets once a week for 12 weeks. An orientation and graduation was added to the originally proposed 10-week program. Each week the group activity and discussion assist the youths in understanding their thoughts and beliefs. Youths also develop individual milestone goals. Two individual motivational enhancement therapy sessions. Parents of the youth also participate in parental education groups that are held once a week for 6 weeks.	**Name** Comparison group n=224 **Components** Treatments not involving a cognitive behavioral approach. No more information	*Recidivism* Official histories of offending; specifically, official court referral records. Prevalence of re-offending is operationalized as a dichotomous variable, with "0" indicating the youth did not re-offend after the initial arrest that brought him to the juvenile justice system, and "1" indicating the youth re-offended within the follow-up period.	Recidivism at Follow-up (n, %) ASPECT: n=161 (51 %) (parents completion 83, parents non-completion 78) Comparison group: n=117 (52 %)
Kelley et al 2017 [41] USA CT	**Aim** Evaluate diversion program **Setting** Juvenile court **Follow-up** 2 years	**Number of participants** n=286 **Inclusion criteria** Adolescent shoplifters **Mean age** 15.2 years **Gender** 56 % male	**Name** Diversion program n=143 **Components** Combinations of fines, community services, monetary restitution, written essays, anti-shoplifting videos, apology-letters and individual and/or family counselling	**Name** Control group n=143 **Components** Monthly meetings with their youth assistance worker	*official Recidivism* Percentage youths with new petitions filed during the 2-year Follow-up period	Recidivism 2-year follow-up period Treatment: 15/143 (10 %) Control: 36/143 (25 %) Oklart hur de räknat för treatment gruppen 13/118=11 % 13/143=9 %

Kendall et al 2017 [64] USA RCT	**Aim** Investigate evidencebased interventions that reduce future aggression and incarceration in clinically aggressive juvenile offenders serving probation **Setting** Youth were recruited from evening reporting centers designed as community-based alternatives to detention following arrest and offered single-sex, on-site, afterschool supervision. Minors. Study fliers to girls in their caseload **Follow-up** 6-, and 12-month follow-up	**Number of participants** n=310 **Inclusion criteria** Juveniles 13 to 17 years old on probation, clinically aggressive **Mean age** 16 years **Gender** 66 % male	**Name** 2 weeks psychosocial intervention **Components** Targeting psychosocial factors implicated in risky behavior (e.g., learning strategies to manage "hot" emotions that prompt risk taking). The interactive, group-based intervention targeted psychosocial factors implicated in a range of high-risk behaviors, including sexual risk taking, substance use, emotion regulation, and negative peer influence. Two activities were specifically relevant to this report. First, youth identified and anticipated personal risk-related triggers of high-risk behavior and developed plans to address the people, places, situations, and moods that prompted risk taking. Second, they used a "feelings thermometer" to evaluate the impact of their "hot" (i.e., very strong) and "cool" (i.e., less intense) feelings on their decisions and risk behaviors.	**Name** Health promotion **Components** Equally intensive control group took the same interactive approach and was matched for time and facilitator training, but primarily provided information about nutrition, substance use, violence, and human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS). A main distinction between arms was that the control curriculum was informative in nature, emphasizing generalized knowledge, whereas the intervention was more personalized, encouraging youth to identify personal triggers of risk and to generate individualized plans for responding to triggers. Both groups spanned 8 sessions lasting 90 to 120 minutes each.	*Recidivism* Incarceration. At baseline, participants reported how many times they had ever been incarcerated. At each follow-up, they indicated whether they had been incarcerated in the past 6 months. Given the potential lag between arrest and incarceration, incarceration occurring by 6 months could have reflected crimes committed before the intervention. Thus, when testing the effects of our intervention on incarceration, we considered only 12-month data.	juvenile offenders with clinically significant baseline aggression who reported having been incarcerated at 12-month follow-up in the intervention group (n=3/26) and control group (n=14/35).

Lancaster et al 2011 [63] USA CT	**Aim** To evaluate the effectiveness of a life-skills oriented psychoeducational program on participant recidivism. **Setting** Counseling programs at a university community center in the heart of an impoverished innercity neighborhood in the southern United States. **Follow-up** 3-, 6-, 12-, 18-, and 24-month	**Number of participants** n=240 predominantly Latino/a youth **Inclusion criteria** Youth were eligible for the study if they had successfully completed the center's counseling program at some juncture within a 4-year period from 2004 to 2008 **Mean age** Treatment group m= 4.38 and sd=1.32 Control group m=14.14 and sd=1.23 **Gender** Male 45.8 % treatment and 50.8 control	**Name** A community-based psychoeducational counseling program n=120 **Components** Psychoeducational counseling group with a life skills emphasis. The group was denoted as life skills oriented because training and acquisition of prosocial behaviors was embedded into weekly sessions. The program operated in 7-week cycles, clients met once weekly for 2-hour group counseling. Psychoeducational model that distributed group time between didactic presentations, application opportunities, and group process. Multisystemic, encompassing modeling, role playing, verbal feedback, reinforcement, and education. The content of group sessions was organized around several analogous life skills including identifying feelings, triggers to anger and other feelings and emotions, healthy coping skills, stress management, healthy communication, familial patterns, building self-esteem, and substance abuse.	**Name** Community probationary programs n=120 **Components** Youths who had participated in community-based probationary programs but did not receive programming at the center. Data were gathered on youth who had been adjudicated by local judges between 2004 and 2008. During this time frame, youth on probation incurred curfews, fines, community service hours, and court-assigned monitoring.	*Recidivism register*	Residivism % 24 months Treatment group: 48/120 (40.0 %) reoffended Control group: 65/120 (54.2 %) reoffended 12 and 18 months also reported

Little et al 2004 [42] UK RCT	**Aim** Evaluate a multi-systematic intervention to reduce crime **Setting** Police, social services and education **Follow-up** 2 years follow-up	**Number of participants** n=79 **Inclusion criteria** Having been charged or cautioned on three or more occacions within a 12-month period. Age 15-17 years. **Mean age** m=198 months **Gender** Unclear	**Name** Intensive supervision and support program (ISSP) n=24 **Components** Seven components including close supervision by police, family group conferences, multi-agency reviews and reparation, mediation and mentoring	**Name** Standard treatment n=24 Matched control (from separate part of region) n=31 **Components** No information	*Register court and police, and reports from youth justice services*	Number of court appearances leading to a conviction 2 year follow-up ISSP: m=2.58, sd=2.62 (21/24, 87 % more than one) CG: m=2.46, sd=1.77 (83 % more than one) MC=3.65, sd=2.60 (23/24, 97 % more than one) Number of arrests by police during 2-years follow-up ISSP: m=14.50, sd=24.28 CG: m=25.88, sd=32.03 MC=16.10, sd=20.58 Number of arrests controlling for youths detained During 2 years follow-up ISSP: m=0.76, sd=1.28 CG: m=1.49, sd=1.87 MC=1.37, sd=2.67 Number of arrests controlling for offending behavior prior to recruitment During 2 years follow-up ISSP: m=1.14 CG: m=1.73 MC=1.62 Risk Ratio controlling for confounders

