Evidence Based Practices for Juvenile Probation

Curriculum for the Juvenile Justice System Enhancement Strategy (JJSES) 2012
Welcome and Background

• Welcome

• Course background

• Introductions
Objectives

• Identify the individual traits in juveniles that influence illegal behavior (criminogenic needs)
• Describe the risk, need, and responsivity principles and why they are important to know
• Identify the interventions that increase or decrease the likelihood of future illegal behavior
Presenter Information

Richard D. Steele, Director of Policy & Program Development
Juvenile Court Judges’ Commission

• Juvenile Probation Officer
• Residential Program Administrator
• Models for Change Aftercare Initiative
• JCJC Court Consultant
• PA Council of Chief Juvenile Probation Officers
Knowledge Test

• Take the short, pre-class knowledge test
• Do not put your name on it (anonymous)
• At the end of class we will administer the post-class knowledge test
• Goal is to determine how well we were able to impart information to you
Agenda

Introduction

1. The Risk Principle
   - Who should we focus on?

2. The Need Principle
   - What should we focus on?

3. The Responsivity Principle
   - How should individualize our approach?

4. The Treatment Principle
   - Interventions: which work; which don’t work?

Summary/Conclusion
Introduction

• Answers the questions of
  – What are evidence based practices?
  – What makes up research evidence and how can I have confidence in it?
  – Why is the field falling short of its risk reduction potential?
  – How can EBP improve public safety and advance Pennsylvania’s BARJ mission?
  – How does JJSES align with evidence based practices?
Evidence Based Practices Definition

• Evidence based practices is the use of scientific research to guide and inform efficient and effective justice services.

• Began in the medical field in the 1800’s, evidence based practices are now used by all professions.

• A growing body of research says we can make significant improvements in outcomes if we use scientific evidence to guide policy and practice.
Research Indicates That we can Achieve a 30% Reduction in Recidivism

• How significant is this number?
## What Does 30% Reduction Look Like?

Out of 1,000 juveniles in the court system

<table>
<thead>
<tr>
<th>If you….</th>
<th>Very High Risk Juveniles</th>
<th>Moderately High Risk Juveniles</th>
<th>Low Risk Juveniles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do nothing</td>
<td>At 90% likelihood of reoffense 900 will reoffend</td>
<td>At 50% likelihood of reoffense 500 will reoffend</td>
<td>At 10% likelihood of reoffense 100 will reoffend</td>
</tr>
<tr>
<td>Achieve a 30% reduction in reoffense</td>
<td>630 will reoffend</td>
<td>350 will reoffend</td>
<td>70 will reoffend</td>
</tr>
<tr>
<td>Fewer victims (assuming one victim/offense)</td>
<td>270</td>
<td>150</td>
<td>30</td>
</tr>
</tbody>
</table>
Significance of Thirty Percent

• Compare to medical profession

• How much money and treatment are we willing to expend for similar effect sizes?
Risk Reduction for a Heart Attack

- How willing are you to use an intervention that produces a 3% risk reduction of a heart attack?
- What if it produced a 10% reduction of future heart attack?
Risk Reduction Plus Cost

• How willing are you to use an intervention that produces a 3% risk reduction of a heart attack if the cost was less than $7 per year?

• What if it produced a 15% risk reduction of heart attack and the cost was $63,648?
<table>
<thead>
<tr>
<th>Relationship</th>
<th>Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure meds &amp; reduced stroke risk</td>
<td>.03</td>
</tr>
<tr>
<td>Heart bypass &amp; 5 year survival</td>
<td>.08</td>
</tr>
<tr>
<td>Smoking &amp; lung cancer within 25 years</td>
<td>.08</td>
</tr>
<tr>
<td>OTC meds &amp; reduced cold symptoms</td>
<td>.11</td>
</tr>
<tr>
<td>Lead exposure &amp; reduced IQ</td>
<td>.12</td>
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<tr>
<td>Ibuprofen &amp; reduced pain</td>
<td>.14</td>
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<tr>
<td>Mammogram &amp; cancer detection</td>
<td>.27</td>
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<tr>
<td>Cog-behavioral treatment &amp; reduced recidivism</td>
<td>.29</td>
</tr>
<tr>
<td>Actuarial risk tools as predictors of recidivism</td>
<td>.30</td>
</tr>
<tr>
<td>Evidence-based treatment &amp; reduced recidivism</td>
<td>.30</td>
</tr>
<tr>
<td>Antisocial attitudes/companions &amp; recidivism</td>
<td>.18-.39</td>
</tr>
<tr>
<td>Targeting criminogenic needs &amp; reduced recidivism</td>
<td>.55</td>
</tr>
</tbody>
</table>

How Reliable is the Research?

