

Florida Department of Juvenile Justice What Works Initiative

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The DJJ 'What Works Strategy'

Don Andrews and Paul Gendreau

- **Risk Principle:** Target high-risk offenders.
- **Need Principle:** Treat risk factors associated with offending behavior.
- **Treatment Principle:** Employ evidence-based treatment approaches.
- **Responsivity Principle:** Tailor treatments to meet special needs.
- **Fidelity Principle:** Monitor implementation quality and treatment fidelity.

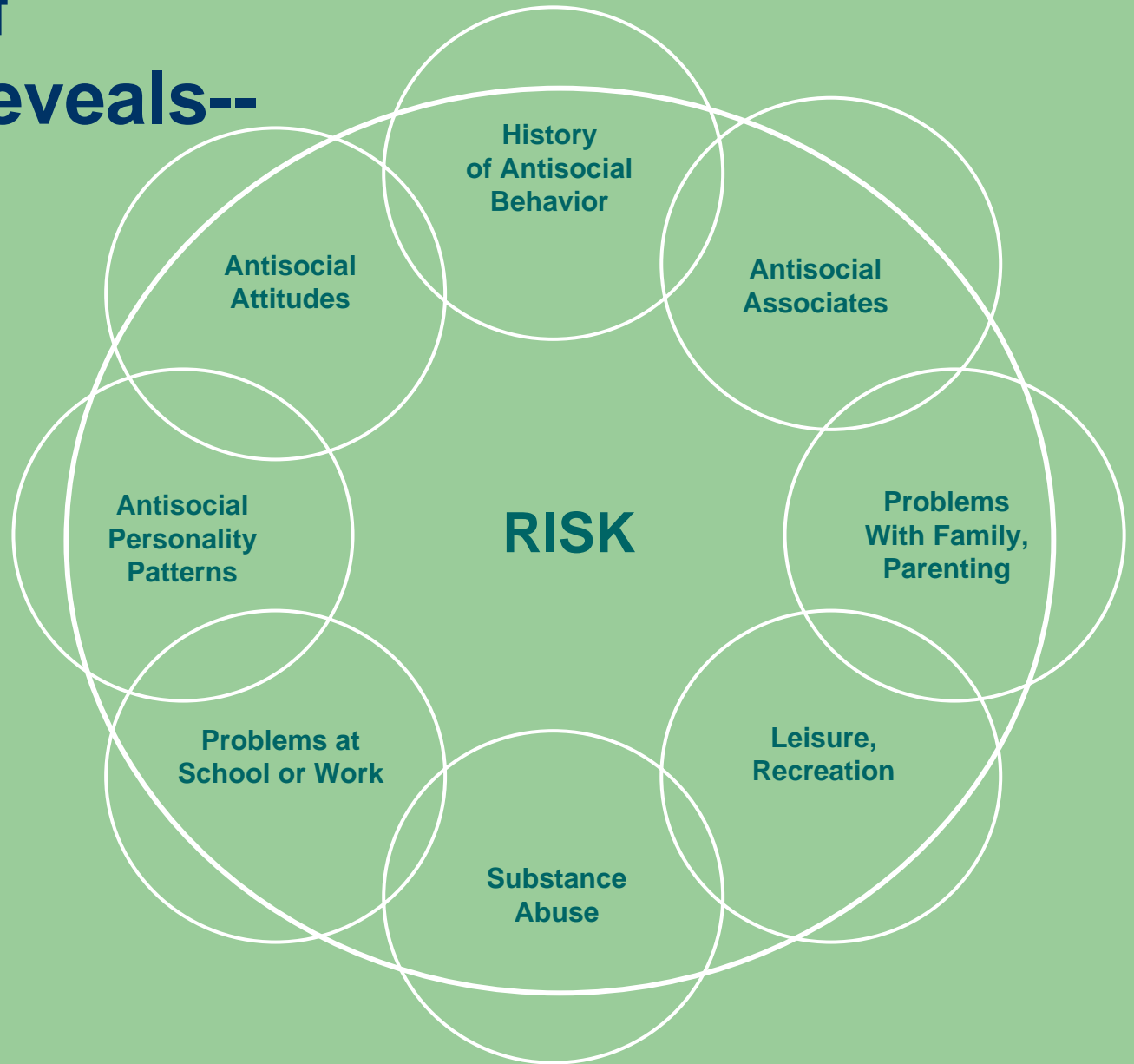
Central Concepts

- Risk, Need and Responsivity
- Evidence-Based Treatment

Causes and Correlates of Delinquency: Risk/Need

Factors within the individual or environment associated with re-offending behavior.