						ISSP vs control: RR=4.7 (ISSP 4.7 time more effective) ISSP vs matched control: RR=6.19 (ISSP 6.19 time more effective)

Löfholm et al 2009 2014 [55,59] Sweden RCT	Aim Evaluate MST Setting The child welfare services in 27 local authorities and 6 MST teams Follow-up 2 and 5 years	**Number of participants** n=79 **Inclusion criteria** young people aged 12–17 who fulfilled the criteria for a clinical diagnosis of conduct disorder according to the Diagnostic and statistical manual of mental disorders (4th edition, text revision) (DSM-IV-TR) (American Psychiatric Association, 2000) and whose parent(s) or parent surrogate(s) were motivated to engage in an intervention. **Gender** boys (61 %) **Age** 15.0 years (SD = 1.35)	**Name** MST n=75 **Components** Several key systems in which the adolescent is embedded: family, school, peer group, and neighborhood. MST services are often provided in homes at times that are convenient for the families. In consultation with family members, the therapist identifies a well-defined set of treatment goals, assigns the tasks required to accomplish these goals, and monitors the progress in regular family sessions at least once a week.	**Name** TAU n=73 **Components** The most common intervention received by this group was individual counselling (one to two hours every other week) provided by the case manager or a private counsellor and financed by the Social Welfare Administration (n = 20). The second most common was family therapy (n = 16). Other TAU services included mentorship in which non-professional volunteers spent time with the young person (normally 10 hours a month on two or more occasions; n = 12), and out-of-home care, primarily residential (n = 8).	*Recidivism* Arrests by police and Self-reported delinquency (SRD) Youth symptomatology was assessed with caregiver (CBCL) and adolescent (YSR) ratings	Arrested Pre MST: 44 (59 %) TAU 41 (56 %) 24 months MST 25 (33 %) TAU 17 (23 %) Self-reported delinquency (SRD) Pre MST:44.59 (42.13) TAU: 48.87 (33.45) 24 months MST: 29.64 (46.66) TAU: 33.45 (42.42) CBCL externalizing and internalizing (parent report) in the study. YSR externalizing (youth report) MST:25.80 (9.47) TAU: 22.68 (.13) 24 months MST: 15.93 (8.26) TAU: 15.56 (10.32) YSR internalizing (youth report) MST:15.86 (9.25) TAU: 12.59 (7.21) 24 months MST: 13.05 (7.96) TAU: 12.92 (8.96)

Mayfield 2011 [60] USA CT	**Aim** Evaluate youths enrolled in the Pilot's MST program **Setting** In 2007, by legislative direction, the Washington State Department of Social and Health Services (DSHS) established a pilot program to provide evidence-based mental health services to children. The Thurston-Mason Children's Mental Health Evidence-Based Practice Pilot Project (the Pilot) was formed. **Follow-up** 1 year	**Number of participants** n=202 **Inclusion criteria** chronic juvenile offenders and youth with serious emotional disorders, 12 to 17 years of age Age: Mean 14,1 Gender: 60 % male	**Name** MST N=126 **Components** Multisystemic Therapy (MST) is an intervention for youth that focuses on improving the family's capacity to overcome the known causes of a child's delinquency. Its goals are to promote parents' ability to monitor and discipline their children and replace deviant peer relationships with pro-social friendships	**Name** Not MST N=973 **Components** No more information	Criminal convictions	Any convictions 1 year follow-up MST: 78/126 (62 %) Not-MST: 505/973 (52 %) Misdemeanor, felony and violent crime reported in the study

McGarell et al 2007 [46] USA RCT	**Aim** Does participation in a family group conference (FGC), vs. other court-ordered diversion programs, affect re-offending among a sample of young, first-time offenders? **Setting** The Marion County (Indianapolis) juvenile court and prosecutor's office. **Follow-up** 24 months following their initial arrest	**Number of participants** n=482 **Inclusion criteria** Young, first-time-offending youths 14 years of age or younger; (2) have had no charges previously filed; (3) have admitted to committing the offense for which they were arrested; and (4) have committed one of five offenses: criminal mischief, disorderly conduct, theft, conversion, or battery **Mean age** 13 years **Gender** 62 % male	**Name** Family group conference (RJ) n=400 **Components** Community empowerment and participation along with a focus on the victim(s). The victim, and the supporters of both offender and victim are brought together with a trained facilitator to discuss the incident and the harm brought to both the victim. The conference provides an opportunity for the victim to explain how they have been harmed and to ask questions of the offender. The conference ends with a reparation agreement whereby all participants decide how the offender can make amends to the victim. Rather than one person making a punishment decision, the community affected by the offender's actions makes decisions about a reparation agreement.	**Name** A number of court-ordered diversion programs n=382 **Components** There were at least 19 different diversion programs available to first time-offenders. However, the majority (320/382) of Control Group youths were ordered to one of four programs: Teen Court (23.6 percent), Shoplifting Program (a program specifically for shoplifters that attempts to educate them about the ramifications of their actions; 23.9 percent), Community Service (14.9 percent), or Victim–Offender Mediation (21.7 percent).	Recidivism	Cox regression can control for potentially confounding variables. Using time until failure as the dependent variable. The negative beta value (B = −0.191) shows that as group assignment increases (control group = 0, FGC group = 1), the risk of failure decreases. The exp(B) statistic (0.826) can be interpreted as the amount of change in the dependent variable (the hazard rate) due to each unit change in the independent variable (group assignment). Group assignment and background covariates regressed on hazard rate ExpB .85 Regression model of incidence of re-offending: Group and most predictive background covariates regressed on hazard rate Group: Exp(B) 1.05 Number youths who failed (re-offended) during 24 months follow-up