• Skepticism about research is healthy
• Caution should be applied

“There are three kinds of lies: lies, damned lies, and statistics.”  Mark Twain

“Figures don’t lie, but liars figure.”  Source Unknown

“There are two kinds of statistics, the kind you look up, and the kind you make up.”  Rex Stout
<table>
<thead>
<tr>
<th>Levels of Research Support</th>
</tr>
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<tbody>
<tr>
<td><strong>Gold Standard</strong></td>
</tr>
<tr>
<td>Findings based on rigorous and methodologically sound research (either through numerous single studies or meta-analysis); uses experimental/control research design with controls for attrition; replicated in multiple sites; preponderance of evidence supports similar conclusions</td>
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<tr>
<td><strong>Silver Standard</strong></td>
</tr>
<tr>
<td>Findings based on rigorous and methodologically sound research (either through numerous single studies or meta-analysis); uses quasi-experimental control research with appropriate statistical controls; replicated in multiple sites; preponderance of evidence supports similar conclusions</td>
</tr>
<tr>
<td><strong>Promising</strong></td>
</tr>
<tr>
<td>Findings show promise but require more rigorous empirical study.. May have used a matched comparison group without complete statistical controls or utilized research based principles to develop the intervention but have not studied the results sufficiently to have full confidence in expected outcomes.</td>
</tr>
<tr>
<td><strong>Inconclusive</strong></td>
</tr>
<tr>
<td>Studies have consistently shown conflicting findings (i.e., one study shows something works while another study shows that it doesn’t).</td>
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</table>

Correctional Quackery

- Video, Theodoric of York
What’s the Difference?

Programs can be placed along a continuum of “proof” of effectiveness

- **Best Practices**
  “We’ve done it and we like it”

- **Promising Approaches**
  “We really think this will work but we need time to prove it”

- **Promising Practice**
  “This program is based on sound theory informed by research but we don’t have sufficient research to call it evidence yet”

- **Evidence-based**
  “This program has been repeated and rigorously evaluated and shown to work”

Not much confidence → Strong confidence

Effectiveness of Community Supervision: Meta-Analytic Findings

<table>
<thead>
<tr>
<th>Outcome</th>
<th>n</th>
<th>Correlation</th>
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<tr>
<td>General Recidivism</td>
<td>53,930</td>
<td>.02</td>
</tr>
<tr>
<td>Violent Recidivism</td>
<td>28,523</td>
<td>.00</td>
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\( n = \) number of subjects studied

 dez Community supervision appears to have a minimal impact on recidivism

Why have Traditional Probation Approaches Been Ineffective?

1. We are giving too much attention to the low risk and too little to the high risk
2. We have not applied research knowledge to practices or applied them with fidelity
3. The system is not in alignment
4. Workloads are too high; overwhelmed with conditions
5. Concerns around lawsuits and public pressure (CYA)
6. We are focusing on the wrong issues
<table>
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<th>Top Four Dynamic Risk Factors</th>
<th>Other Risk Factors</th>
<th>Non-Criminogenic</th>
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<tbody>
<tr>
<td>1.</td>
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<td>3.</td>
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<td>4.</td>
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<th>Leisure/Recreation (lack of appropriate recreational outlets)</th>
<th>Health issues (poor physical health)</th>
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<td>Learning disability</td>
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<td>Personal distress (anxiety, etc)</td>
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<td>Thinking/beliefs (cognitions that support irresponsibility)</td>
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Surprises

• What is on the list that surprises you?