40 years of research reveals--



Development of Classification

- First Generation: Clinical Judgment, 'Gut Feelings'.
- Second Generation: Actuarial, Based on Static Predictors (Burgess Scale and Others).
- Third Generation: Actuarial, Based on Static and Dynamic Predictors.
- Fourth Generation (?): Actuarial, Based on Static, Dynamic, Protective and Responsivity Factors.

Clinical vs Actuarial Assessment

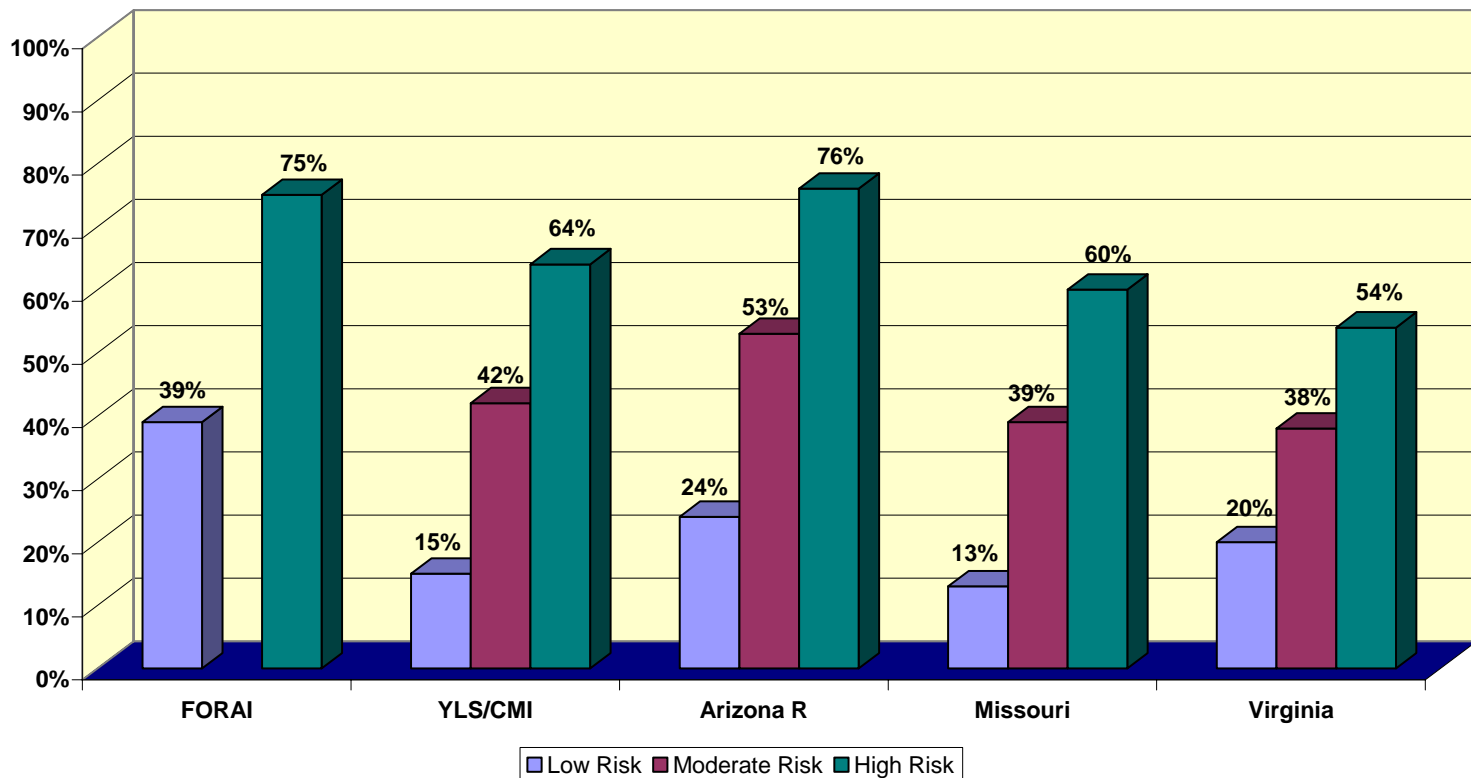
Meta-Analysis:

Risk Assessment Correlation with Recidivism

Study	Criterion	Clinical	Actuarial
Bonta et al. (1998)	General Recidivism	$r = .03$	$r = .39$
	Violent Recidivism	$r = .09$	$r = .30$
Hanson & Bussierre, (1998)	Sexual Recidivism	$r = .11$	$r = .42$

Actuarial Risk Predicts Recidivism

Recidivism Rate by Risk Classification



Characteristics of Risk Factors

- Static (Risk) versus Dynamic (Needs)
 - Static factors cannot be changed: criminal history, age, family structure, etc.
 - Help establish likelihood of re-offending (Risk).

Characteristics of Risk Factors

- Static (Risk) versus Dynamic (Needs)
 - Dynamic factors, or ***criminogenic needs***, can be changed through treatment and aftercare.
 - Some dynamic factors (Needs) lend themselves to residential treatment, other factors must be dealt within the community or at home.

Major Dynamic Risk Factors

- Antisocial attitudes, beliefs and values.
- Antisocial peers and isolation from pro-social peers.
- Temperamental and personality factors.
- History of antisocial behavior.
- Family issues.
- Low levels of personal educational, vocational or financial achievement.

Responsivity and Resilience Factors

- Factors within individuals or the environment that do not predict re-offending, but constitute 'roadblocks' to treatment.
- Factors that decrease the effects of risk factors and increase the likelihood of desistance.

Antisocial/Pro-criminal Attitudes

- Views that are supportive of a criminal lifestyle.
- Thinking Errors (e.g. Samenow):
 - ✓ Blaming others for criminal behavior.
 - ✓ Failing to understand the concept of injury to others.
 - ✓ Justifying, minimizing or rationalizing criminal behavior.
 - ✓ Assuming an attitude of ownership or entitlement to the property of others.
 - ✓ Using a self-serving sentimentality to excuse and avoid dealing with antisocial characteristics.

Pro-Criminal Associates

- Associates act as role models.
- Associates provide the context.
- Associates provide reinforcement.
- Isolation from pro-social others increases risk.

Temperamental and Personality Factors

- Psychopathy
- Weak socialization
- Impulsivity
- Restless energy
- Aggression
- Egocentricism
- Below average verbal intelligence
- Risk taking
- Weak problem-solving or self-regulation skills

Weak Predictors of Continuing Offending Behavior

- Lower class origins
 - Poor neighborhoods
 - Parental SES
- Personal distress
 - Low self-esteem
 - Depression
 - Mental disorders
- Biological/neuropsychological indicators

DJJ 'What Works' Strategy: Targeting High-Risk Offenders

- Treating high-risk youth gives the greatest reduction in re-offending behavior.
- Avoid mixing high- and low-risk youth.
- Matching levels of treatment services—intensity and duration—to the risk level of the offender.

Targeting High-Risk Offenders

Risk Level and Treatment Recidivism Outcomes

Study	Risk Level	Level of Treatment	
		Minimal	Intensive
O'Donnell et al. (1971)	Low	.16	.22
	High	.78	.56
Baird et al. (1979)	Low	.03	.10
	High	.37	.18
Andrews & Kiessling (1980)	Low	.12	.17
	High	.58	.31
Bonta et al. (2000)	Low	.15	.32
	High	.51	.32

Low-Risk Offenders

- Choose to divert or utilize low-intensity sanctions or treatment.
- What about low-risk repeaters? One chance at diversion?
 - Change is not simply a “yes/no,” all-or-nothing decision—it is a process involving ambivalence.
 - Change process is predictable and moves through stages.