						FGC: n=193, 48.3 % Control: n=206, 53.9 %
Sawyer et al 2011 [56] USA RCT	**Aim** Examine a broad range of criminal and civil court outcomes for serious and violent juvenile offenders who participated on average 21.9 years earlier in the largest clinical trial of MST **Setting** The Missouri Delinquency Project by juvenile court personnel between July 1983 and October 1986 **Follow-up** 21.9 (range 18.3–23.8) years	**Number of participants** n=176 **Inclusion criteria** Youths with at least two arrests (i.e., convictions) for violent or other serious crimes. **Mean age** At time of treatment: 14.5 years (SD 1.4, range 12–17) **Gender** Male 69.3 %	**Name** Multisystemic therapy (MST) n=92 **Components** Using interventions that are present-focused and action-oriented, MST directly addresses both individual (e.g., cognitive) and systemic (e.g., family, school, peer) factors that are known to be associated with youth antisocial behavior. MST interventions are individualized and flexible. Services are delivered to youths and their caregivers in home, school, and/or neighborhood settings at times convenient to the family. The mean number of hours of treatment 20.7 (SD 7.4).	**Name** Individual therapy (IT) n=84 **Components** Represented the usual community outpatient treatment for juvenile offenders. The offenders in this condition received an eclectic blend of psychodynamic (e.g., promoting insight and expression of feelings), client-centered (e.g., providing empathy and warmth), and behavioral (e.g., providing social approval for school attendance and other positive behaviors) therapies. The mean number of hours of treatment was 22.5 (SD 10.6).	*Recidivism* Public records information for criminal and non-criminal court records were obtained within the state of Missouri. For criminal records, data were coded by crime classification (misdemeanor vs. felony), crime type (violent vs. nonviolent), and date of arrest. In addition, sentencing information was recorded as the number of days sentenced to incarceration and/or probation. Only criminal arrests that resulted in convictions were included in the present study.	Criminal arrests at follow-up 21 years (%) Any felony MST 34.8 (32/92) IT 54.8 (46/84) Survival rate HR: 0,616 Violent felony MST 4.3 (4/92) IT 15.5 (13/84) Non-violent felony MST 34,8 (32/92) IT 51,2 (43/84)

Schaeffer et al 2014 [69] USA RCT	**Aim** To evaluate a vocational training program (i.e., Community Restitution Apprenticeship-Focused Training; CRAFT **Setting** Nine MST, four MDFT, and 1 FFT treatment teams that served juvenile offenders and their families **Follow-up** Baseline, 6, 12, 18, 24, and 30 months	**Number of participants** n=97 **Inclusion criteria** High-risk juvenile offenders 15–18 years involved in the juvenile justice system for the commission of a criminal offense. Participant recruitment occurred from June 2007 through April 2009, and data collection continued through October 2011 **Mean age** 15.8 years **Gender** 83 % were male	**Name** Community Restitution Apprenticeship-Focused Training, CRAFT n=50 **Components** Vocational/employment program CRAFT is a 6-month employment program designed to train and place high-risk youths and juvenile offenders in employment in the building industry. CRAFT interventions were delivered by a single full-time instructor with more than 20 years of experience in private sector contract work and by an assistant instructor referral in 66 % of cases.	**Name** Education as usual (EAU) intervention n=47 **Components** Access to vocational and educational services available through public schools and community organizations. At the time of the study, vocational programs were scarce and difficult for juvenile offenders to access. Thus, most youths in the EAU condition received only standard educational services delivered by the public school system.	Externalizing and internalizing symptoms were assessed semiannually by adolescent and caregiver ratings on the 113-item Youth Self Report/Child Behavior Checklist (YSR/CBCL; Achenbach, 1991), one of the best-validated measures of youth behavioral functioning. Raw scores ranging from 21 to 28 on the externalizing and 15 to 21 on the internalizing dimensions are considered to be in the borderline clinical range, and scores above 28 and 21, respectively, are in the clinical range. semi-annual self-reports and archival arrest records. (a) The 47-item Self-Report Delinquency Scale (SRD; Elliott, Ageton, Huizinga, Knowles, & Canter, 1983) is one of the best validated of the self-report delinquency scales (Thornberry & Krohn, 2000) and taps the number of times the youths engaged in a broad range of criminal behavior during the past 90 days	Employd CRAFT: 76 % EAU: 50 % OR=3.41 (CI 95 % 1.39–8.34) Graduated from high school CRAFT 14.0 % EAU: 23.4 % OR= 0.53 (CI 95 % 0.16–1.74) Attended GED CRAFT: 50.0 % EAU: 26.1 % OR=2.85 (CI 95 % 1.20–6.75) YSR Externalizing m, sd Baseline CRAFT:21.76 (7.79) EAU:22.52 (9.43) 30 months CRAFT: 15.11 (8.71) EAU: 15.63 (6.97) YSR Internalizing Baseline CRAFT: 9.18 (6.21) EAU: 9.57 (7.36) 30 months CRAFT: 5.67 (4.30) EAU: 9.06 (7.98) CBCL Externalizing Baseline CRAFT: 18.92 (11.83) EAU: 22.70 (11.12) 30 months CRAFT: 16.74 (13.48)

						EAU: 10.53 (7.50) CBCL Internalizing Baseline CRAFT: 9.43 (6.30) EAU: 12.02 (8.34) 30 months CRAFT: 10.79 (11.95) EAU: 7.93 (6.58) SRD General Delinquency Baseline CRAFT: 25.78 (35.95) EAU: 28.32 (35.51) 30 months CRAFT: 1.61 (3.76) EAU: 4.87 (7.87) Post-baseline rearrest rates at follow-up CRAFT = 32 %, EAU = 34 %, Wald [1] = 0.08, ns. The average frequency of postbaseline arrests CRAFT M = 0.70 (SD = 1.33), EAU M = 0.68 (SD = 1.27) Wald (1) = 0.02, ns.

Timmons-Mitchell et al 2006 [57] USA RCT	**Aim** Examine the effectiveness of an evidence-based practice, multisystemic therapy (MST), conducted in a real-world mental health setting with juvenile justice involved youth and their families. **Setting** A county family court in a midwestern state **Follow-up** 18-month follow-up posttreatment for offense data and 6-month follow-up posttreatment for the Child and Adolescent Functional Assessment Scale (CAFAS).	**Number of participants** n=93 **Inclusion criteria** Youth who appeared before a county family court in a midwestern state between October, 1998, and April, 2001. **Mean age** 15.1 years **Gender** Twenty-two percent of the participants in the study were female	**Name** Multisystemic therapy (MST) n=48 **Components** MST is a family- and community-based intervention that uses intense contact with families to understand the functional basis of behavioral problems. Strengths of the youth and family are used to address challenges. A goal of treatment is to teach parents the skills needed to supervise and monitor youth so that additional services are not usually needed.	**Name** Treatment as usual (TAU) n=45 **Components** Less is known about the services youth received who were randomized into the TAU condition. The probation officers indicated that referrals were made to drug and alcohol counselors, anger management groups, and individual and family therapies in both public and private settings.	The recidivism analyses in this study were based on those charges for which the youth was formally arraigned following discharge from treatment (for the MST group) or at 6 months postrecruitment (for the TAU group). Charge data were examined through 24-month postrecruitment for both groups. The CAFAS measures youth functioning in eight important areas: school and work, home, community, behavior toward others, moods/ emotions, self-harm behavior, substance use, and thinking.	Overall recidivism rate 18-month posttreatment follow-up MST: 66.7 % (32/48) TAU: 86.7 % (39/45) arrested and arraigned for new offenses 18-month posttreatment follow-up MST: M = 1.44, SD = 1.5 TAU: M = 2.29, SD = 1.5 Binary logistic regression was conducted to compute the relative risk of rearrest in the TAU versus the MST groups. Youths in the TAU group were 3.2 times more likely than youths in the MST group to be rearrested (95 % confidence interval = 1.14–9.27, $p < .05$). Average time to first arrest MST: 135 days TAU: 117 days