• What is not on the list that surprises you?
Risk Factors and Heart Attacks

- Inter-Heart Study: International study that looked at the risk factors associated with heart attack. Gathered data on all heart attacks and compared to case-matched controls.

Nine Risk Factors

1) Increased LDL/HDL ratios (elevated LDL/low HDL levels)
2) Smoking
3) Diabetes
4) Hypertension
5) Abdominal obesity
6) Psychosocial (i.e., stress or depression)
7) Failure to eat fruits and vegetables daily
8) Failure to exercise
9) Failure to drink any alcohol
## Risk Correlation Comparison

<table>
<thead>
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<th>Heart Attack Risk Factors</th>
<th>Rearrest Risk Factors</th>
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<tbody>
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<td>1) Increased LDL/HDL ratios</td>
<td>1) Attitudes</td>
</tr>
<tr>
<td>2) Smoking</td>
<td>2) Peers</td>
</tr>
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<td>3) Diabetes</td>
<td>3) Personality</td>
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<td>5) Abdominal obesity</td>
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<td>8) Leisure</td>
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Adapted from Chris Lowenkamp
Pennsylvania’s Juvenile Justice System Enhancement Strategy

Statement of Purpose

We dedicate ourselves to working in partnership to enhance the capacity of Pennsylvania’s juvenile justice system to achieve its balanced and restorative justice mission by:

• Employing evidence-based practices, with fidelity, at every stage of the juvenile justice process;

• Collecting and analyzing the data necessary to measure the results of these efforts; and, with this knowledge,

• Striving to continuously improve the quality of our decisions, services and programs.
BARJ Remains PA Mission

• JJSES aligns with BARJ in these ways

  – EBP stresses the need to use research to guide practice, no matter what that practice is
  – Where research evidence does not exist, data and analysis should be collected/conducted
  – EBP for risk reduction addresses the competency development part of BARJ
JJSES Framework

**Stage One: Readiness**
- Intro to EBP Training
- Organizational Readiness
- Cost-Benefit Analysis
- Stakeholder Engagement

**Stage Two: Initiation**
- Motivational Interviewing
- Structured Decision Making
- Detention Assessment
- MAYS Screen
- YLS Risk/Needs Assessment
- Inter-Rater Reliability
- Case Plan Development

**Stage Three: Behavioral Change**
- Skill Building and Tools
- Cognitive Behavioral Interventions
- Responsivity
- Evidence-Based Programming and Interventions
- Service Provider Alignment
  - Standardized Program Evaluation Protocol (SPEP)
  - Graduated Responses

**Stage Four: Refinement**
- Policy Alignment
- Performance Measures
- EBP Service Contracts

Delinquency Prevention
Diversion

Family Involvement
Data-Driven Decision Making
Training/Technical Assistance
Continuous Quality Improvement
Four Key Principles Supported by Research

• Risk Principle (Who to Target)
• Need Principle (What to Target)
• Responsivity Principle (How to Match)
• Treatment Principle (Which Programs to Use)
“Who”

• 1st Principle is the RISK principle or the Who to target
  – Do not over-supervise or treat low risk offenders
  – Provide programming for medium and high risk offenders
  – Don’t mix low and high risk offenders
“What”

• 2\textsuperscript{nd} Principle is the \textbf{NEED} principle or the What to target
  – Are eight criminogenic needs that become the target for programming
  – Want to avoid over-applying conditions as they reduce effectiveness of criminogenic need programming
“How”

• 3rd Principle is the RESPONSIVITY principle or the How we target supervision and programming
  – No two people are exactly alike; we need to customize our approach; avoid a one size fits all
  – What are the unique traits of the juvenile that need to be taken into account in order to reduce risk of reoffense?
  – These traits can be barriers if not taken into account
“Which”

4th Principle is the TREATMENT principle or Which programs should be used for the individual’s risk, need, and responsivity

– Some programs work most of the time; some don’t; some work some of the time depending on the individual; some work better than others

– The most effective programs are cognitive and behavioral

– To be effective the program must also adhere to fidelity
1 Principle One: The Risk Principle

• Answers the questions of
  – What do we mean by risk?
  – What is meant by the risk principle?
  – How is the risk principle being applied (i.e., structured decision making)?
  – What have other jurisdictions done to apply the risk principle?
Definition of Risk

- Most research studies compare risk of reoffense over time
  - May or may not measure type of offense (e.g. violence and non-violence), felony vs. misdemeanor, frequency of reoffense, and length of time between offenses
  - All include control/comparison groups
  - We are looking at research that helps reduce risk of any future offense, no matter level/type
What Makes One Low Risk?

