

Juvenile Justice Fact Sheet

CHARACTERISTICS OF EFFECTIVE TREATMENTS AND INTERVENTIONS FOR JUVENILE OFFENDERS

Richard E. Redding, J.D., Ph.D.



Institute of Law, Psychiatry & Public Policy
University of Virginia

Supported by JJDP Challenge Grant 97-JE-FX-0051 awarded by
the Virginia Department of Criminal Justice Services

Until relatively recently, the common wisdom was that "nothing works" in rehabilitating juvenile offenders. Recent research demonstrates that there *are* effective programs for rehabilitating juvenile offenders, even chronic, serious or violent offenders. The percentage reduction in recidivism among juveniles enrolled in effective treatment programs varies (typically between 10-40%, with 10-20% the average). However, one of the most effective interventions - Multisystemic Therapy - reports recidivism rates as low as 22% with serious and violent juvenile offenders.

There still is no "magic bullet" - no single treatment that will rehabilitate all juvenile offenders, and many questions remain to be answered by future research. But significant advances have been made in the last fifteen years in our understanding of the characteristics of effective treatment and intervention programs. Current research findings are relatively consistent in identifying the characteristics that effective intervention programs share in common. The research also has identified those specific treatments that appear to be the most effective in reducing recidivism.

There are a variety of reasons why many interventions are ineffective (some even exacerbate recidivism and other problem behaviors). Often programs are ineffective because they fail to address criminogenic risk factors, address only one or several risk factors, are based on theories or treatments that have not been proven effective through

sound scientific research, are ineffectively implemented (often due to inadequately trained staff, low staffing levels, or poor supervision or program monitoring), are of insufficient duration, or are not individualized to address the unique needs of each child.

By contrast, the best programs are based on empirically demonstrated effective treatments, simultaneously address the multiple risk factors (e.g., the child, family, school, and neighborhood factors) contributing to the child's delinquency, are tailored to each child by considering the risk and protective factors present in the child and his or her environment, are of sufficient duration, and maintain high program quality in terms of staff recruitment and training, supervision, accountability for outcomes, and ongoing program monitoring and evaluation.

This fact sheet provides an overview of research findings on the characteristics of effective interventions and identifies the specific treatments generally identified as the most effective in reducing recidivism in juvenile offenders.

EARLY SCREENING AND EVALUATION IS IMPORTANT

- The presence of risk factors and early warning signs of delinquency should not be ignored. "Interventions will be more successful if the child has not already begun moving along the pathways toward more serious delinquency" (OJJDP, 1999).¹
- "Parents, schools, mental health practitioners, and the juvenile justice community need to work together to comprehensively screen and treat children at risk of developing serious disruptive behavior" (OJJDP, 1999).

EARLY INTERVENTION IS IMPORTANT

- "For intervention and treatment purposes, it is clear that the juvenile justice system does not see most offenders until it is too late to intervene effectively....The lack of consistent intervention with juvenile offenders soon after their initial contact with the police or other authority has long been recognized as perhaps the largest gap in services for troubled youth" (OJJDP, 1995).
- A recent report by the Virginia Commission on Youth (1996) concluded that Virginia lacks a "comprehensive system of interventions to respond consistently and effectively at the early stages of problem behavior" and that school truancy often leads to the escalation of offending. "[T]he court gives too many chances and seems to wait until the offender's behavior escalates *before* meaningful sanctions are imposed."

¹ Office of Juvenile Justice and Delinquency Prevention, U.S. Dept. of Justice. (1999, Aug.). *OJJDP research: Making a difference for juveniles*. Washington, D.C.: Author.

- To prevent an escalating offending pattern, it is important to intervene when early problem behaviors or precursors to delinquency first begin (e.g., school truancy, aggressive behaviors at school or home, substance abuse).
- There is evidence that early intervention in offender careers, particularly probation (but not incarceration), decreases the likelihood of recidivism. As offenders progress in a graduated sanctions system, treatments must become more structured and intensive to effectively deal with the more intractable problems that the more difficult and dangerous offenders present.

THE OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION'S COMPREHENSIVE STRATEGY

- The Office of Juvenile Justice and Delinquency Prevention's *Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders* (OJJDP, 1995), based on accumulated research on delinquency and program effectiveness, espouses:
 - prevention and early intervention
 - graduated sanctions
 - the use of multiple interventions to address multiple risk factors
 - an integrated system response with the juvenile justice, mental health, child welfare, education, and law enforcement agencies working together
- The graduated sanctions approach in the comprehensive strategy involves a continuum of sanctions and treatment alternatives as a function of offending history and offense seriousness, with long-term incarceration for serious, violent, and chronic offenders only a last resort.
- Graduated sanctions have proven benefits: reduced cost, increased accountability by the juvenile and the community, and enhanced responsiveness to the juvenile's treatment needs.