Van der Pol et al 2018 Hendriks et al 2011 [50, 70] The Netherlands RCT	**Aim** To evaluate the development of criminal offending for the studied adolescents with a CUD, and to compare the long-term effectiveness of MDFT and CBT in reducing delinquency **Setting** Outpatient, inpatient, and rehabilitation-oriented addiction care and other problems **Follow-up** Police arrest data were collected for 6 years: 3 years prior to and 3 years after treatment entry	**Number of participants** n=109 **Inclusion criteria** Adolescents with cannabis use disorder and comorbid problem behavior. All participants were diagnosed with DSM-IV cannabis abuse or dependence and 66 % had a criminal arrest history (one or multiple arrests) at the start of treatment. **Mean age** Mean age 16.8 years **Gender** Boys 80 %	**Name** Multidimensional family therapy (MDFT) n=55 **Components** MDFT was delivered by 12 MDFT certified therapists who were part of one of two adjoined teams, with two therapists additionally serving as team supervisors. Manualized MDFT offered sessions scheduled twice a week on average. Sessions were held in roughly equal proportion with the adolescent, parent(s), and family (adolescent + parent = family session), respectively, and furthermore with representatives of other systems (school, work, friends, agencies). Sessions could take place at the office, but also at the family's home or any other convenient location. Scheduling sessions was not limited to regular office hours. The two MDFT teams met once a week to discuss cases and issues.	**Name** Cognitive behavioral therapy (CBT) n=54 **Components** CBT was carried out by the same treatment centers offering MDFT. The 14 CBT trained therapists worked as a team, supervised by an outside expert. CBT included sessions with the adolescent, but not with parents and families, held on average once every 2 weeks.	Using survival analysis and repeated measure General Linear Models (rmGLM), the two treatment groups were compared on number of arrests, type of offence, and severity of offence. Moderator analyses looking at age, disruptive behavior disorders, history of crimes, family functioning, and (severe) cannabis use were conducted (rmGLM) Offences were classified and severity was scored using the Dutch BOOG scale [27]. The Boog scale classifies specific law codes into a 12-degree severity index as follows: (1) misdemeanor; (2) drug offence; (3) vandalism; (4) property offence; (5–7) moderate, sizable or serious violent offence; (8) sexual offence; (9) pedosexual offence;(10) (attempted) manslaughter; (11) arson; and (12) (attempted) murder. Three categories were formed for analytical purposes: total offences (all classifications of the BOOG scale, 1–12); violent offences (classifications 5–12 of the BOOG scale); and property offences	Property/violent crimes past 90 days (mean sd) Baseline MDFT: 6.3 (13.4) CBT: 6.6 (18.2) 12 months MDFT 1.7 (3.1) CBT 2.1 (4.2) Kaplan–Meier survival curve analysis Yielded no difference between MDFT and CBT (category: total offence) in time to first registered arrest since the start of treatment (log rank test = 0.02, p = 0.89)

					(classification 4 of the BOOG scale).	
Van der Put et al 2012 [38] Netherlands CT	**Aim** Examine the effect of treatment characteristics on recidivism in a forensic youth-psychiatric outpatient clinic. **Setting** Forensic-psychiatric outpatient clinic in Amsterdam set up to implement evidence-based treatment in the clinic, and ART and FFT were implemented as trial versions, meaning that most therapists had not received formal training yet. The training of FFT started in September 2004 and the training of ART in 2006. **Follow-up** 2 years	**Number of participants** n=241 (192 analyserades) **Inclusion criteria** Youths who had been treated from 2002 to 2006 in the Bascule, a forensic-psychiatric outpatient clinic in Amsterdam. **Mean age** m=16.7 years, sd= 1.84 **Gender** 207 boys (86 %) and 34 girls (14 %)	**Name** Functional family therapy (FFT) n=55 **Components** FFT includes behavioural contracting, communication skills, specification of rules, and a token reinforcement system as techniques to improve communication.	**Name** Individual cognitive behavioural therapy (CBT) n=87 CBT in combination with parent training (CBT+PT) n=50 **Components** Individual CBT is aimed at increasing positive behaviours and thoughts, decreasing negative behaviours and thoughts, and improving interpersonal skills. CBT is based on the fact that many young delinquents who repeatedly commit crimes see themselves as victims. CBT is a psychotherapeutic approach that addresses dysfunctional emotions, behaviours, and cognitions through a goal-oriented, systematic process. The role of Parent training (PT) is to teach parents to help their child modify his or her behavior focusing on teaching parents a number of techniques based on social learning theories to help them change the problem behavior.	Recidivism was obtained from official records and was defined as the occurrence of one or multiple new adjudications/convictions within 2 years after the start of the intervention. All types of offenses were included, both felony and misdemeanor offenses. Recidivism was treated as a dichotomous variable (whether convicted for any new offense within a 2-year period).	Total recidivism 2 years FFT: 68,3 % CBT: 55,3 % CBT+PT: 67,3 % Violent recidivism 2 years FFT: 38,3 % CBT: 28,7 % CBT+PT: 34,6

Weiss et al 2013 [58] USA RCT	**Aim** To conduct an independent evaluation of MST, with non-court-referred adolescents with conduct problems **Setting** adolescents who were recruited from self contained behavior intervention classrooms in public schools **Follow-up** Participants were followed for 18 months after baseline using parent, adolescent, and teacher reports; arrest data were collected for 2.5 years post-baseline	**Number of participants** n=164 **Inclusion criteria** Youths 11 to 18 years involved in the justice system 70 % had committed crimes **Mean age** 14.6 years (SD=1.3), **Gender** 83 % were male	**Name** Multisystemic Therapy (MST) n=84 **Components** MST is a principle-based, family-focused treatment program based on research literatures ranging from developmental psychology and child clinical psychology to social work. Treatment is multi-faceted and focuses on multiple systems, targeting disturbance in the behaviors of individuals, family, peers, and dyadic relationships.	**Name** SAU n=80 **Components** A services-as-usual control group was used. Usual services consisted primarily of a behaviorally-focused classroom management plan provided by the school, with educational instruction occurring in self-contained classrooms. The control group members were assessed on the same schedule as treatment group members.	Adolescent conduct problems as assessed by parent, adolescent, and teacher reports on the Child Behavior Checklist, and criminal charges that were obtained from court records. the Self-Report Delinquency Scale with items covering delinquent behaviors and drug use	CBCL Extrnalizing behavior (parent reported) m and sd Baseline Treatment: 25.90 (10.63) Control: 23.40 (9.61) 18-months follow-up Treatment: 19.19 (10.36) Control: 18.20 (10.82) YSR externalizing (youth report) Baseline Treatment: 17.63 (9.03) Control: 17.00 (7.97) 18-months follow-up Treatment: 13.87 (8.53) Control: 14.22 (7.72) SRD Delinquency Treatment: 0.22 (.50) Control: 0.29 (.53) 18-months follow-up Treatment: 0.13 (.42) Control: 0.15 (.40)

