Title: Bringing Evidence to Practice in Juvenile Justice
Author: Mark W. Lipsey, Peabody Research Institute, Vanderbilt University

The Youth PROMISE Act describes itself as a bill:

> To provide for evidence-based and promising practices related to juvenile delinquency and criminal street gang activity prevention and intervention to help build individual, family, and community strength and resiliency to ensure that youth lead productive, safe, healthy, gang-free, and law abiding-lives.

Despite considerable recent interest, few evidence-based interventions for juvenile offenders of the sort that the Youth PROMISE Act promotes have actually been implemented in juvenile justice systems. One reason is that there are relatively few interventions certified as evidence-based under the prevailing definitions, and these often present organizational challenges associated with their cost and the ability of providers to adopt them with adequate fidelity.

This barrier is not the result of insufficient quality evidence about the effectiveness of interventions for juvenile offenders but, rather, comes mainly from a narrow definition of *intervention*. What is typically meant by an intervention in this context is a specific „brand name" program individually supported by qualifying research, e.g., Functional Family Therapy (FFT), Multisystemic Therapy (MST), Big Brothers/Big Sisters, Aggression Replacement Training (ART), and the like.

Each brand name program, however, can also be categorized along with many „home grown" programs according to the generic *type* of intervention it represents, e.g., family therapy, mentoring, cognitive behavioral therapy, etc. Viewed this way, as the more general "programs and services" defined as interventions in the Youth PROMISE Act, there are many evidence-based interventions.

Over the last 25 years, the author has built a database that includes nearly 700 experimental and quasi-experimental studies of the effects of interventions with juvenile offenders. Advanced meta-analysis techniques have been used to identify the characteristics of the interventions that are most effective for reducing recidivism and improving related family, school, and mental health outcomes.

These analyses show that interventions can be divided into those reflecting *control* philosophies (discipline, deterrence, surveillance) and those reflecting *therapeutic* philosophies that attempt to facilitate internalized behavior change. On average, control-based interventions show negligible or negative effects while therapeutic interventions show positive effects. The therapeutic interventions, in turn, encompass many specific types of effective interventions such as cognitive behavioral therapy, mentoring, family counseling, interpersonal skills training, group counseling, and so forth.

Though the *average* effects of these interventions are positive, the distribution of effects around those averages ranges from negative to very positive. What, then, characterizes the interventions with the most positive effects? Meta-analysis has further identified a small set of key characteristics associated with the largest effects. These are relatively simple and mainly require adequate amounts and quality of service and targeting of juveniles truly at risk for reoffending. These characteristics have been incorporated into „best practice" guidelines to help providers improve or effectively implement therapeutic interventions, including their home-grown programs and not just the brand name ones. Research in Arizona and North Carolina has shown that the juvenile justice programs that most closely follow those guidelines do indeed have better outcomes.

In short, there is a great deal of evidence about the effectiveness of interventions for juvenile offenders that goes beyond brand name programs and provides guidance for improving the effectiveness of programs already in place in juvenile justice systems as well as for the selection of new programs to be implemented.

Bringing Evidence to Practice in Juvenile Justice

Mark W. Lipsey

Peabody Research Institute, Vanderbilt University

George Mason Congressional Briefing October 2010

The bill for the Youth PROMISE Act states this purpose:

To provide for **evidence-based** and promising **practices** related to juvenile delinquency and criminal street gang activity prevention and intervention to help build individual, family, and community strength and resiliency to ensure that youth lead productive, safe, healthy, gang-free, and law abiding-lives. [Emphasis added]

Few evidence-based programs are actually used in JJ systems

One reason:

There are relatively few programs certified as evidence-based under the prevailing 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)