COMMUNITY-BASED PROGRAMS GENERALLY ARE MORE EFFECTIVE

- Community-based programs are generally more effective than incarceration or residential programs in reducing recidivism, even for serious and violent juvenile offenders.
- Perhaps the best evidence for the effectiveness of community-based treatment comes

from a well-controlled recent study examining recidivism among over 2000 juvenile offenders. The study found that court-supervised community treatment was the most effective disposition for preventing recidivism. Longer terms of community treatment were more effective than shorter terms, while longer terms of detention only resulted in higher recidivism rates.

- Residential programs should be linked to community programs via comprehensive, community-based aftercare services.

THE MULTIPLE RISK FACTORS CONTRIBUTING TO THE CHILD'S DELINQUENCY MUST BE ADDRESSED

- Usually, there is not just one single cause of a child's delinquent behavior. Rather, it typically is the result of multiple risk factors.
- "Interventions should be multimodel to address multiple problems and integrated across the juvenile justice system, mental health system, schools, and child welfare agencies" (OJJDP, 1998).
- Effective intervention programs will identify the risk factors contributing to a child's delinquent behavior, and tailor the treatment regimen accordingly.
- There is a relatively large number of possible risk factors. It is helpful to group them into *child* (e.g., mental health problems, substance abuse), *family* (e.g., poor parental supervision, ineffective discipline practices), *school* (e.g., truancy, poor academic achievement), *peer* (e.g., association with delinquent peer group, gang membership), and *community* (e.g., neighborhood violence, drug markets) risk factors.

RISK FACTORS FOR DELINQUENCY IN ADOLESCENCE

- While the relative importance of risk factors varies somewhat according to the age of the child, the individual child, and the type of delinquency (e.g., minor vs. serious or violent), the following risk factors appear to be the most significant risk factors for delinquency that may be amenable to treatment or intervention:

CHILD FACTORS

- Substance abuse
- Mental health problems, particularly depression
- Poor social problem-solving skills

FAMILY FACTORS

- Poor parental supervision
- Ineffective discipline practices

SCHOOL FACTORS

- Truancy
- Poor academic achievement
- Untreated learning disabilities

PEER FACTORS

- Association with delinquent peers
- Gang membership

COMMUNITY FACTORS

- Exposure to violence and drug dealing

- Often, the most effective treatments and interventions (such as Multisystemic Therapy - see below) are those targeting the risk factors listed above.

EFFECTIVE TREATMENT AND INTERVENTION PROGRAMS SHARE COMMON CHARACTERISTICS

Research and clinical experience demonstrate that the programs most effective in reducing recidivism tend to have certain characteristics in common. They:

- Target medium-to high-risk juvenile populations.
- Target criminogenic risk factors (e.g., association with delinquent peers, school truancy, substance abuse) amenable to intervention.
- Are individualized, family-based, and delivered in community settings.
- Are based on a particular treatment model or approach having sound empirical research demonstrating its effectiveness. (Ineffective programs may do more harm than good.)
- Have well-trained staff, and a program director who is an effective advocate for the program with courts, parents, and community leaders.
- Deliver a sufficient treatment dosage (usually of at least 6 months duration).

- Have fidelity to the program design - the program must be delivered *as designed*, which requires well trained staff, good supervision, and program monitoring and evaluation.
- The juvenile's treatment progress is monitored on an ongoing basis, with program modifications made as necessary.
- There is ongoing collaboration between the probation officer and treatment providers.
- Aftercare services are provided to prevent recidivism.

CERTAIN TREATMENTS SHOW PARTICULAR PROMISE

- There is no single "magic bullet" for rehabilitating juvenile offenders. *A combination of interventions*, tailored to the juvenile's individual needs, is generally required. "[S]ervice provision should be reconceptualized as an ongoing care model that emphasizes intervention in multiple spheres of an adolescent's life. The most promise lies in a comprehensive, long-term commitment, not in the development of any singular more powerful approach" (Tate et al, 1995).
- Programs showing the best hope of success are "individualized, community-based, family-oriented and multi-systemic, and include cognitive-behavioral interventions" (Tate et al., 1995).
- Cognitive-behavioral approaches, emphasizing social skills training and/or problem-solving skills training, appear to be among the most effective interventions. These approaches are designed to address juvenile offenders' poor social problem-solving skills and dysfunctional attributional processes in social situations, both of which have been linked to aggression.

Social skills training may include, for example, anger management training and/or interpersonal or pro-social skills training.

Problem-solving training may include, for example, the teaching of strategies for increasing self-control and social responsivity.

- Behavioral programs and behavioral contracting appear to be among the most effective interventions.
- Parent management training appears to be one of the most effective interventions for young offenders and for young children (under ages 12-13) showing aggressive or

disobedient behaviors. It teaches parents effective discipline practices by manipulating reward contingencies to make positive behaviors more rewarding than negative behaviors.

- Multiple service programs that provide a range of treatment and intervention services (e.g., family therapy, intensive probation and case management, after-school programs, substance abuse treatment) appear to be among the most effective interventions.