Wilson et al 2013 [65] Canada CT	**Aim** Evaluate the Ottawa Community Youth Diversion Program (OCYDP). **Setting** The court system in Ottawa **Follow-up** 6, 12 and 18 months of completion of probation/OCYDP and any time within the follow-up period. The average follow-up period was 33 months (ranging from 18 to 49) for diverted youth and 25 months (ranging from 12 to 44) for youth on probation.	**Number of participants** n=378 **Inclusion criteria** Preadjudicated youths referred to the OCYDP between January 1, 2007 and December 31, 2009. All the youth in the diversion sample were referred to the OCYDP after the laying of a charge, typically by the prosecutor's office. Medium-risk offenders. **Mean age** Diversion: m=15.61 (sd 1.293) Probation: m=15.53 (sd 1.244) **Gender** Male: diversion 127 (74.7) and probation 146 (70.2)	**Name** Ottawa Community Youth Diversion Program (OCYDP) n=170 **Components** The OCYDP is based on a case management, brokerage model. Assigned caseworkers assess the youth using the Youth Level of Service/Case Management Inventory and make referrals to community agencies based on their identified criminogenic risk/need areas. Referrals to agencies include, but are not limited to, one-on-one counseling, peer mediation, education/information sessions, or restorative justice projects. The youth must agree to the plan to continue in the program.	**Name** Probation n=208 **Components** Matched youth sentenced to a period of probation. This typically consists of traditional supervision, where youth regularly report to a probation officer who supervises them based on several conditions (e.g., non association, curfew, required school attendance). Youth can also be referred to treatment services (e.g., anger management) as part of their probation orders.	*Recidivism* Any conviction occurring after completion of the OCYDP or probation. Recidivism was identified as either general or violent. Examples of offenses coded as violent include any offenses against a person (e.g., assault, uttering threats, sexual offenses) or weapon. Months to first general and violent conviction were coded and used for survival analysis.	Number youths recidivating during entire follow-up period (m=33 months) General offences Diversion: 47/170 (27.6 %) Probation: 82/208 (39.4 %) Violent offences Diversion: 21/170 (12.4 %) Probation: 46/208 (22.1 %) Mean time (in months) until recidivism General offences Diversion: m=26.26, sd=12.60 Probation: m=18.00, sd=11.16 Violent offences Diversion: m=29.62, sd=10.76 Probation: m=21.12, sd=11.29 Recidivism during entire follow-up period (m=33 months) Adjusted OR General offences OR=1,815 Violent offences OR=2,062 Recidivism during entire follow-up period (m=33 months)

						Adjusted OR (adjusted for the influence of the other variables) Violent offences OR=1,935 (table 6) (controlled for risk level, and both completers and drop outs) 1.00 indicates no difference in recidivism between diversion and the probation. Unless otherwise specified, values from 0 to 0.999 suggest that probation (or the group coded as 1) is more effective than diversion, whereas values from 1.00 to infinity indicate that diversion (or the group coded as 0) is more effective in preventing recidivism.

Bilaga till rapport

Insatser i öppenvård för att förebygga ungdomars återfall i brott
Rapport 308 (2020)

Bilaga 4 Granskningsmallar

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Bedömning av randomiserad studie (ITT)

UPPDATERAD 2019-04-26

Referens (författare, år): _____

Utfall: _____

Granskare: _____

Övergripande risk för systematisk snedvridning av resultaten (risk för bias)					
Låg ❑		Måttlig ❑		Hög ❑	
Om möjligt: Vilken är riktningen på bias för detta utfall?	Gynnar intervention ❑	Gynnar kontroll ❑	Mot noll ❑	Från noll ❑	Går ej att bedöma ❑
Kommentarer:					

1. Randomisering

Risk för bias från randomiseringen bedöms som:			**Låg ❑**	**Måttlig ❑**	**Hög ❑**
			Motivering: se stödfrågorna nedan		
Bedömer du att..?	**Ja**	**Troligen ja**	**Troligen nej**	**Nej**	**Information saknas**
1.1 gruppindelningen var randomiserad med en lämplig metod?	❑	❑	❑	❑	❑
1.2 blivande grupptillhörighet inte kunde förutses, den var okänd tills deltagarna delats in (concealed allocation sequence)?	❑	❑	❑	❑	❑
1.3 det fanns väsentliga obalanser vid baslinjen som tyder på att randomiseringen inte fungerat?	❑	❑	❑	❑	❑
Om möjligt: Vilken är riktningen på bias för utfallet?	Gynnar intervention ❑	Gynnar kontroll ❑	Mot noll ❑	Från noll ❑	Går ej att bedöma ❑

2. Avvikelser från planerade interventioner

Risk för bias från avvikelser från planerade interventioner bedöms som:			**Låg ❑**	**Måttlig ❑**	**Hög ❑**
			Motivering: se stödfrågorna nedan		
Bedömer du att..?	**Ja**	**Troligen ja**	**Troligen nej**	**Nej**	**Information saknas**
2.1 deltagarna kände till vilken intervention de tilldelats under studiens gång?	❑	❑	❑	❑	❑
2.2 behandlarna kände till vilka interventioner deltagarna tilldelats under studiens gång?	❑	❑	❑	❑	❑
Besvara 2.3 om du svarat "Ja", "Troligen ja" eller "Information saknas" på 2.1. eller 2.2.					
2.3 kännedom om studien och gruppindelningen kunde leda till avvikelser som var obalanserade mellan grupperna (t.ex. förändringar i övrig vård eller avvikelser från klinisk praxis)?	❑	❑	❑	❑	❑
Besvara 2.4 om du svarat "Ja" eller "Troligen ja" på 2.3.					
2.4 avvikelserna var obalanserade mellan grupperna, och detta påverkade utfallet?	❑	❑	❑	❑	❑
2.5 flera av deltagarna analyserades i en annan grupp än den de randomiserades till, eller att deltagare exkluderades från analysen – och detta påverkade sannolikt utfallet?	❑	❑	❑	❑	❑
Om möjligt: Vilken är riktningen på bias för utfallet?	Gynnar intervention ❑	Gynnar kontroll ❑	Mot noll ❑	Från noll ❑	Går ej att bedöma ❑

