


## Research Support for Evidence-Based Practice in Juvenile Justice


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## Recent advances in juvenile delinquency research

- We know the size and seriousness of juvenile offender careers.
- We understand how offender careers develop and the associated risk factors.
- We have effective programs for reducing the risk of reoffending.
- We have administrative tools for managing offender risk and matching youth to programs.



## Juvenile offender court careers

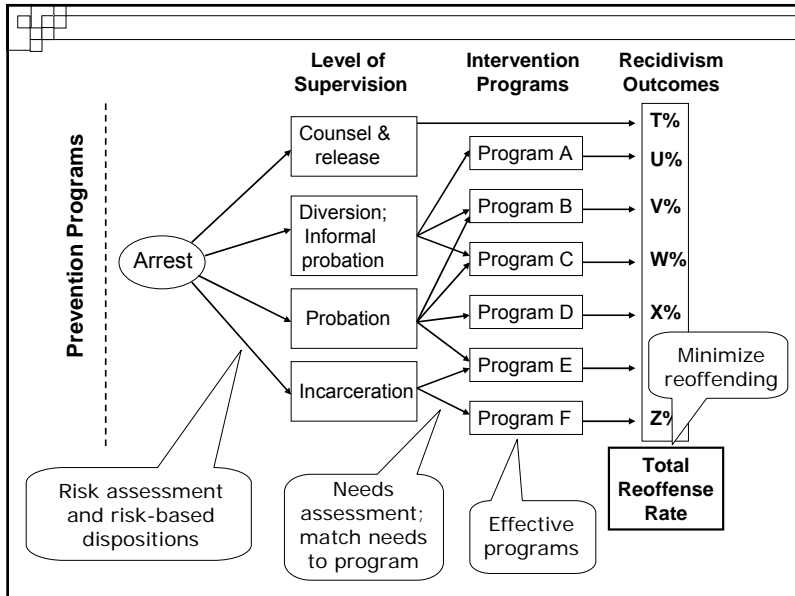
Source: Snyder (1998) Maricopa Co. Study (N=151,209)



## Developmental pathways to serious and violent behavior

AGE OF ONSET: LATE			% OF YOUTH: FEW
	VIOLENCE (rape, attack, strong-arm, homicide)	SERIOUS DELINQUENCY (auto theft, burglary)	
	PHYSICAL FIGHTING (physical fighting, gang fighting)	MODERATELY SERIOUS DELINQUENCY (fraud, pick-pocketing)	
	MINOR AGGRESSION (bullying, annoying others)	PROPERTY DAMAGE (vandalism, fire-setting)	
	AUTHORITY AVOIDANCE (truancy, running away, staying out late)	MINOR COVERT BEHAVIOR (shoplifting, frequent lying)	
OVERT PATHWAY	Defiance/Disobedience	COVERT PATHWAY (before age 15)	
EARLY	Stubborn Behavior		MANY
	AUTHORITY CONFLICT PATHWAY (before age 12)		

Source: Loeber

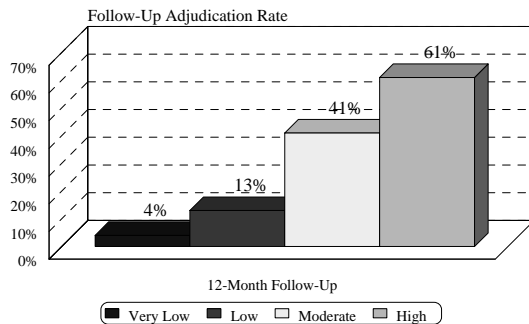


## Assessing risk: Examples of significant predictors of re-offending

- Early initiation of delinquent behavior including substance use
- Prior delinquent offenses– number & severity
- Delinquent peers; gang membership
- Poor school performance, attendance
- Family problems