• Low risk when they do not have a history of antisocial behavior; has supportive family; has prosocial friends; engaged in positive activities

• When we pull them away from these positive influences and mix them with others who may influence them negatively we increase their risk to reoffend

• They are self correcting
What Happens When We Apply Intensive Treatment to High and Low Risk Populations?

![Bar chart showing change in recidivism for low and high risk populations.](chart)

- O'Donnell et al, 1971
- Baird et al, 1979
- Andrews et al, 1980
- Andrews et al, 1987

Change in recidivism for low and high risk populations, with data from different studies showing varying levels of impact.
Using Assessments to Inform Decisions

- **Actuarial Risk Assessments** provide a professional, objective, and more accurate way of determining risk to reoffend
  - Professional: a modern, progressive, most current method of assessing that has met proper standards
  - Objective: uses an approach that removes too much subjectivity that can reduce fairness and accuracy
  - Accurate: more effective at predicting reoffense than professional judgment alone

Professional Judgment vs. Assessment Tool

• U.S. Probation
  – 1,087 officers observed a case vignette and identified risk
  – Then trained on the risk assessment tool and assessed the case

Officer Rating of Offender

Risk Rating Determination

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Percent of Officers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
<td>2</td>
</tr>
<tr>
<td>Low/Moderate Risk</td>
<td>30</td>
</tr>
<tr>
<td>Moderate Risk</td>
<td>51</td>
</tr>
<tr>
<td>High Risk</td>
<td>17</td>
</tr>
</tbody>
</table>

Percent of officers
Actual Risk: PCRA Risk Assessment

Risk Rating Determination

- Low Risk: 2%
- Low/Moderate Risk: 30%
- Moderate Risk: 51%
- High Risk: 17%

Percent of officers
Assessment Determination After Trained on the PCRA Assessment

Risk Rating Determination

- Low Risk: 7%
- Low/Moderate Risk: 91%
- Moderate Risk: 2%
- High Risk: 0%

Percent of officers
YLS/CMI: Youth Level of Service/Case Management Inventory

- Widely used actuarial assessment
- Selected with the assistance of the National Youth Screening and Assessment Project and MacArthur Foundation
- Contains 42 risk/need factors
- Youth identified as Low, Moderate, High, or Very High risk
Structured Decision Making

1. Charging Decision
2. Detention Decision
3. Diversion Decision
4. Plea Negotiation Decision

- Release Decision (if residential)
- Residential Intervention Strategy
- Community-Based Services Decision
- Adjudication Decision

- Violation Response (when applicable)
- Discharge from Juvenile Justice Intervention

Discharge from Juvenile Justice Intervention
Cornerstone to Fairness

• Goal is to
  – treat juveniles in same manner under similar circumstances
  – make consistent, appropriate, effective, and fair decisions

• Use research based tools to improve consistency and objectivity

• Examples: MAYSI-2, YLS/CMI, DRAI (Detention Risk Assessment Instrument)
The Bottom Line

• Using risk/need assessments to inform decision making increases the odds of a positive outcome; it won’t guarantee it.
• You will have a low risk person who commits a serious future crime.
• That does not mean the risk principle is invalid; it just means that you are increasing the odds that you will predict correctly.
A Balanced, Reasoned Approach

• **Risk Management (low risk)**
  – Least restrictive, most appropriate

• **Risk Reduction (moderate-high risk)**
  – Address criminogenic needs

• **Risk Control (extreme high risk)**
  – Control risk of reoffending while under correctional authority
Application Implications:
What Other Jurisdictions Have Done

• Reduce length of reports for low risk juveniles
• Divert low risk juveniles or discharge early
• Increase frequency of supervision contacts with high risk juveniles
• Avoid mixing low and high risk juveniles in programs and reporting days
• Consider different reporting days/locations
• Match staff style to juvenile risk
Small Group Exercise on Risk

• In what ways does your department policy and practice SUPPORT the risk principle?