3. Bortfallet

Risk för bias från bortfall bedöms som:			**Låg** ❑	**Måttlig** ❑	**Hög** ❑
			Motivering: se stödfrågorna nedan		
Bedömer du att..?	**Ja**	**Troligen ja**	**Troligen nej**	**Nej**	**Information saknas**
3.1 resultat redovisades för alla eller nästan alla deltagare?	❑	❑	❑	❑	❑
Besvara 3.2 om du svarat "Nej", "Troligen nej" eller "Information saknas" på 3.1.					
3.2 det finns evidens som stödjer att resultaten är robusta trots bortfallet?	❑	❑	❑	❑	❑
Besvara 3.3 om du svarat "Nej" eller "Troligen nej" på 3.2.					
3.3 bortfallet kan vara relaterat till utfallsmåttet?	❑	❑	❑	❑	❑
Besvara 3.4 om du svarat "Ja", "Troligen ja" eller "Information saknas" på 3.3.					
3.4 såväl bortfallet som orsaker till bortfallet var likartat mellan grupperna?	❑	❑	❑	❑	❑
Om möjligt: Vilken är riktningen på bias för utfallet?	Gynnar intervention ❑	Gynnar kontroll ❑	Mot noll ❑	Från noll ❑	Går ej att bedöma ❑

4. Mätning av utfallet

Risk för bias från mätning av utfallet bedöms som:			**Låg** ❑	**Måttlig** ❑	**Hög** ❑
			Motivering: se stödfrågorna nedan		
Bedömer du att..?	**Ja**	**Troligen ja**	**Troligen nej**	**Nej**	**Information saknas**
4.1 metoden för datainsamling var olämplig?	❑	❑	❑	❑	❑
4.2 datainsamlingen skilde sig åt mellan grupperna?	❑	❑	❑	❑	❑
4.3 de som mätte utfallet var medvetna om vilken intervention deltagarna fått?	❑	❑	❑	❑	❑
Besvara 4.4 om du svarat "Ja", "Troligen ja" eller "Information saknas" på någon av frågorna ovan.					
4.4 bedömningen med stor sannolikhet påverkades av detta?	❑	❑	❑	❑	❑
Om möjligt: Vilken är riktningen på bias för utfallet?	Gynnar intervention ❑	Gynnar kontroll ❑	Mot noll ❑	Från noll ❑	Går ej att bedöma ❑

5. Rapportering

Risk för bias från rapportering bedöms som:			Låg ❑	Måttlig ❑	Hög ❑
			Motivering: se stödfrågorna nedan		
Bedömer du att..?	**Ja**	**Troligen ja**	**Troligen nej**	**Nej**	**Information saknas**
5.1 analyserna var genomförda enligt en plan som publicerats innan utfallsdata var tillgängliga?	❑	❑	❑	❑	❑
5.2 de rapporterade resultaten har valts ut från flera sätt att mäta utfallet (t.ex. olika skalor, tidpunkter)?	❑	❑	❑	❑	❑
5.3 de rapporterade resultaten har valts ut från olika analyser av samma utfall?	❑	❑	❑	❑	❑

Om möjligt: Vilken är riktningen på bias för utfallet?	Gynnar intervention ❑	Gynnar kontroll ❑	Mot noll ❑	Från noll ❑	Går ej att bedöma ❑

6. Jäv/intressekonflikter (kan rapporteras narrativt)

	Ja	Nej	Kommentar
Deklarerar författarna att de saknar finansiella intressen som kan påverka utfallet?	❑	❑	❑
Deklarerar författarna att de saknar andra bindningar som kan påverka utfallet?	❑	❑	❑

Om möjligt: Vilken är riktningen på bias för utfallet?	Gynnar intervention ❑	Gynnar kontroll ❑	Mot noll ❑	Från noll ❑	Går ej att bedöma ❑

Bedömning av icke randomiserad studie (retrospektiv och prospektiv ITT)

UPPDATERAD 2019-09-25

Referens (författare, år): _____

Utfall: _____

Granskare: _____

Övergripande risk för systematisk snedvridning av resultaten (risk för bias)					
Låg ❑		Måttlig ❑		Hög ❑	
Om möjligt: Vilken är riktningen på bias för detta utfall?	Gynnar intervention ❑	Gynnar kontroll ❑	Mot noll ❑	Från noll ❑	Går ej att bedöma ❑
Kommentarer:					

1A. Bias från confounding

(Identifiera viktiga confounders på det aktuella området för att besvara frågorna)

Risk för bias från rapportering bedöms som: Motivering: se stödfrågorna nedan	**Låg** ❑	**Måttlig** ❑	**Hög** ❑	**Oacceptabelt hög** ❑	
Bedömer du att..?	**Ja**	**Troligen ja**	**Troligen nej**	**Nej**	**Information saknas**
A1.1 effekten av interventionen har påverkats av viktiga confounders?	❑	❑	❑	❑	❑
Om "Nej"/"Troligen nej", inga flera frågor avseende confounding behöver besvaras. Gå till domän 2. **Om "Ja"/"Troligen ja", avgör om time varying confounding behöver övervägas. Besvara A1.2.**					
A1.2 deltagare som avbröt sitt deltagande eller bytte grupp ingick i analysen?	❑	❑	❑	❑	❑
Om "Nej"/"Troligen nej" (= det förekom sannolikt bara condounding vid baslinjen). Fortsätt till A1.4. **Om "Ja"/"Troligen ja" (= det kan ha förekommit "time varying confounding"). Besvara A1.3.**					
A1.3 orsakerna till att deltagarna avbröt eller bytte grupp har påverkat utfallet?	❑	❑	❑	❑	❑
A1.4 man använde en lämplig analysmetod som kontrollerade för alla viktiga confounders?	❑	❑	❑	❑	❑
Om "Ja"/"Troligen ja". Besvara A1.5 och A1.6.					
A1.5 viktiga confounders var mätta med valida och reliabla metoder?	❑	❑	❑	❑	❑
A1.6 De data man använde för att kontrollera confounders var redovisade i studien?	❑	❑	❑	❑	❑
A1.7 man tog in och kontrollerade för nya variabler efter att interventionen inletts?	❑	❑	❑	❑	❑
Om möjligt: Vilken är riktningen på bias för utfallet?	Gynnar intervention ❑	Gynnar kontroll ❑	Mot noll ❑	Från noll ❑	Går ej att bedöma ❑