## Example of the predictive capability of a risk assessment instrument

**Travis County, Texas Risk Classification by Follow-Up Juvenile Adjudication Rate (All Cases)**



N = 302

NCCD

## Assessing needs and matching juveniles to programs

- Dynamic risk factors for delinquency– those that are current and malleable, e.g., substance use, peer relations, poor self control.
- Criminogenic needs– dynamic risk factors that can be targeted and changed by effective intervention programs.
- Evidence base: (a) longitudinal studies showing relationships with delinquency; (b) intervention studies showing effects on dynamic risk outcomes.
- Needs assessment instruments that focus on criminogenic needs are available, e.g., YLS/CMI

## Using effective evidence-based programs

Few evidence-based programs are actually used in juvenile justice systems

- There are relatively few programs certified as evidence-based under the prevailing “model program” definition
- These programs present organizational challenges-- cost & the ability of providers to implement them “by the book”

## The prevailing definition of EBP

The P part: A ‘brand name’ program, e.g.,

- Functional Family Therapy (FFT)
- Multisystemic Therapy (MST)
- Big Brothers/Big Sisters mentoring
- Aggression Replacement Training (ART)

The EB part: Credible research supporting that specific program certified by, e.g.,

- Blueprints for Violence Prevention
- OJJDP Model Programs Guide
- National Registry of Evidence-based Programs and Practices (NREPP)

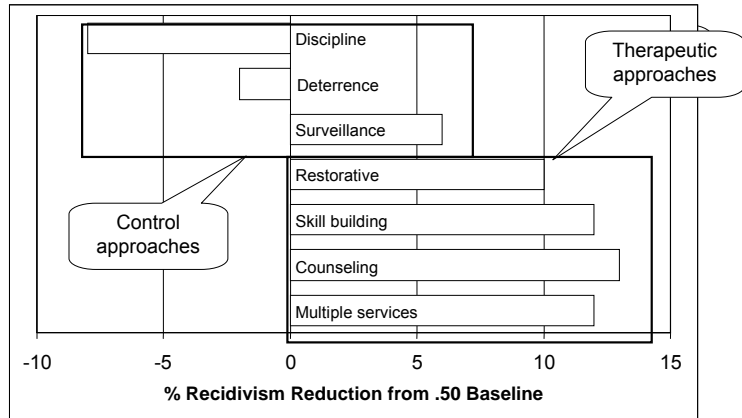
## An alternative perspective on the P in EBP: Generic program “types”

- Interventions with research on effectiveness can be described by the types of programs they represent rather than their brand names, e.g.,
  - family therapy
  - mentoring
  - cognitive behavioral therapy
- These types include the brand name programs, but also many ‘home grown’ programs as well
- Viewed this way, there are many evidence-based programs of types familiar to local practitioners

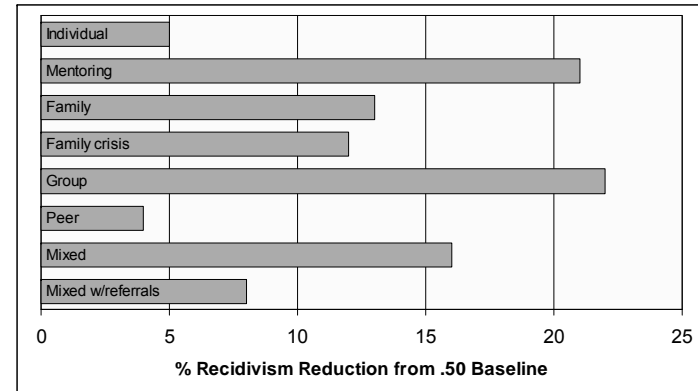
## Meta-analysis of a comprehensive collection of existing studies of interventions for juvenile offenders

- More than 600 experimental and quasi-experimental studies (with latest update)
- Juveniles aged 12-21 in programs aimed at reducing delinquency
- Focus on the programs’ effects on recidivism (reoffending)