• In what ways does your department policy and practice CONTRADICT the risk principle?
Principle Two: The Need Principle

- Answers the questions of
  - What do we mean by need?
  - What are the eight criminogenic needs?
  - How should the criminogenic needs shape how the probation officer develops case plans? What is the driver?
  - How might criminogenic needs shape the one-on-one probation officer interaction
Antisocial Thinking

• Blames others/not take responsibility
• Lack of respect for official sources of authority
• Power and control thinking
• Falls into thinking traps such as
  – All or nothing
  – Pride
  – Helplessness
  – Jump to conclusions
Peers and Associates

- Peers with delinquent histories and antisocial lifestyles
- Reinforce antisocial thinking
- Provide positive affirmation for antisocial acts
- Isolation from prosocial others
Personality (Coping Skills)

- Problem solving
- Exposure to high risk situations
- Emotional regulation and anger management
- Impulsivity
- Easily bored
- Skill deficits such as knowing how to ask for help, apologizing, communication, etc.

YLS Terminology:
Personality/Behavior
4 Family

- Current stressors in the home
- Conflict
- Lack of prosocial reinforcement
- Non-caring, lack of warmth
- Parenting styles from harsh control to neglect
- Lack of accountability
- Past or current victimization from family member(s)

YLS Terminology:
Family Circumstances/Parenting
Substance Abuse

- Drug/alcohol abuse
- History of drug/alcohol abuse in home
- Lack of support to acquire or maintain sobriety

YLS Terminology:
Substance Abuse
Education

- Poor academic achievement
- Inability to focus
- Poor attendance
- Conflict with school authorities
- Lack of support for concept of achievement through education

YLS Terminology:
Combines Education and Employment
Employment

- Poor work history
- Inability to keep a job
- Conflict on the job
- Poor attendance
- Lack of support for concept of achievement by working from bottom up

YLS Terminology:
Combines Education and Employment
Leisure

• Lack of interest in appropriate social or recreational outlets
• Significant amounts of idle time
• Lack of structure in day, especially the hours of 3pm to 9pm

YLS Terminology:
Leisure/Recreation
Recidivism Reductions as a Function of Targeting Multiple Criminogenic vs. Non-Criminogenic Needs*

Better outcomes

(Andrews, Dowden, & Gendreau, 1999; Dowden, 1998)
Exercise

• Select needs and possible intervention in the case of James
James is an immature seventeen year old high school dropout who has a wide variety of friends. He looks like he is in his twenty’s. One group of friends is a younger group of 13-14 year olds who are impulsive and unsupervised. James wants to be friends with everyone, has a strong desire to please and has, on occasion, bought cigarettes and alcohol for them. He uses marijuana frequently and this has caused some disruption in his life but not to the point he feels the need to change. James and his peer group heard that a neighbor lady was out of town and had a large super-sized TV screen that covered an entire wall. Since they wanted to play video games on this screen they convinced Jim to break into her house one evening. While playing videos, a man who she hired to watch her house while she was gone arrived and caught the boys in the home. He pulled out a gun and confronted the boys, almost pulling the trigger when the youngest jumped through the glass pane window to escape. It is his second adjudication of delinquency, the first was for forgery when he was fifteen. James has not been able to find work. He thinks that he should be able to make money through means other than holding a steady job but could not articulate how. He dropped out of school at age fifteen. The risk/need assessment classifies him as a medium risk offender.
Actual Assessment

- Substance abuse
- Attitudes/beliefs
- Companions
- Personality
- Employment
- Education
- Leisure
- Family

Criminogenic need
Application Example: TCIS Model: Travis County, Texas

Differentiated Supervision Strategies

- **Low Risk Offender**
  - Minimum Supervision
  - Report on time, pay fines and fees

- **Social Problem Offender**
  - Programs and Progressive Sanctions
  - Change behavior

