Juvenile Justice Research: Implications for Intervention and Policy

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Part 1.
Effective Use of Research to Meet the Juvenile Justice Challenge
The juvenile justice challenge

• A high proportion of adult offenders (70-80%) were prior juvenile offenders who appeared in the JJ system

• They were thus on a pathway to continued criminal behavior that effective JJ intervention might have interrupted

But, at the same time:

• A high proportion of the juveniles who come into the juvenile justice system (70-80%) are not on a path to adult crime; they are just afflicted with adolescence

• Over-involvement with the JJ system can make things worse for those juveniles
The juvenile justice challenge

So, the JJ system needs to be able to do three things—

• Distinguish youth at high risk for continued criminal behavior from those at low risk

• Administer supervision and treatment programs to the high risk youth that protect public safety and reduce their risk

• Do no harm to the youth at low risk

And do all this in a consistent and sustained manner
We have research that can help meet this challenge

- Longitudinal research on the developmental pathways to criminality
  - Risk factors that predict the probability of criminal behavior
    - Static background factors & prior history
    - Dynamic factors that can be addressed to reduce the probability of criminal behavior (“criminogenic needs”)

- Evaluation research on the effects of intervention programs
  - Therapeutic programs that reduce reoffense rates
  - Programs that do not reduce reoffending and may increase it (punitive, disciplinary, deterrence oriented; transfer to CJ)
Guiding evidence-based JJ practice with structured decision support tools

• Risk assessment instruments
  – Provides an estimate of the probability of reoffending

• Disposition matrices
  – Guides risk-based level of supervision and treatment

• Needs assessment instruments
  – Supports matching of programs to criminogenic needs

• Program practice guidelines and assessments
  – Evaluates the expected effectiveness of programs for reducing recidivism; e.g., Standardized Program Evaluation Protocol (SPEP)

The essential platform for use of these tools: Well-developed data systems that track juvenile characteristics, service, and outcomes.
The evidence-based juvenile justice system

Prevention Programs

- Arrest
- Level of Supervision
  - Counsel & release
  - Diversion; Informal probation
  - Probation
  - Incarceration

Intervention Programs

- Program A
- Program B
- Program C
- Program D
- Program E
- Program F

Recidivism Outcomes

- T%
- U%
- V%
- W%
- X%
- Y%
- Z%

Minimize reoffending

Total Reoffense Rate

Effective programs; assessed against evidence-based practice guidelines

Risk assessment and risk-based dispositions

Evidence-based disposition matrix

Needs assessment; match program to criminogenic needs
Part 2.
The Critical Component: Effective Evidence-Based Programs
The prevailing definition of an evidence-based program: A certified “model” program

The *program* part: A ‘brand name’ program, e.g.,
- Functional Family Therapy (FFT)
- Multisystemic Therapy (MST)
- Big Brothers/Big Sisters mentoring
- Aggression Replacement Training (ART)

The *evidence-based* part: Credible research supporting that specific program certified by, e.g.,
- Blueprints for Violence Prevention
- OJJDP Model Programs Guide
- CrimeSolutions.gov
- NREPP (National Registry of EB Programs & Practices)
A broader perspective on EBPs: Evidence-based 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 program types familiar to practitioners
The evidence base: A comprehensive collection of studies of interventions for juvenile offenders

Meta-analysis of delinquency intervention research:

• Studies: 500+ controlled studies of interventions with juvenile offenders

• Outcomes: Focus on the programs’ effects on recidivism (reoffending)
Recidivism effects for generic and brand name family therapy programs

Family Interventions
Covariate-Adjusted Recidivism Effect Sizes (N=29)
Program types sorted by general approach: Average recidivism effect

% Recidivism Reduction from .50 Baseline

-10 -5 0 5 10 15

Control approaches
- Discipline
- Deterrence
- Surveillance

Therapeutic approaches
- Restorative
- Skill building
- Counseling
- Multiple services
Generic program types with sufficient research to support practice guidelines

- Cognitive-behavioral therapy
- Behavioral contracting; contingency management
- Social skills training
- Group counseling
- Family counseling; family crisis counseling
- Individual counseling
- Mentoring
- Challenge programs
- Victim-offender mediation
- Restitution; community service
- Remedial academic programs
- Job-related programs (vocational counseling, training, etc.)
Key characteristics of effective programs

• Use a “therapeutic” approach aimed at internalized behavior change (vs. external control, deterrence)

• Within a therapeutic category, some program types are more effective than others (e.g., CBT, mentoring, family therapy)

• For a given program type, service must be delivered in adequate amounts and quality (dose)

• The more effective programs have an explicit treatment protocol and procedures for monitoring adherence

• Effects are largest with high risk cases
Guidelines for effective practice based on the findings from this research

The Standardized Program Evaluation Protocol (SPEP): A structured process for assessing programs on these key characteristics

- Program type
- Quality of service delivery
- Amount of service (dose) provided
- Risk level of juveniles served
Pros and cons of the effective practices approach based on meta-analysis

• Applicable to many established programs; doesn’t require conversion to a brand name model program
• Provides guidance for incremental program improvement
• Larger evidence base potentially supports broader generalization; allows room for local adaptation

BUT
• Detailed program protocol, training, technical assistance, etc. not generally available for generic program types
• Current evidence base insufficient to provide detailed guidance for effective implementation
• Greater potential variability in effects than may result from following a single well-developed protocol
Main takeaway points

- Available research provides more useful information for improving the performance of JJ systems than is currently being used.
- Structured assessment and decision-making tools are the vehicles for getting research evidence into routine sustained practice.
- The critical component for reducing recidivism is evidence-based programs monitored for quality.
- The evidence base for programs supports both name-brand model programs and no-name generic types of programs.