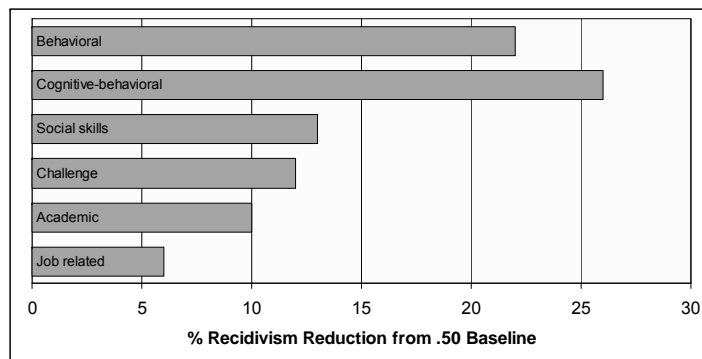
## Program types sorted by general approach: Average recidivism effect



## Further sorting by intervention type within, e.g., counseling approaches



## Further sorting by intervention type within, e.g., skill-building approaches

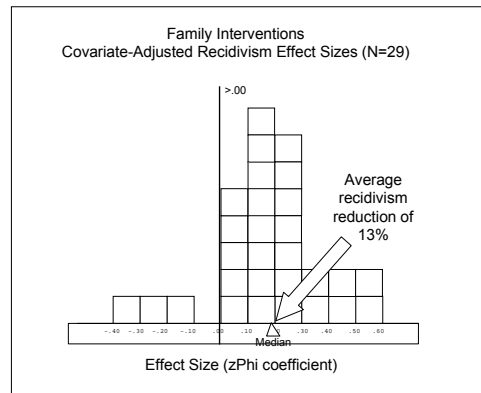


Many *types* of therapeutic interventions thus have evidence of effectiveness ... but there's a catch:

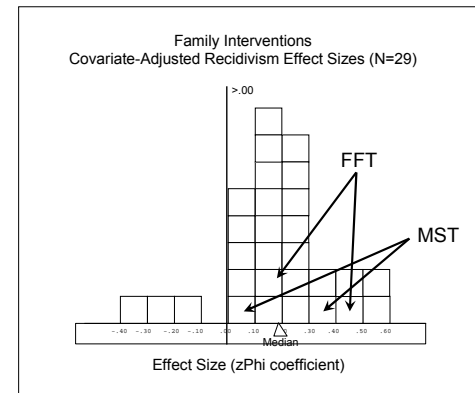
Though their *average* effects on recidivism are positive, larger and smaller effects are distributed around that average.

This means that some variants of the intervention show large positive effects, but others show negligible or even negative effects.

## Example: Recidivism effects from 29 studies of family interventions



## Where are the brand name model programs in this distribution?



To have good effects, interventions must be implemented to match the 'best practice' found in the research

- Program type: Therapeutic approach and one of the more effective intervention types
- Risk: Larger effects with high risk juveniles
- Dose: Amount of service that at least matches the average in the supporting research
- High quality implementation: Treatment protocol and monitoring for adherence

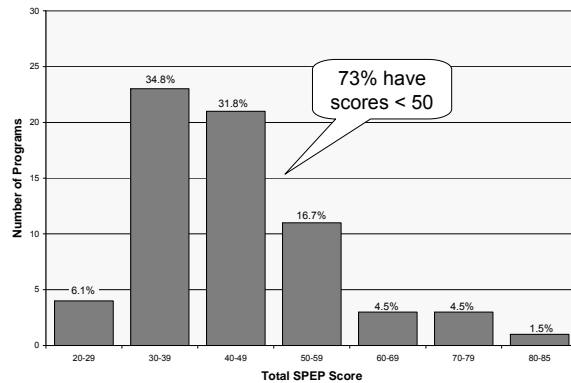
Points assigned proportionate to the contribution of each factor to recidivism reduction

Target values from the meta-analysis (generic) OR program manual (manualized)