- **High Risk – “Last Chance” Offender**
  - Surveillance Approach
  - Quick sanctioning and revocation

TCIS: Travis Community Impact Supervision
TCIS Outcomes

- Low Risk Offender
  - Diversion from the system

- Social Problem Offender
  - Reduction in recidivism

- High Risk – “Last Chance” Offender
  - Compliance and revocation
# The Court Report

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<thead>
<tr>
<th>Initial Risk</th>
<th>SIS</th>
<th>SIT</th>
<th>ES</th>
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**SCS Score - Classification**

- **SIS**: Low Risk
- **SIT**: Low Risk
- **ES**: Low Risk
- **CC**: Low Risk
- **LS**: Low Risk
- **XX**: High Risk
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<tr>
<th>Domains</th>
<th>Summary Evaluation Social Indicator</th>
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<tr>
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<td><strong>Criminal Thinking/Orientation</strong></td>
<td>First time offender. Pro-social</td>
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<td><strong>Peer Relations</strong></td>
<td>Generally positive and associations with non-offenders</td>
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<tr>
<td><strong>Assaultive Behavior</strong></td>
<td>No evidence of emotional instability or assaultive behavior</td>
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<tr>
<td><strong>Alcohol Use</strong></td>
<td>None or Social.</td>
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<tr>
<td><strong>Drug Use</strong></td>
<td>No Current Use</td>
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<td><strong>Sexual Behavior</strong></td>
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## Impact of Supervision by Risk

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<th>Risk Level</th>
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<td>Post-TCIS 7/07-10/07</td>
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<tr>
<td>Overall</td>
<td>29%</td>
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Principle Three: The Responsivity Principle

• Answers the questions of
  – What does responsivity mean?
  – What are the primary responsivity factors?
  – How does adhering to the responsivity principle affect outcomes?
  – How should responsivity affect program referrals, one-on-one interactions, and response to violations?
  – How is the responsivity principle being applied by other jurisdictions?
Responsivity

• Identifies what modes and styles of services are appropriate for each juvenile.
• Involves at least two components
  – Matching style and mode of program to the learning styles and abilities of the offender
  – Matching the personnel delivering the service to the individual
Reminder:

- Average recidivism reduction/gain
  - Inappropriate treatment -.06
  - Appropriate treatment .30

(Andrews & Bonta, 2007; Cullen & Gendreau, 2000).
Impact of Matching the Right Youth to the Right Services (Vieira et al., 2009)
Most Common Responsivity Factors

- Motivation
- Developmental age
- Learning disabilities
- Intelligence
- Learning style
- Mental health
- Culture
- Gender
Exercise

• Identify the two interventions you think Lydia is most in need
• Select the responsivity factors to be considered in her case
• Describe how the interventions would best take into account her responsivity factors
Lydia Barnes is a seventeen year old female who has been in and out of substance abuse treatment for several years of her life. She is growing tired of the lifestyle but feels hopeless in changing it. After getting into a fight with her boyfriend, she got drunk and stole a purse from an elderly woman on the street. The woman fell to the ground and broke her hip. Lydia was adjudicated delinquent for robbery and simple assault and placed on formal probation.

Ms. Barnes has a number of relatively minor prior juvenile offenses including a possession and use of illegal substances, theft, and vandalism. She had been crime free for two years until this incident. She has a sixth grade education but cannot read or write at her grade level. She is very interested in changing that, with an ultimate goal of becoming a nurse. She has a strong support system with a mother who loves her greatly and an older sister who constantly tries to help. Lydia has been diagnosed with depression and PTSD. She has a feisty disposition and is outgoing and sometimes aggressive. She loves being the center of attention. Her substance abuse allows her to forget an untreated sexual assault that occurred when she was twelve. She was assessed as high risk.
Importance of Doing all Three Principles

Principle Four: The Treatment Principle

- Answers the questions of
  - Which interventions work and why?
  - Which interventions tend to do harm?
  - How can probation and service providers partner to improve outcomes?
The Last Principle

• Some programs work, some don’t
• The ones that work only work when the intervention is applied correctly
• The programs that work do not work 100% of the time
Exercise: Select the Most Effective Programs

• On the following table, select the interventions that
  – do not reduce recidivism (and can do harm)
  – those that modestly work
  – those that work best

• Research article include juvenile and adult studies; results are similar. For purposes of this exercise, only the juvenile studies are referenced.