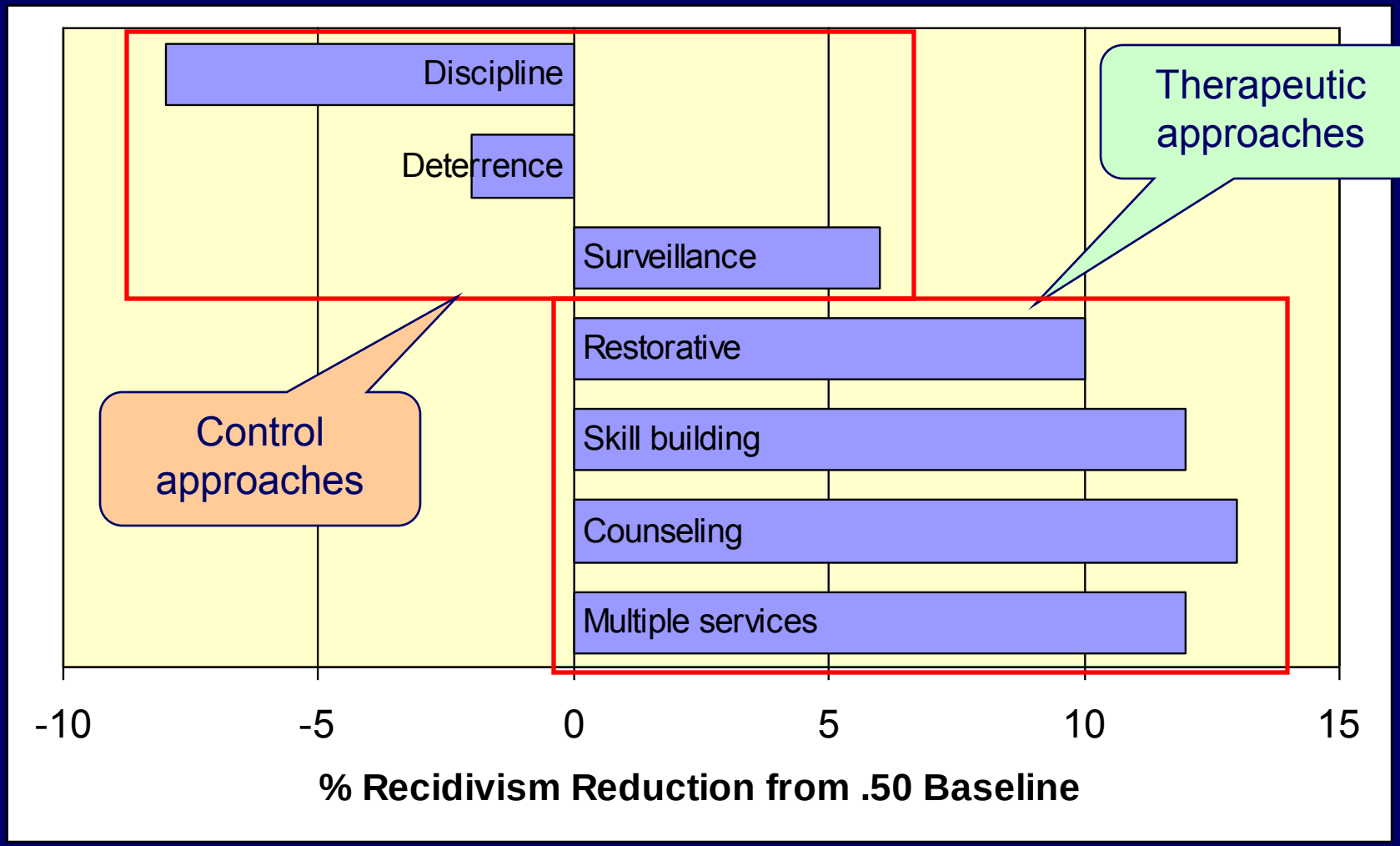
An alternative perspective on the P in EBP: Generic program "types"

