
Mark W. Lipsey
Gabrielle L. Chapman
Peabody Research Institute
Vanderbilt University

American Society of Criminology
November 2015

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

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
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
Part 2.
A 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)
Program types sorted by general approach: Average recidivism effect

- Therapeutic approaches
  - Counseling
  - Skill building
  - Restorative
  - Multiple services
- Control approaches
  - Discipline
  - Deterrence
  - Surveillance

Recidivism effects for generic and brand name family therapy programs

Family Interventions
Covariate-Adjusted Recidivism Effect Sizes (N=29)

- FFT
- MST
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

Instrument for rating how well a program profile matches the guidelines: The Standardized Program Evaluation Protocol (SPEP)

<table>
<thead>
<tr>
<th>Points Possible</th>
<th>Points Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary and Supplemental Service Types</td>
<td></td>
</tr>
<tr>
<td>Primary Service Type for Program Being Rated</td>
<td></td>
</tr>
<tr>
<td>Group 1 services (5 points)</td>
<td>Group 4 services (25 points)</td>
</tr>
<tr>
<td>Group 2 services (10 points)</td>
<td>Group 5 services (30 points)</td>
</tr>
<tr>
<td>Group 3 services (15 points)</td>
<td></td>
</tr>
<tr>
<td>Supplemental Service Type</td>
<td>Quality of Supplemental service exist (yes) (5 points)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of Service Delivery</td>
<td>Determined from a systematic assessment of the relevant features of the provider and provider organization</td>
</tr>
<tr>
<td>Parent quality of services delivered</td>
<td>Low (5 points)</td>
</tr>
<tr>
<td></td>
<td>High (20 points)</td>
</tr>
<tr>
<td>Amount of Service</td>
<td>Determined from data for the qualifying group of service recipients</td>
</tr>
<tr>
<td>Duration (Target number of weeks specified for each service type)</td>
<td>% of youth who received at least the target weeks of service:</td>
</tr>
<tr>
<td>0% (0 points)</td>
<td>60% (6 points)</td>
</tr>
<tr>
<td>20% (2 points)</td>
<td>80% (8 points)</td>
</tr>
<tr>
<td>40% (4 points)</td>
<td>99% (10 points)</td>
</tr>
<tr>
<td>Additional hours (target number of hours specified for each service type)</td>
<td>% of youth who received at least the target hours of service:</td>
</tr>
<tr>
<td>0% (0 points)</td>
<td>60% (6 points)</td>
</tr>
<tr>
<td>20% (2 points)</td>
<td>80% (8 points)</td>
</tr>
<tr>
<td>40% (4 points)</td>
<td>99% (10 points)</td>
</tr>
<tr>
<td>Risk Level of Youth Served</td>
<td>Determined from risk ratings on a valid instrument for the qualifying group of service recipients</td>
</tr>
<tr>
<td>% of youth with medium or high risk scores (greater than median)</td>
<td>% of youth with high risk scores (greater than median)</td>
</tr>
<tr>
<td>0% (0 points)</td>
<td>15% (3 points)</td>
</tr>
<tr>
<td>20% (2 points)</td>
<td>35% (7 points)</td>
</tr>
<tr>
<td>40% (4 points)</td>
<td>55% (11 points)</td>
</tr>
<tr>
<td>Provider’s Total SPEP Score</td>
<td></td>
</tr>
</tbody>
</table>
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.)

Feedback on outcome improvement with use of SPEP program assessment: Arizona data

- 6-month recidivism difference: High score
- 12-month recidivism difference: High score
- 6-month recidivism difference: Low score
- 12-month recidivism difference: Low score
OJJDP Juvenile Justice Reinvestment and Reform Initiative (JJRRI)

• **Partners**
  - Federal: OJJDP, OMB Partnership Fund
  - Implementation TA: Center for Juvenile Justice Reform (Georgetown), Peabody Research Institute (Vanderbilt)
  - Evaluation and cost analysis: Justice Policy Center, Urban Institute

• **Sites**
  - Delaware, Iowa (1st, 3rd and 6th judicial districts), Milwaukee

• **Components**
  - Implementation
    - Standardized Program Evaluation Protocol (SPEP)
    - Program improvement plans and procedures
    - System alignment: Risk & need assessment, disposition matrices
  - Evaluation / Cost-Benefit Analysis

**Goals of the JJRRI**

• **Short-term outcomes**
  - Improved SPEP scores as a result of program improvement plans
  - Improved matching of youth to services based on assessed risk/need
  - Development of practices and policies for system-level decision making based on risk, need, SPEP, and disposition data

• **Long-term outcomes**
  - Decreased recidivism rates
  - Improved cost effectiveness of juvenile justice services