Stages of Change

- Pre-Contemplation
- Contemplation
- Determination
- Action
- Maintenance
- Relapse

The Key is Treatment!



Assessment of Need: Matching Offenders to Appropriate Treatment

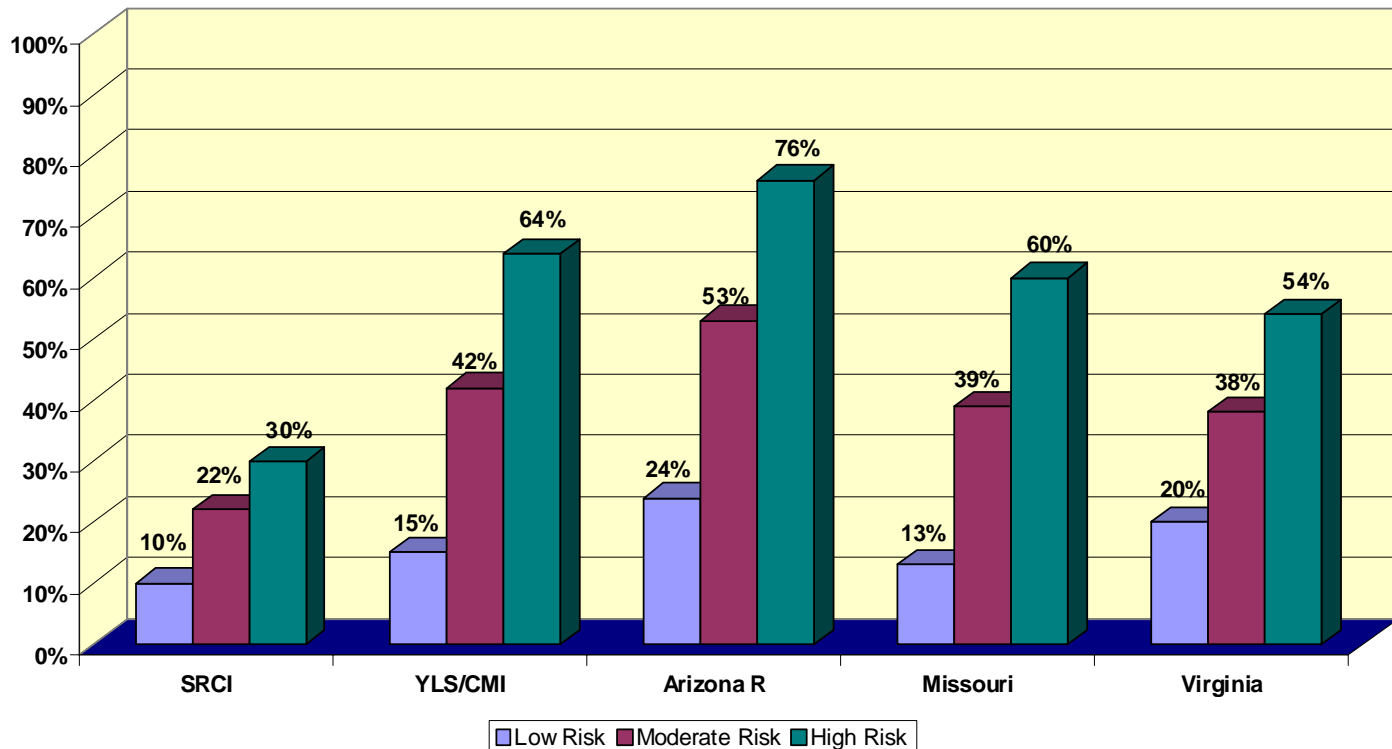
- Assessment should point to specific categories of high or low risk.
- Assessment should reveal roadblocks to treatment.
- Assessment should provide enough variability to show change between admission and release in specific areas.
- Assessment should provide direction for aftercare services.