1B. Selektion/gruppindelning

Risk för bias från selektion/ gruppindelning bedöms som: Motivering: se stödfrågorna nedan	**Låg ❑**	**Måttlig ❑**	**Hög ❑**	**Oacceptabelt hög ❑**	
Bedömer du att..?	**Ja**	**Troligen ja**	**Troligen nej**	**Nej**	**Information saknas**
B1.1 deltagaregenskaper (eller faktorer) som observerats efter att interventionen inletts påverkade valet av deltagare i studien/analysen?	❑	❑	❑	❑	❑
Om "Ja"/"Troligen ja" på B1.1. Besvara B1.2.					
B1.2 dessa deltagaregenskaper (eller faktorer) hade samband med interventionen?	❑	❑	❑	❑	❑
Om "Ja"/"Troligen ja" på B1.2. Besvara B1.3.					
B1.3 dessa deltagaregenskaper (eller faktorer) påverkades av utfallet eller av en orsak till utfallet?	❑	❑	❑	❑	❑
B1.4 intervention och uppföljning inföll vid samma fas i sjukdoms-förloppet/utvecklingen för de flesta deltagarna?	❑	❑	❑	❑	❑
Om "Nej"/"Troligen nej" på B1.4. Besvara B1.5. **Om "Ja"/"Troligen ja" på B1.2 och B1.3. Besvara B1.5.**					
B1.5 lämpliga metoder som kan korrigera för selektionsbias användes?	❑	❑	❑	❑	❑
Om möjligt: Vilken är riktningen på bias för utfallet?	Gynnar intervention ❑	Gynnar kontroll ❑	Mot noll ❑	Från noll ❑	Går ej att bedöma ❑

1C. Klassificering/avgränsning av interventionsgrupperna

Risk för bias från klassificering/ definition av interventions-grupperna bedöms som: Motivering: se stödfrågorna nedan	**Låg ❑**	**Måttlig ❑**	**Hög ❑**	**Oacceptabelt hög ❑**	
Bedömer du att..?	**Ja**	**Troligen ja**	**Troligen nej**	**Nej**	**Information saknas**
C1.1 interventionsgrupperna var väl definierade?	❑	❑	❑	❑	❑
C1.2 informationen som användes för att definiera interventionsgrupperna samlades in innan resultatet av inter-ventionen var känt (eller avblindat)?	❑	❑	❑	❑	❑
C1.3 definitionen av interventions-grupperna kan ha påverkats av kännedom om utfallet?	❑	❑	❑	❑	❑
Om möjligt: Vilken är riktningen på bias för utfallet?	Gynnar intervention ❑	Gynnar kontroll ❑	Mot noll ❑	Från noll ❑	Går ej att bedöma ❑

2. Avvikelser från planerade interventioner

Risk för bias från rapportering bedöms som:			**Låg** ❑	**Måttlig** ❑	**Hög** ❑
			Motivering: se stödfrågorna nedan		
Bedömer du att..?	**Ja**	**Troligen ja**	**Troligen nej**	**Nej**	**Information saknas**
2.1 deltagarna kände till vilken intervention de tilldelats under studiens gång?	❑	❑	❑	❑	❑
2.2 behandlarna kände till vilka interventioner deltagarna tilldelats under studiens gång?	❑	❑	❑	❑	❑
Besvara 2.3 om du svarat "Ja", "Troligen ja" eller "Information saknas" på 2.1 eller 2.2.					
2.3 kännedom om studien och gruppindelningen kunde leda till avvikelser som var obalanserade mellan grupperna (t.ex. förändringar i övrig vård eller avvikelser från klinisk praxis)?	❑	❑	❑	❑	❑
Besvara 2.4 om du svarat "Ja" eller "Troligen ja" på 2.3.					
2.4 avvikelserna var obalanserade mellan grupperna, och detta påverkade utfallet?	❑	❑	❑	❑	❑
2.5 flera av deltagarna analyserades i en annan grupp än den de fördelades till, eller att deltagare exkluderades från analysen – och detta påverkade sannolikt utfallet?	❑	❑	❑	❑	❑
Om möjligt: Vilken är riktningen på bias för utfallet?	Gynnar intervention ❑	Gynnar kontroll ❑	Mot noll ❑	Från noll ❑	Går ej att bedöma ❑

3. Bortfall

Risk för bias från bortfall bedöms som:			**Låg** ❑	**Måttlig** ❑	**Hög** ❑
			Motivering: se stödfrågorna nedan		
Bedömer du att..?	**Ja**	**Troligen ja**	**Troligen nej**	**Nej**	**Information saknas**
3.1 resultat redovisades för alla eller nästan alla deltagare?	❑	❑	❑	❑	❑
Besvara 3.2 om du svarat "Nej", "Troligen nej" eller "Information saknas" på 3.1.					
3.2 det finns evidens som stödjer att resultaten är robusta trots bortfallet?	❑	❑	❑	❑	❑
Besvara 3.3 om du svarat "Nej" eller "Troligen nej" på 3.2.					
3.3 bortfallet kan vara relaterat till utfallsmåttet?	❑	❑	❑	❑	❑
Besvara 3.4 om du svarat "Ja", "Troligen ja" eller "Information saknas" på 3.3.					
3.4 såväl bortfallet som orsaker till bortfallet var likartat mellan grupperna?	❑	❑	❑	❑	❑
Om möjligt: Vilken är riktningen på bias för utfallet?	Gynnar intervention ❑	Gynnar kontroll ❑	Mot noll ❑	Från noll ❑	Går ej att bedöma ❑

4. Mätning av utfallet

Risk för bias från mätning av utfallet bedöms som:				**Låg** ❑	**Måttlig** ❑	**Hög** ❑
				Motivering: se stödfrågorna nedan		
Bedömer du att..?		**Ja**	**Troligen ja**	**Troligen nej**	**Nej**	**Information saknas**
4.1	metoden för datainsamling var olämplig?	❑	❑	❑	❑	❑
4.2	datainsamlingen skilde sig åt mellan grupperna?	❑	❑	❑	❑	❑
4.3	de som mätte utfallet var medvetna om vilken intervention deltagarna fått?	❑	❑	❑	❑	❑
Besvara 4.4 om du svarat "Ja", "Troligen ja" eller "Information saknas" på någon av frågorna ovan.						
4.4	*bedömningen med stor sannolikhet påverkades av detta?*	❑	❑	❑	❑	❑
Om möjligt: Vilken är riktningen på bias för utfallet?		Gynnar intervention ❑	Gynnar kontroll ❑	Mot noll ❑	Från noll ❑	Går ej att bedöma ❑

5. Rapportering

Risk för bias från rapportering bedöms som:				**Låg** ❑	**Måttlig** ❑	**Hög** ❑
				Motivering: se stödfrågorna nedan		
Bedömer du att..?		**Ja**	**Troligen ja**	**Troligen nej**	**Nej**	**Information saknas**
5.1	analyserna var genomförda enligt en plan som publicerats innan utfallsdata var tillgängliga?	❑	❑	❑	❑	❑
5.2	de rapporterade resultaten har valts ut från flera sätt att mäta utfallet (t.ex. olika skalor, tidpunkter)?	❑	❑	❑	❑	❑
5.3	de rapporterade resultaten har valts ut från olika analyser av samma utfall?	❑	❑	❑	❑	❑
Om möjligt: Vilken är riktningen på bias för utfallet?		Gynnar intervention ❑	Gynnar kontroll ❑	Mot noll ❑	Från noll ❑	Går ej att bedöma ❑