- 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

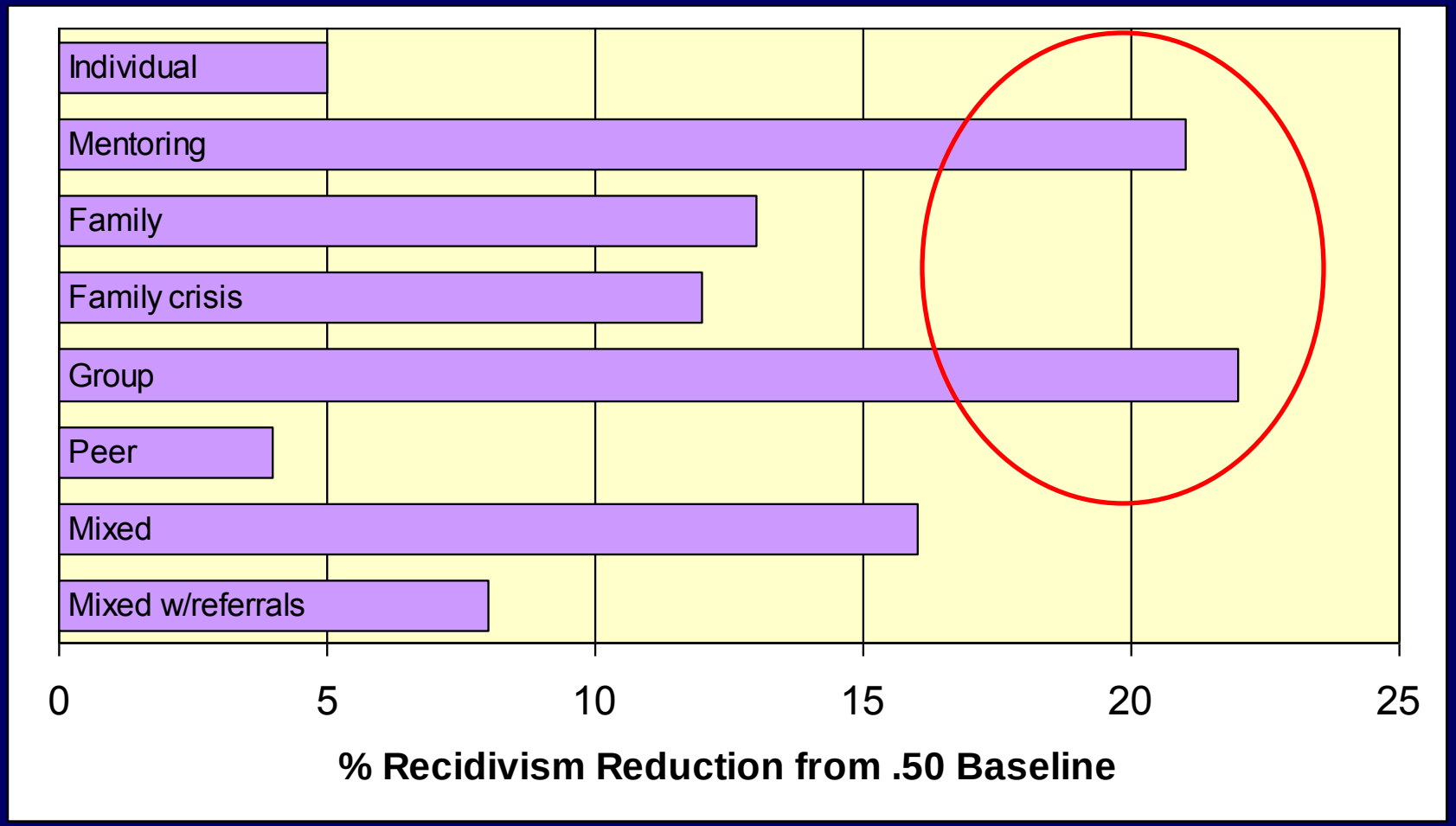
Meta-Analysis of a comprehensive collection of existing studies of interventions for juvenile offenders

- Nearly 700 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)