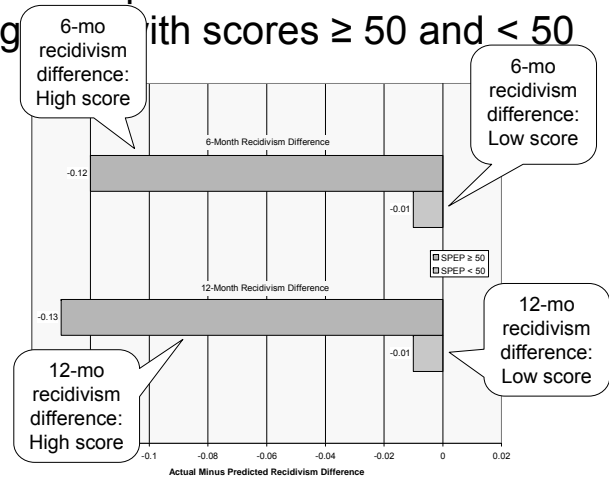
### Standardized Program Evaluation Protocol (SPEP) for Services to Probation Youth

	Possible Points	Received Points
<b>Primary Service:</b>	35	
High average effect service (35 points)		
Moderate average effect service (25 points) Low average effect service (15 points)		
<b>Supplemental Service:</b>	5	
Qualifying supplemental service used (5 points)		
<b>Treatment Amount:</b>	10	
<b>Duration:</b>		
% of youth that received target number of weeks of service or more: 0% (0 points)    60% (6 points) 20% (2 points)    80% (8 points) 40% (4 points)    100% (10 points)		
<b>Contact Hours:</b>	15	
% of youth that received target hours of service or more: 0% (0 points)    60% (9 points) 20% (3 points)    80% (12 points) 40% (6 points)    100% (15 points)		
<b>Treatment Quality:</b>		
Rated quality of services delivered: Low (5 points)    Medium (10 points)    High (15 points)	15	
<b>Youth Risk Level:</b>	20	
% of youth with the target risk score or higher: 25% (5 points)    75% (15 points) 50% (10 points)    99% (20 points)		
<b>Provider's Total SPEP Score:</b>		

## Distribution of scores across 66 Arizona probation programs



## Actual vs. predicted recidivism for programs with scores $\geq 50$ and $< 50$



## Summary and implications

- Most offenders enter the JJ system with minor offenses and low recidivism risk.
- Some minor offenders are on pathways toward serious, violent, or chronic offending. Some offenders are already there. These offenders have high recidivism risk.
- Risk assessment instruments are available that measure risk well enough to guide the allocation of JJ effort.
- Cost-effective use of scarce JJ supervisory resources is to concentrate them on youth presenting immediate risk.
- Cost-effective use of scarce JJ treatment resources is to concentrate them on high risk offenders, especially those early in their delinquent careers.

## Summary and implications (continued)

- To be effective, treatment programs should address criminogenic needs (dynamic risks).
- Needs assessments are available that identify needs well enough to guide selection of appropriate treatment.
- Assuring effective treatment means using treatments shown by credible research evidence to reduce recidivism.
- Some brand name “model” programs are evidence based. So too are many generic treatment types already in use in juvenile justice systems.
- To be effective, evidence-based treatments must still be implemented appropriately.
- The evidence-based SPEP instrument provides best practice guidelines for implementing many generic treatment types effectively.



## Summary and implications (continued)

- We currently have sufficient research and evidence-based tools to greatly improve the outcomes and cost-effectiveness of most JJ systems.
- The main barriers are organizational– implementing and sustaining evidence-based tools and practices in routine JJ operations.
- The Comprehensive Strategy provides a framework for system-level adoption of evidence-based practice:
  - Graduated sanctions applied commensurate with risk.
  - An array of effective evidence-based programs matched to offenders' criminogenic needs.
  - Concentration of program resources on higher risk offenders.
  - Routine, consistent use of structured decision-making tools to allocate sanctions, select and sustain effective programs, and optimize the placement of offenders in those programs



Thanks!

Questions & comments?