A MODEL TREATMENT APPROACH: MULTISYSTEMIC THERAPY (MST)

- One of the best available treatments is Multisystemic Therapy (MST). "It is the only treatment program to demonstrate short- and long-term efficacy with chronic, serious, and violent juvenile offenders" (Tate et al., 1995). Multisystemic therapy is an intensive, multi-modal family-based treatment approach focusing on the juvenile's family, peer, and school networks.
- Well controlled, rigorous outcome studies have been conducted on MST, comparing it with traditional treatment approaches. Studies have been conducted with inner-city delinquents, juvenile sex offenders, chronic juvenile offenders, drug abusing juvenile offenders, and violent and chronic juvenile offenders. All have shown very substantial reductions in recidivism above the reductions achieved through standard programs.
- For example, Borduin et al. (1995) conducted a randomized trial with 200 chronic juvenile offenders, comparing the effectiveness of MST versus office-based outpatient psychotherapy. Offenders completing MST had lower recidivism rates (22% recidivism, as compared to 71% recidivism for those completing outpatient psychotherapy). Even juveniles who completed only a portion of the MST program, but later dropped out, had lower recidivism rates (47% recidivism).
- MST is a comprehensive approach that aims to intervene in the multiple systems affecting juvenile delinquent behavior: child, family, school, peers and community. In particular, MST aims to (see MST Fact Sheets):
 - Improve caregiver discipline practices
 - Enhance family relations

- Decrease a youth's association with deviant peers
- Increase a youth's association with prosocial peers
- Improve a youth's school or vocational performance
- Engage youth in positive recreational outlets
- Develop a natural support network of extended family, neighbors, and friends to help caregivers achieve and maintain such changes

SUGGESTED READINGS

Garbarino, J. (1999). *Lost boys: Why our sons turn violent and how we can save them*. New York: Free Press.

Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (1998). *Multisystemic treatment for antisocial behavior in youth*. New York: Guilford.

Lipsey, M.W., & Wilson, D.B. (1998). Effective interventions with serious juvenile offenders: A synthesis of research. In R. Loeber & D.P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions*, (pp. 313-3445). Thousand Oaks, CA: Sage.

Office of Juvenile Justice and Delinquency Prevention, U.S. Dept. of Justice. (May, 1998). *Serious and violent juvenile offenders*. Juvenile Justice Bulletin. Washington, D.C.: Author.

Wasserman, G.A., & Miller, L.S. (1998). The prevention of serious and violent juvenile offending. In R. Loeber & D.P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions*, (pp. 197-247). Thousand Oaks, CA: Sage.

SELECTED REFERENCES

Altschuler, D.M., Armstrong, T.L., & Mackenzie, D.L. (1999, July). *Reintegration, supervised release, and intensive aftercare*. Juvenile Justice Bulletin. Washington, D.C.: Office of Juvenile Justice & Delinquency Prevention, U.S. Department of Justice.

Borduin, C.M., Mann, B.J., Cone, L.T., Henggeler, S.W., Fucci, B.R., Blaske, D.M., & Williams, R.A. (1995). Multisystemic treatment of serious juvenile offenders: Long-term

prevention of criminality and violence. *Journal of Consulting and Clinical Psychology*, 63, 569-578.

Corbett, R.P. and Petersilia, J. (1994). What works with juvenile offenders: A synthesis of the literature and experience. *Federal Probation*, 58(4), 63-67.

Henggeler, S. W. (1996). Treatment of violent juvenile offenders - We have the knowledge: Comment on Gorman-Smith et al. *Journal of Family Psychology*, 10(2), 137-141.

Henggeler, S.W., Melton, G.B., Brondino, M.J., Scherer, D.G., & Hanley, J.H. (1997). Multisystemic treatment with violent and chronic juvenile offenders and their families: The role of treatment fidelity in successful dissemination. *Journal of Consulting and Clinical Psychology*, 65, 821-833.

Hollin, C.R. (1999). Treatment programs for offenders: Meta-analysis, "what works," and beyond. *International Journal of Law & Psychiatry*, 22(3-4), 361-372.


Illback, R.J., Cobb, C.T., & Joseph, H.M. (Eds.). (1997). *Integrated services for children and families: Opportunities for psychological practice*. Washington, D.C.: American Psychological Association.

Kazdin, A. E. (1997). Practitioner review: Psychosocial treatments for conduct disorder in children. *Journal of Child Psychology & Psychiatry & Allied Disciplines*, 38, 161-178.

Lipsey, M.W. (1999, July). Can intervention rehabilitate serious delinquents? *Annals of the American Academy of Political and Social Science*, 564, 142-166.

Tate, D.C., Reppucci, M.D., & Mulvey, E.P. (1995). Violent juvenile delinquents: Treatment effectiveness and implications for future action. *American Psychologist*, 50, 777-781.

Institute of Law, Psychiatry & Public Policy



Box 100, Blue Ridge Hospital
Charlottesville, VA 22901
Telephone: 804-924-5436
Fax: 804-924-5788

<http://www.ilppp.virginia.edu/ilppp>

