

Components of Effective Interventions

Evidence Based Programs or Practices

Throughout the discussion of graduated sanctions or interventions we repeatedly refer to treatment interventions and programs. The use of programs and treatment, with or without incarceration is critical. Research has also shown that criminal sanctions alone, without treatment or intervention, do little to reduce recidivism (see Appendix A). It is important to note that not all interventions or programs are the same. Evidence based programs or practices (EBP) are standardized, replicable practices that are implemented with fidelity, have been researched, and demonstrate positive outcome in repeated studies.¹⁵ Essentially these programs have been proven to do what they say they will do. For example, if a program claims to reduce recidivism, it is only considered an EBP if the data supports the claim. Studies on juvenile justice programs nationally continue to emerge and results consistently show that EBPs are more effective than traditional intervention methods.¹⁶ It is critical, especially in our current fiscal environment of harsh budgetary reductions, that we use what dollars are available to effectively address our juvenile justice needs.

Meta-Analysis

The most thorough analysis of the effectiveness of intervention programs is a meta-analysis conducted by Mark Lipsey et. al (2009). He analyzed results from 548 study samples and compared program effectiveness across a broad spectrum of different kinds of youth intervention programs. He found that there was more variation among programs within a given intervention model than there were between different models. All types of intervention programs he looked at were equally effective in reducing recidivism. His broad conclusions were:

- ‘Therapeutic’ interventions, counseling, mentoring etc, were generally more effective than punitive ones, such as surveillance and discipline.
- Interventions applied to high-risk youth were more effective than those applied to low risk youth.
- Implementation quality of the program, measured as whether the staff was well trained, whether there was high staff turnover, or high rates of youth dropout from the program, was a substantial factor contributing to the program’s effectiveness.¹⁷

Risk Focused Decision Making

The Risk Principle

Inherent in the concept of providing a range of sanctions and services is the recognition that while there is no clear path to delinquency, there are certain “risk” and “needs” factors that may increase the chances of delinquency. The best and most effective interventions utilize some type of assessment to identify individual risks and needs and along with the most appropriate responses.

Risk refers to risk of reoffending and not the seriousness of the offense. In theory, a youth can be a low risk felon or a high risk felon, a low risk misdemeanor or a high risk misdemeanor.¹⁸ With regard to the risk principle, it is crucial to assess and identify high-risk youth. This is done through by examining the “big four” risk factors of delinquency:

- History of antisocial behavior:
- Temperamental & anti social personality pattern conducive to criminal activity including:
- Antisocial/pro-criminal attitudes, values, beliefs and cognitive-emotional states
- Pro-criminal associates and isolation from pro-social others¹⁹

Other risk factors of delinquency include family factors, low educational achievement, low vocational and financial achievement, low level of involvement in pro-social activities, and substance abuse. While all of the above may increase chances of delinquency, studies indicate that the first four listed have the greatest impact on at risk youth. There are three primary elements of the risk theory:

- Target those youth with higher probability of recidivism based on the risk factors,
- Provide most intensive treatment to higher risk youth, and
- Avoid Intensive treatment for lower risk youth as it can increase recidivism (see Appendix B).²⁰

It is important to note that high risk offenders will require much higher “dosage” of treatment than lower risk offenders. As a general rule, a high risk youth needs a minimum of 200 treatment hours, while moderate risk youth requires approximately 100 treatment hours. These hours do not include work, school, or other activities that are not directly addressing criminogenic risk factors.²¹

Components of Effective Interventions

Risk Focused Decision Making

The Need Principle

The most effective responses also assess and target “criminogenic” needs for change in order to reduce the probability of recidivism. What is crucial to this principle is the identification of criminogenic needs, not “every” need a youth may possess. Examples of criminogenic needs include anti-social attitudes, anti-social friends, substance abuse, lack of empathy, and impulsive behavior. Examples of non-criminogenic needs include anxiety, low self esteem, creative abilities, medical needs, and physical conditioning.²²

Criminogenic needs also include static and dynamic risk factors. Static Factors are those factors that are related to risk and do not change over time. Examples include number of prior offenses, and whether an offender has had a drug/alcohol problem in the past. Dynamic factors relate to risk and can change. Some examples are whether an offender is currently unemployed or currently has a drug/alcohol problem. Targeting the factors that can actually be changed is vital to reduce the probability of recidivism and provides the basis for developing an appropriate treatment plan. Targeting non-criminogenic needs, while well intended, may have a negative impact on recidivism.

The Treatment Principle (Responsivity)

This principle emphasizes that the most effective interventions are behavioral – teaching youth pro-social ways to act. Through cognitive behavioral treatment these successful interventions focus on current factors that influence a youth’s behavior, are action oriented, and appropriately reinforce offender behavior. The most effective behavioral models use structured social learning where new skills and behaviors are modeled, family based approaches that train family on appropriate techniques, and cognitive behavioral approaches that target criminogenic risk factors.²³