

Incorporating Evidence-Based Practices into Juvenile Delinquency Courts

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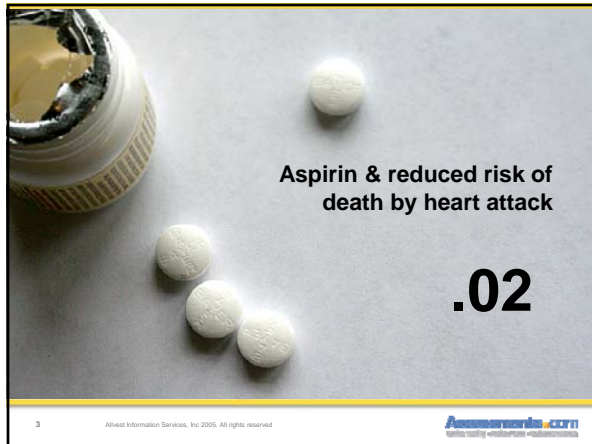
WHAT IS EVIDENCE-BASED PRACTICE?

- "The conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research."
-- Dr. David Sackett, a pioneer in evidence-based practice
- The use of practices and programs that have been empirically tested (proven through research) and shown to reduce recidivism and improve outcomes among offenders.

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Aspirin & reduced risk of death by heart attack


.02

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Ibuprofen & reduced pain



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Mammogram & cancer detection

.27

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- Nothing works!
 - Martinson's report in 1974
 - Change from rehabilitative approach to punishment
- OK ... some stuff actually does
 - Last 20+ years research has proven that some things DO work
 - Identify and address "Big 8" criminogenic needs

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Most influential work by Canadian researchers—Andrews, Bonta, Gendreau, and Ross with their American colleagues Cullen and Latessa.

Effective Programs follow four general principles:

- *Target known risk factors for offending*
- *Interventions should be behavioral in nature*
- *Interventions should be individualized to the strengths and weaknesses of the offender*
- *Interventions should be delivered mainly to high-risk offenders*

Howell, J. C. (2003). *Preventing and reducing juvenile delinquency: A comprehensive framework.*

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- Programs that target non-criminogenic needs have small to slightly negative effects (i.e. they may slightly increase recidivism!)
- Programs that target at least four to six criminogenic needs can reduce recidivism by

• **30 percent**

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Human Behavior . . . Hmmm?!




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- If medical profession uses research to improve health related services...
- If corporate America uses research to improve sales and business...
- Why doesn't the criminal/juvenile justice system use research to improve outcomes for youth, families, and communities?

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Big Questions of The Day:

- What brings kids into the system?
 - Risk factors
- What keeps kids from returning to the system?
 - Reducing risk factors and increasing protective factors

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Criminogenic Needs

Dynamic risk factors that have been clinically proven to be predictive of future criminal behavior.

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The Big 8 Risk Factors

- Anti-social/Pro-criminal attitudes, values, beliefs and cognitive emotional states
- Pro-criminal associates and isolation from anti-criminal others
- Abuse of alcohol and/or drugs
- Temperamental and personality factors conducive to criminal activity
- A history of anti-social behavior
- Current dysfunctional family features
- Low levels of educational/vocational achievement
- Low levels of involvement in pro-social leisure activities

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Factors Correlated With Risk

	Mean	# of studies
Lower Class Origins	0.06	97
Personal Distress/Psychopathy	0.08	226
Educational/Vocational Achievement	0.12	129
Dysfunctional Family Relations	0.18	334
Criminal Temperament and Personality	0.21	621
Anti-social Attitudes/Associates	0.22	168

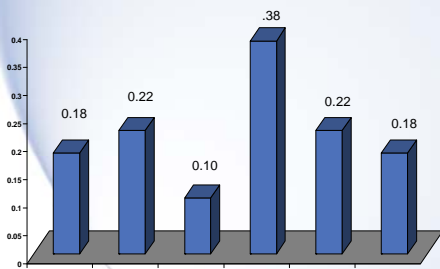
Note: A re-analysis of Gendreau, Andrews, Goggin & Chanteloupe (1992) by Andrews & Bonta (1994)

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Dynamic Needs Correlating with Recidivism



(* Andrews & Bonta 1994, Simourd 1993: see nicic.org/pubs/2000/pps-uei-files/section3.pdf) Justice System Assessment & Training <http://www.j-sat.com>

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RISK PRINCIPLE

IF IT AIN'T BROKE DON'T FIX IT

or

Match level of services to level of risk


- Reserve resources for higher risk cases
- High risk cases require more intensive intervention
- Low risk cases require minimal or no intervention

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RESPONSIVITY PRINCIPLE

Match Treatment Mode to Individual Characteristics

Factors -- IQ/learning style; gender/ethnicity; motivational readiness stage



Source: Justice System Assessment & Training <http://www.j-sat.com>

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RESPONSIVITY PRINCIPLE

Consider Staff Characteristics as well as Individual Client Characteristics

Factors -- Style, Skills, Sanctioning Philosophy



Source: Justice System Assessment & Training <http://www.j-sat.com>

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TREATMENT PRINCIPLE

The most effective interventions are behavioral:

- Focus on current factors that influence behavior
- Action oriented – modeling, role-playing, trying out
- Offender behavior is appropriately reinforced

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Most Effective Behavioral Models

- Structured social learning where new skills and behaviors are modeled
- Family based approaches that train family on appropriate techniques
- Cognitive behavioral approaches that target criminogenic risk factors

Source: Justice System Assessment & Training <http://www.j-sat.com>

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FIDELITY PRINCIPLE

- Standards of Professional Conduct
- Supervision
- Staff Training and Awareness
- Program Manuals
- Evaluation Process/Measure!
- Quality Assurance

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So....

- Probation uses a tool and uses words like “EBP”
- What the heck does that have to do with court?
- What are we trying to do/what really matters?

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• How does EBP fit into the Juvenile Court process?

- Detention
- Diversion/Petition
- Jurisdiction
- Disposition

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Juvenile Court

- Lots of players
- Different roles (Conflicting roles?)
- Adversarial roles by nature
(at minimum during Juris)

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Where does Probation fit?

- Information provider
- Expert case worker/assessor
- Knows the minor better than anyone

“...then why doesn't the Judge, DA, and defense counsel just follow my recommendations/treatment plan?!”

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Community Safety • Risk Assessment • Substance Abuse

- Each player has to do his/her job
- Use the information to the extent possible
- Work together to develop “roadmap” from the tools and assessments available that will improve outcomes for youth and community safety

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Community Safety • Risk Assessment • Substance Abuse