6. Jäv/intressekonflikter (kan rapporteras narrativt)

		Ja	**Nej**	**Kommentar**
Deklarerar författarna att de saknar finansiella intressen som kan påverka utfallet?		❑	❑	❑
Deklarerar författarna att de saknar andra bindningar som kan påverka utfallet?		❑	❑	❑
Om möjligt: Vilken är riktningen på bias för utfallet?	Gynnar intervention ❑	Gynnar kontroll ❑	Mot noll ❑	Från noll ❑	Går ej att bedöma ❑

Bilaga till rapport

Insatser i öppenvård för att förebygga ungdomars återfall i brott
Rapport 308 (2020)

Bilaga 5 Praxisenkät

SBU Statens beredning för medicinsk och social utvärdering • www.sbu.se
Telefon 08-412 32 00 • **Fax** 08-411 32 60 • **Organisationsnummer** 202100-4417
Besöksadress S:t Eriksgatan 117, Stockholm • **Postadress** Box 6183, 102 33 Stockholm

Enkät avseende insatser och bedömningsinstrument för unga som begått brottsliga handlingar (12-17 år) oavsett om de lagförts eller inte. Resultaten kommer att presenteras på ett sådant sätt att ingen enskild kommun kan identifieras.

Uppgiftslämnare Viktigt att fylla i om vi behöver kompletterande uppgifter

Namn

_____

E-post

_____

Telefon

_____

Vilka öppenvårdsinsatser har ni använt under 2018, för följande målgrupp: – unga personer i åldrarna 12–17 år – som begått brottsliga handlingar – oavsett om de lagförts eller inte Nedan följer exempel på insatser som kan finnas inom socialtjänsten och inom barn- och ungdomspsykiatrin. Flera svarsalternativ kan anges:

- ☐ Aggression Replacement Training (ART)
- ☐ Acceptance Committment Therapy (ACT)
- ☐ Bekymringssamtal
- ☐ Connect
- ☐ Dialektisk beteendeterapi (DBT)
- ☐ Familjebehandling/familjeterapeut
- ☐ Funktionell familjeterapi (FFT)
- ☐ Intensiv hemmabaserad familjebehandling
- ☐ Kognitiv beteendeterapi (KBT)
- ☐ Komet
- ☐ Kontaktfamilj/kontaktperson
- ☐ Kriminalitet som livsstil
- ☐ Kvalificerad kontaktperson
- ☐ Lågaffektivt bemötande
- ☐ Läkemedelsbehandling
- ☐ Motiverande intervju (MI)
- ☐ Multisystemisk terapi (MST)
- ☐ Psykodynamisk terapi
- ☐ Repulse

- ☐ Sociala insatsgrupper
- ☐ Stödsamtal föräldrar
- ☐ Stödsamtal ungdom
- ☐ Vägledande samtal
- ☐ Youth at Risk program (YAR)
- ☐ Återfallsprevention
- ☐ Annan insats, t.ex. lokalt utvecklad insats
- ☐ Ingen insats

Om ni kryssat "Annan insats", beskriv kortfattat innehållet:

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_____

Använder ni någon eller några metoder för att bedöma risk för återfall och behov hos unga som begått brottsliga handlingar? Kryssa för de metoder som använts under 2018.

- ☐ Adolescent Drug Abuse Diagnosis (ADAD)
- ☐ Alcohol Use Disorders Identification Test (AUDIT)
- ☐ Barns behov i centrum (BBIC)
- ☐ Child Behaviour Check List (CBCL)
- ☐ Drug Use Disorders Identification Test (DUDIT)
- ☐ Early Risk List assessment (EARL)
- ☐ Estimate of Risk of Adolescent Sexual Offense Recidivism (Erasor)
- ☐ Evidensbaserad STrukturerad bEdömning av Risk- och skyddsfaktorer (ESTER)
- ☐ Internationell neuropsykiatrisk intervju för barn och ungdomar (M.I.N.I KID)
- ☐ Känsla av sammanhang (KASAM)
- ☐ Strengths and Difficulties Questionnaire (SDQ)
- ☐ Structured Assessment of Violent Risk in Youth (SAVRY)
- ☐ Youth Level of Service/Case Management Inventory (YLS/CMI)
- ☐ Youth Self Report (YSR)
- ☐ Annan metod, t.ex. lokalt utvecklad metod
- ☐ Ingen metod

Om ni kryssat "Annan metod", beskriv kortfattat vilka metoder:

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Om du har några synpunkter på enkäten eller vill utveckla något svar får du gärna skriva ned dem här

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Ett stort tack för att du bidrar till en ökad kunskap om socialtjänstens insatser och bedömningsinstrument för unga som begått brottsliga handlingar!

Tack för er medverkan! Lina Leander och Therese Åström

Enkät avseende insatser och bedömningsinstrument för unga (12–17 år) som har aktualiserats inom BUP och som begått brottsliga handlingar oavsett om de lagförts eller inte. Resultaten kommer att presenteras på ett sådant sätt att ingen enskild verksamhet kan identifieras.

Uppgiftslämnare Viktigt att fylla i om vi behöver kompletterande uppgifter

Namn

_____

E-post

_____

Telefon

_____

Vilka öppenvårdsinsatser har ni använt under 2018? – för unga personer i åldrarna 12–17 år – som begått brottsliga handlingar – oavsett om de lagförts eller inte Nedan följer exempel på insatser som kan finnas inom socialtjänsten och inom barn- och ungdomspsykiatrin. Flera svarsalternativ kan anges:

- ☐ Aggression Replacement Training (ART)
- ☐ Acceptance Committment Therapy (ACT)
- ☐ Bekymringssamtal
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- ☐ Psykodynamisk terapi
- ☐ Repulse

- ☐ Sociala insatsgrupper
- ☐ Stödsamtal föräldrar
- ☐ Stödsamtal ungdom
- ☐ Vägledande samtal
- ☐ Youth at Risk program (YAR)
- ☐ Återfallsprevention
- ☐ Annan insats, t.ex. lokalt utvecklad insats
- ☐ Ingen insats

Om ni kryssat "Annan insats", beskriv kortfattat innehållet:

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Använder ni någon eller några metoder för att bedöma risk för återfall och behov hos unga som begått brottsliga handlingar? Kryssa för de metoder som använts under 2018.

- ☐ Adolescent Drug Abuse Diagnosis (ADAD)
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- ☐ Youth Self Report (YSR)
- ☐ Annan metod, t.ex. lokalt utvecklad metod
- ☐ Ingen metod

Om ni kryssat "Annan metod", beskriv kortfattat vilka metoder:

_____

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Om du har några synpunkter på enkäten eller vill utveckla något svar får du gärna skriva ned dem här

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_____

Ett stort tack för att du bidrar till en ökad kunskap om barn- och ungdomspsykiatrins insatser och bedömningsinstrument för unga som begått brottsliga handlingar!

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