• Only more recent studies used (from 1990 to 2007)

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Do not reduce recidivism (and can do harm)</th>
<th>Modestly work (up to 24% reduction)</th>
<th>Work best (up to 60% reduction)</th>
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*Family is red font because it includes juvenile studies only instead of adult and juvenile*
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Link Between Intervention and Recidivism

SANCTIONS - 0.07 (30 studies)

INAPPROPRIATE TREATMENT - 0.06 (38 studies)

APPROPRIATE TREATMENT 0.30 (54 studies)
Emerging consensus on the characteristics of effective programming for young offenders.

What we know:

– Even after controlling for seriousness of offense, prior record and multiple other factors, youth who were placed in juvenile facilities were 38 times more likely to be arrested as adults.

For Deterrence Theory to Work, the Offender Must…

• Be aware of the sanction
• Perceive it as unpleasant
• Weigh the costs and benefits
• Assess the risk
• Make a rational choice
Yet Many Chronic Juvenile Offenders are/have….

- Impulsive
- Short term perspective
- Disorganized
- Failed in school, jobs, etc.
- Distorted thinking
- Hang around with others like themselves
- Drugs and alcohol use clouds their thinking, or only concern is with getting the next high
- Don’t perceive incarceration as unpleasant
- Expect that this is their lot in life…..or
- Don’t think they will get caught
What Tends to not Work in Reducing Recidivism

- Punishment, sanctions, or incarceration
- Specific deterrence, or fear-based programs, e.g. Scared Straight
- Military models of discipline and physical fitness - Boot Camps without treatment
- Shaming programs
- Intensive supervision without treatment
- Drug education programs
- Drug prevention classes focused on fear or emotional appeal
- Non-action oriented group counseling
What Does Work to Reduce Recidivism?

Programs that:

- Focus on criminogenic needs (especially top four)
- Match right offender to right program
- Use a cognitive behavioral approach
- Use family based approaches that train family on appropriate techniques
- Use positive reinforcements
- Seek right levels of dosage/intensity
Final Exercise

- Putting it all Together

- Review the following case and fill in the worksheet

- Be prepared to describe your rationale
The Case of Shawn

- Shawn, age 17, was arrested for the third time for burglary. His past offenses were for selling marijuana and physical assault. Shawn was assessed as medium-high risk. He lives with his mother who is an active alcoholic. He is largely unsupervised. He dropped out of school as soon as he turned 17 claiming that he was bored and didn’t like following the rules. He was involved in numerous fights while at school. He has a severe learning disability. Most of his peers are in trouble with the law. He thinks that the cops are out to get him and that he would be fine if everyone would just leave him alone.

- When you interviewed him, he disclosed that he can’t sit still without getting agitated, needs constant stimulation, and has a hard time concentrating. He gets bored easily. He was given a mental health assessment and was determined to be ADHD with high anxiety.

- His top criminogenic needs are
  - Peers
  - Family
  - Thoughts/attitudes
  - School/work
  - Leisure
### Worksheet - Fill in a-f

<table>
<thead>
<tr>
<th>Intensity of Supervision?</th>
<th>Which Criminogenic Need to Focus on First?</th>
<th>Which Intervention for that Criminogenic Need?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>b.</td>
<td>c.</td>
</tr>
<tr>
<td><strong>Which responsivity factors are relevant to this issue?</strong></td>
<td>d.</td>
<td></td>
</tr>
<tr>
<td><strong>How did you alter course based on responsivity factors if appropriate?</strong></td>
<td>e.</td>
<td>f.</td>
</tr>
</tbody>
</table>
Conclusion

• Answers the questions of
  – What are the do’s and don’ts of evidence based practices?
  – What resources are available?