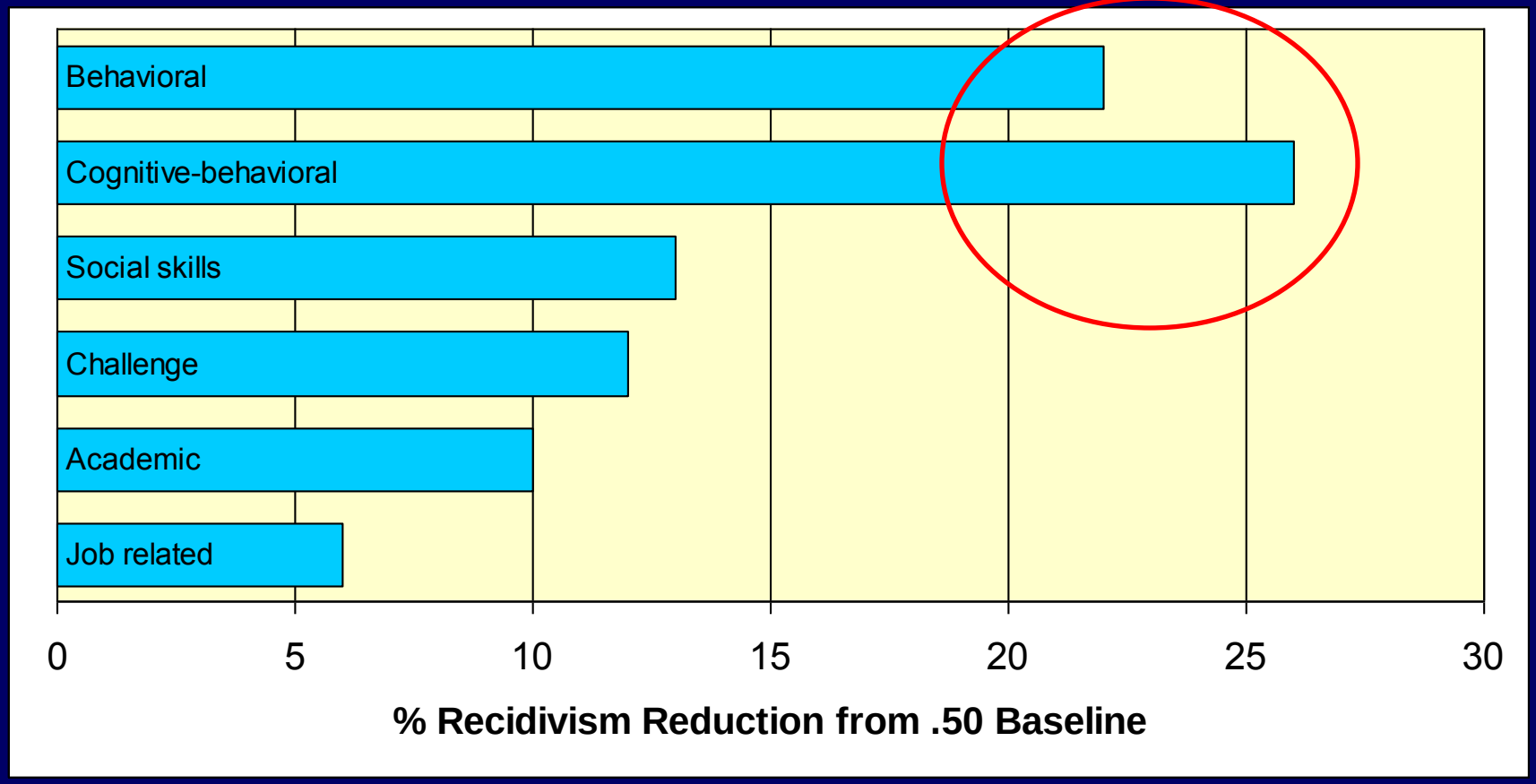
Program types sorted by general approach: Average recidivism effect