• Take the post knowledge test
# Do’s and Don’ts

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>Don’t</th>
<th>Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk</strong></td>
<td>Over-supervise or over-treat low risk</td>
<td>Minimize the intervention and supervision</td>
</tr>
<tr>
<td></td>
<td>Blame decisions on the assessment</td>
<td>Use the assessment to inform your decision</td>
</tr>
<tr>
<td></td>
<td>Mix low and high risk offenders in programs</td>
<td>Make sure you know the risk level of clientele in the programs you refer to and keep the risk levels apart if possible</td>
</tr>
<tr>
<td><strong>Need</strong></td>
<td>Be lax with juveniles over programming related to criminogenic needs unless they are low risk</td>
<td>Insist on programming completion if juvenile is medium or high risk; make it the focus point of supervision</td>
</tr>
<tr>
<td></td>
<td>Ignore antisocial expressions</td>
<td>Redirect antisocial comments; be on the lookout for them and be prepared to suggest more prosocial expressions</td>
</tr>
<tr>
<td><strong>Rewards and Sanctions</strong></td>
<td>Overlook violation behavior</td>
<td>Respond to every violation</td>
</tr>
<tr>
<td></td>
<td>Sanction violations without regard to criminogenic need</td>
<td>Determine which criminogenic need likely influenced the violation and provide a response that addresses that need</td>
</tr>
<tr>
<td></td>
<td>Withhold affirmation and rewards</td>
<td>Use more positive reinforcement than negative; praise any progress</td>
</tr>
</tbody>
</table>
Discussion Groups

• What three implications does this have for your job?

• Name three things that you need to be successful in applying the risk, need, and responsivity principles
Post Knowledge Test

• Take the post-class knowledge test
• Do not put your name on it (anonymous)
• Goal is to determine how well we were able to impart information to you
JJSES Framework

STAGE ONE
Readiness
- Intro to EBP Training
- Organizational Readiness
- Cost–Benefit Analysis
- Stakeholder Engagement

STAGE TWO
Initiation
- Motivational Interviewing
- Structured Decision Making
- Detention Assessment
- MAYS1 Screen
- YLS Risk/Needs Assessment
- Inter-Rater Reliability
- Case Plan Development

STAGE THREE
Behavioral Change
- Skill Building and Tools
- Cognitive Behavioral Interventions
- Responsivity
- Evidence-Based Programming and Interventions
- Service Provider Alignment
  - Standardized Program Evaluation Protocol (SPEP)
- Graduated Responses

STAGE FOUR
Refinement
- Policy Alignment
- Performance Measures
- EBP Service Contracts

Delinquency Prevention
Diversion

Family Involvement
Data-Driven Decision Making
Training/Technical Assistance
Continuous Quality Improvement
Additional Resources

• JJSES has developed some resources and collected others including but not limited to the monograph and the Chief’s JJSES Implementation Manual
• For additional information on resources contact one of the five Stage leaders or another point of contact
Sources for Research on the Web

- The Campbell Collaboration - [www.campbellcollaboration.org/crime_and_justice/](http://www.campbellcollaboration.org/crime_and_justice/)
- George Mason University’s Center for Evidence Based Crime Policy, [http://gunston.gmu.edu/cebcp/](http://gunston.gmu.edu/cebcp/)
- SAMSHA’S (Substance Abuse and Mental Health Services Administration) National Registry of Evidence-based Programs and Practices (NREPP) - [www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov)
- U.S. Department of Justice, Office of Justice Programs’ Crime Solutions.gov. - [www.crimesolutions.gov](http://www.crimesolutions.gov)
- University of Cincinnati, The Corrections Institute [http://www.uc.edu/corrections.html](http://www.uc.edu/corrections.html)
- Texas Christian University, Institute of Behavioral Research [http://www.ibr.tcu.edu/](http://www.ibr.tcu.edu/)
Thank You!

JJSES Purpose Statement

We dedicate ourselves to working in partnership to enhance the capacity of Pennsylvania’s juvenile justice system to achieve its balanced and restorative justice mission by:

• Employing evidence-based practices, with fidelity, at every stage of the juvenile justice process;

• Collecting and analyzing the data necessary to measure the results of these efforts; and, with this knowledge,

• Striving to continuously improve the quality of our decisions, services and programs.