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



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

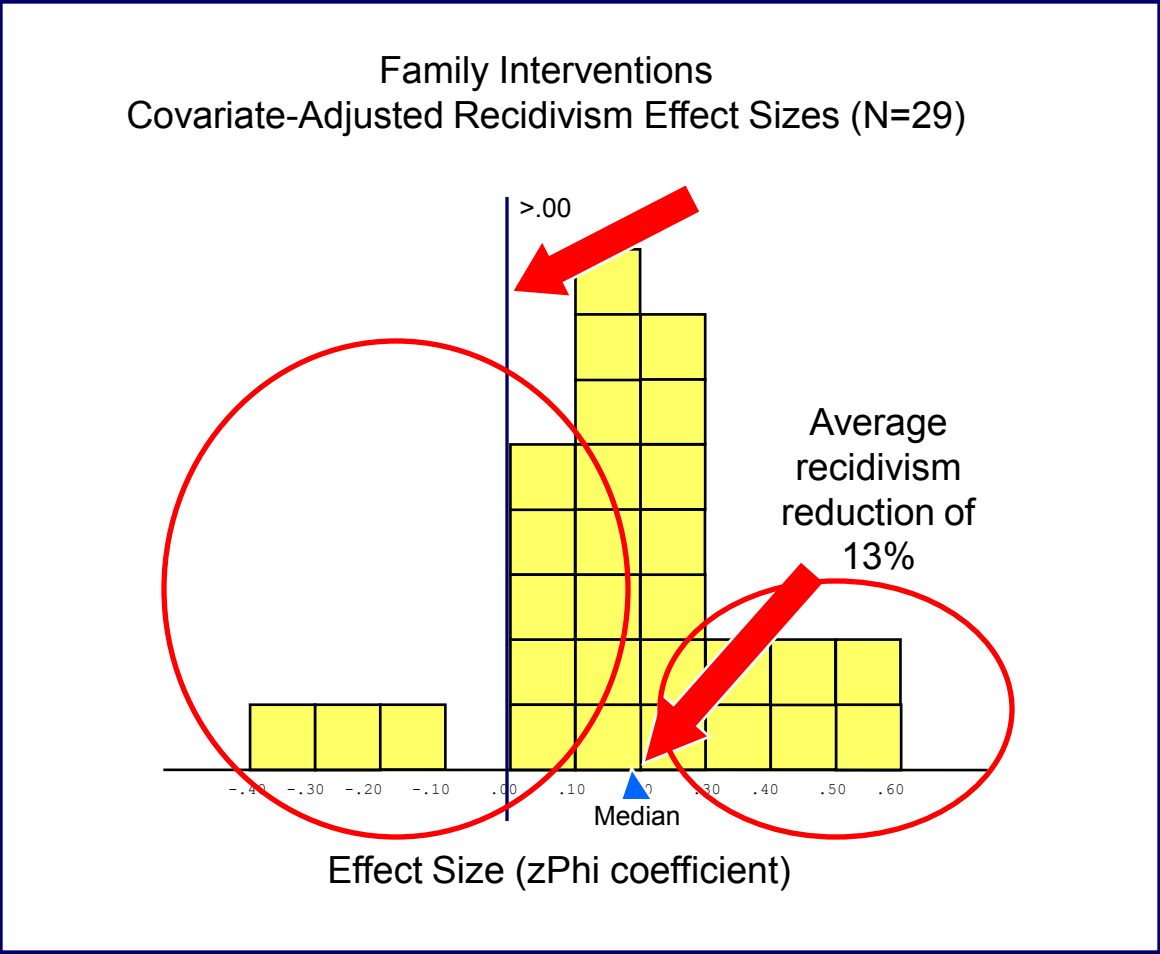


Many *types* of therapeutic interventions thus have evidence of effectiveness … but there"s a catch:

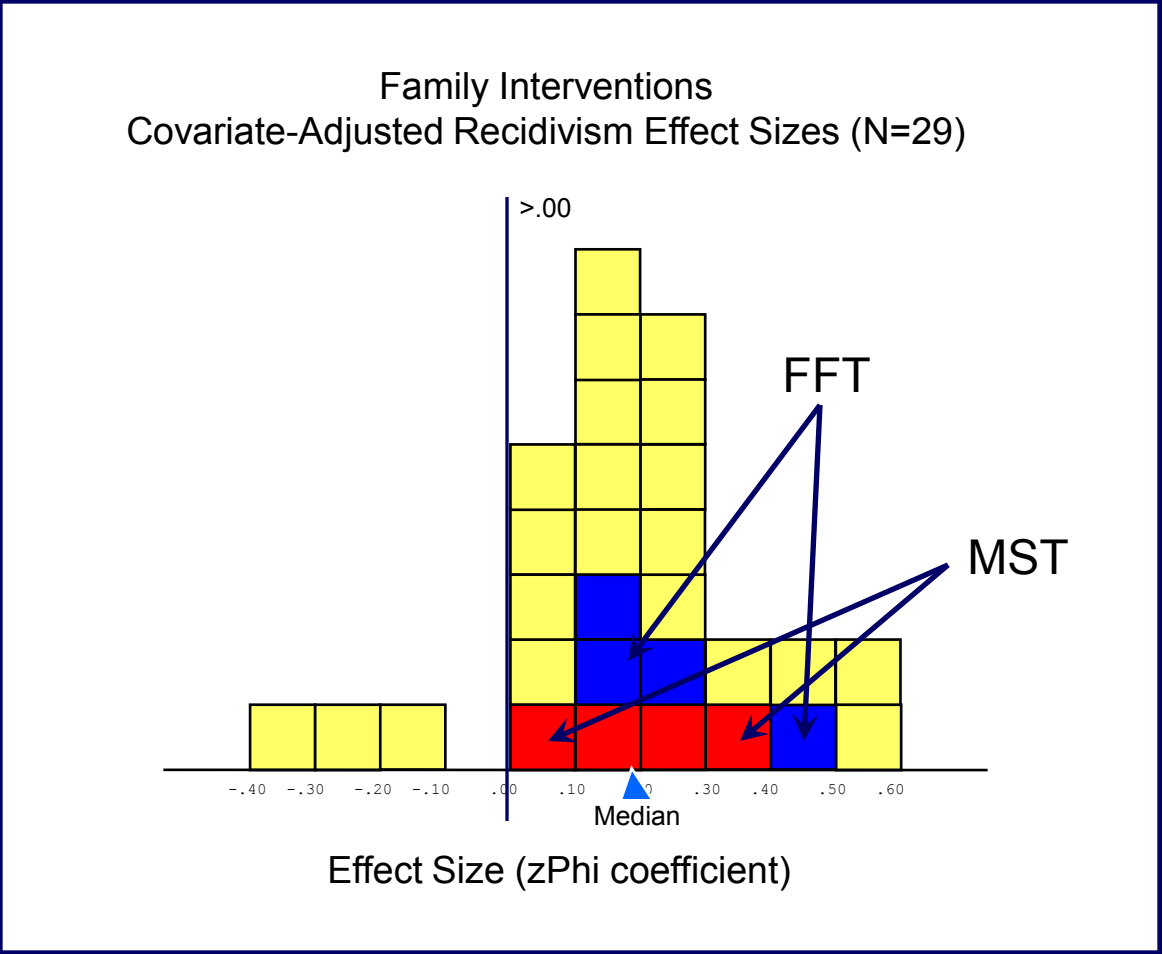
Though their **average** effects on recidivism are positive, larger and smaller effects are distributed around that average.

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 practicœ" 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

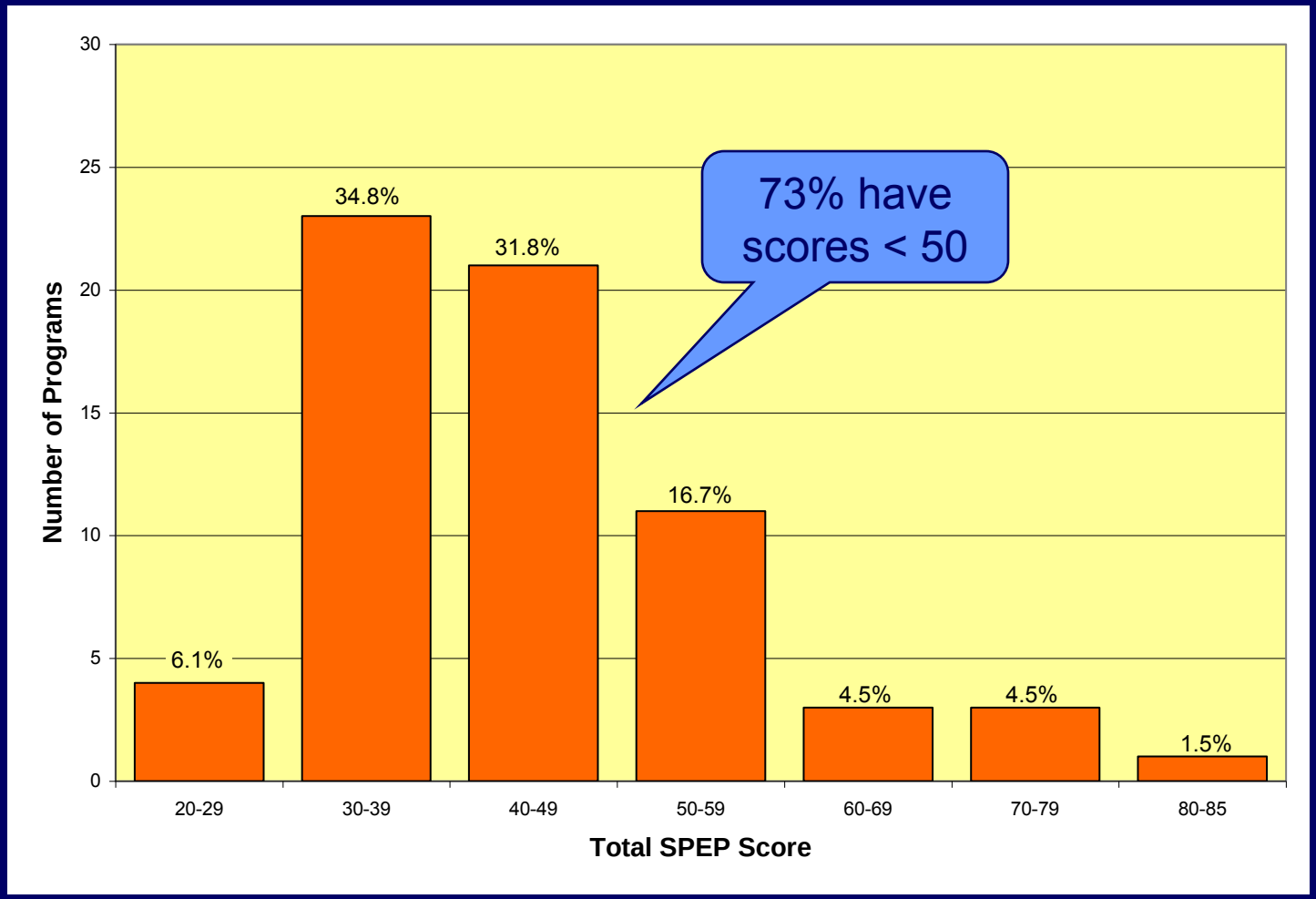
Points assigned proportionate to the contribution of each factor to recidivism reduction

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
Primary Service: High average effect service (35 points) Moderate average effect service (25 points) Low average effect service (15 points)	35	
Supplemental Service: Qualifying supplemental service used (5 points)	5	
Treatment Amount: **Duration**: % 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)	10	
Contact Hours: % 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)	15	
Treatment Quality: Rated quality of services delivered: Low (5 points) Medium (10 points) High (15 points)	15	
Youth Risk Level: % of youth with the target risk score or higher: 25% (5 points) 75% (15 points) 50% (10 points) 99% (20 points)	20	
Provider's Total SPEP Score:	100	[INSERT SCORE]

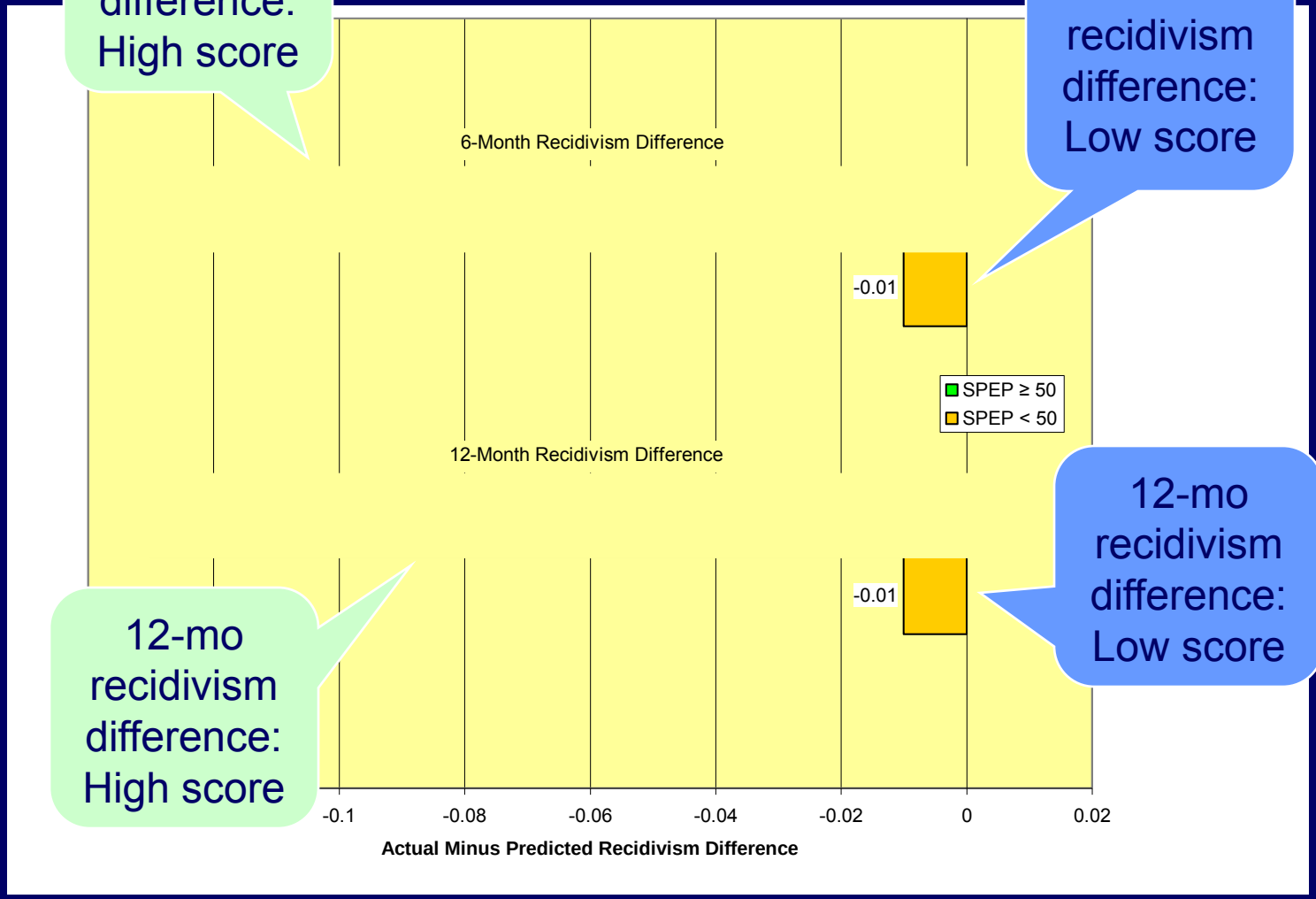
Distribution of scores across 66 AZ probation programs



Actual vs. predicted recidivism for prov with scores ≥ 50 and < 50

6-mo recidivism difference: High score

6-mo recidivism difference: Low score



12-mo recidivism difference: High score

12-mo recidivism difference: Low score

Conclusion

- There is lots of evidence on the effectiveness of interventions for juvenile offenders beyond that for brand name model programs
- Model programs may be the best choice when a new program is to be implemented
- But evidence-based „best practice" guidance can support the effectiveness of „home grown" programs already in place without replacing them with model programs

Contact information:

mark.lipsey@vanderbilt.edu