Current Supervision Risk Classification Instrument

Criteria	Maximum Points
Prior Referrals	5
Current or Prior Dispositions	2
Age at Current Arrest	4
History of Abuse/Neglect	2
School Adjustment History	2
Mental Health	2
* Drug or Alcohol Use	2
* Gangs/Peers	2
* Parental Control	2
* Employment/School Enrollment	2
Total	25

Comparison of SRCI to 3rd Generation Risk Assessments

Recidivism Rate by Risk Classification














Florida Department of Juvenile Justice

PACT Risk Report

Subject Name: Hosman, Sean
 JJIS ID: 665438

PACT 1.0
 Sept. 30, 2005

Factor		Score	Level
1. Criminal History		40%	Moderate
3. Attitudes/Behaviors		73%	High
4. Peer Relationships		61%	High
5. Alcohol and Drugs		30%	Moderate
6. Aggression		20%	Low
7. Skills		35%	Moderate
8. Family		60%	High
9. School		41%	Moderate
10. Employment		N/A	N/A
11. Use of Free Time		25%	Low
12. Mental Health		15%	Low

Matching Youth to Evidence-Based Treatment on Basis of Needs

- Dispositions may have a positive effect, no effect, or actually result in increased rates of re-offending.
- The Department has made a commitment to the assessment of individual risk/needs, and utilizing the results to match youth to appropriate evidence-based treatments.

Meta-Analysis: Sanctions and Recidivism

Sanction	Effect Size	Sample
Criminal Sanctions (Deterrence Alone)	-.07	30 Tests
Inappropriate Treatment	-.06	38 Tests
Unspecified Treatment	.13	32 Tests
Appropriate Treatment	.30	54 Tests

Correctional Quackery (LaTessa)

- Offenders lack:
 - Creativity
 - Discipline
 - Organizational skills
 - High self-esteem
- Need to get back to nature
- Need Oatmeal Pies and Tai Chi
- Need a pet
- Males need to get in touch with “feminine” side
- Females need to learn how to apply makeup
- Need “sweat lodges”
- Need to be treated like babies and dress them in diapers

Avoid What *Doesn't* Work

- “Talking cures”
- Drug Education
- Shock Incarceration
- Self-Esteem
- Shaming
- Positive Relationship with the Offender
- Intensive Supervision
- Self Actualization
- Targeting Non-Crime Producing Needs

To Be Considered 'Evidence-Based'

- The treatment or practice must have scientific evidence from at least two rigorous evaluations that measure outcomes, and it must be a program capable of application or replication in the real world with similar results.

What Works Treatments

- Behavioral approaches, including cognitive-behavioral treatment, RET, aggression replacement therapy, problem solving
- Family-centered approaches, including FFT and MST
- Social Learning--Modeling
- Sex Offender and Dual-Diagnosis programs

Behavioral Therapies

- Behavior Modification
- Cognitive-Behavioral Therapy
- Rational-Emotive Therapy
- Aggression Replacement Training
- Cognitive Restructuring
- Problem-Solving
- Self-Control Skills

Family Interventions

- Functional Family Therapy
- Multisystemic Therapy
- Home-Based Behavioral Systems Family Therapy
- Therapeutic Foster Homes
- Brief Strategic Family Therapy
- Multi-Dimensional Family Therapy
- Family Effectiveness Training

Social Learning Treatment: Modeling

- Anti-Criminal Modeling
- Skills Development
- Youth are more likely to identify with and imitate an adult:
 - Who they perceive as powerful
 - Who they perceive as nurturing
 - Who they perceive as similar to them physically and psychologically

Modeling: The “Wizard”

- Effective efforts involve workers who are:
 - Warm, tolerant and flexible
 - Invested in conventional rules and procedures
 - Firm but fair
 - Demonstrate attractive concrete alternatives to criminal attitudes and behavior through modeling, reinforcement and guidance

Results from Lipsey and Howell, 2004

Condition	Recidivism Rate
Recidivism rates for comparable juveniles not in a program--police arrest within six months of release from program.	40%
Recidivism rate for juveniles in "treatment as usual"	34%
Recidivism rate for juveniles in "upper tier"--most effective program types, but with no supplemental services and otherwise "average" program characteristics	32%
Upper tier programs plus best supplemental service, otherwise average	28%
Upper tier, best supplement, high-end implementation	24%
Upper tier, best supplement, high-end implementation, and best fit with juveniles	21%

Implementation Issues:

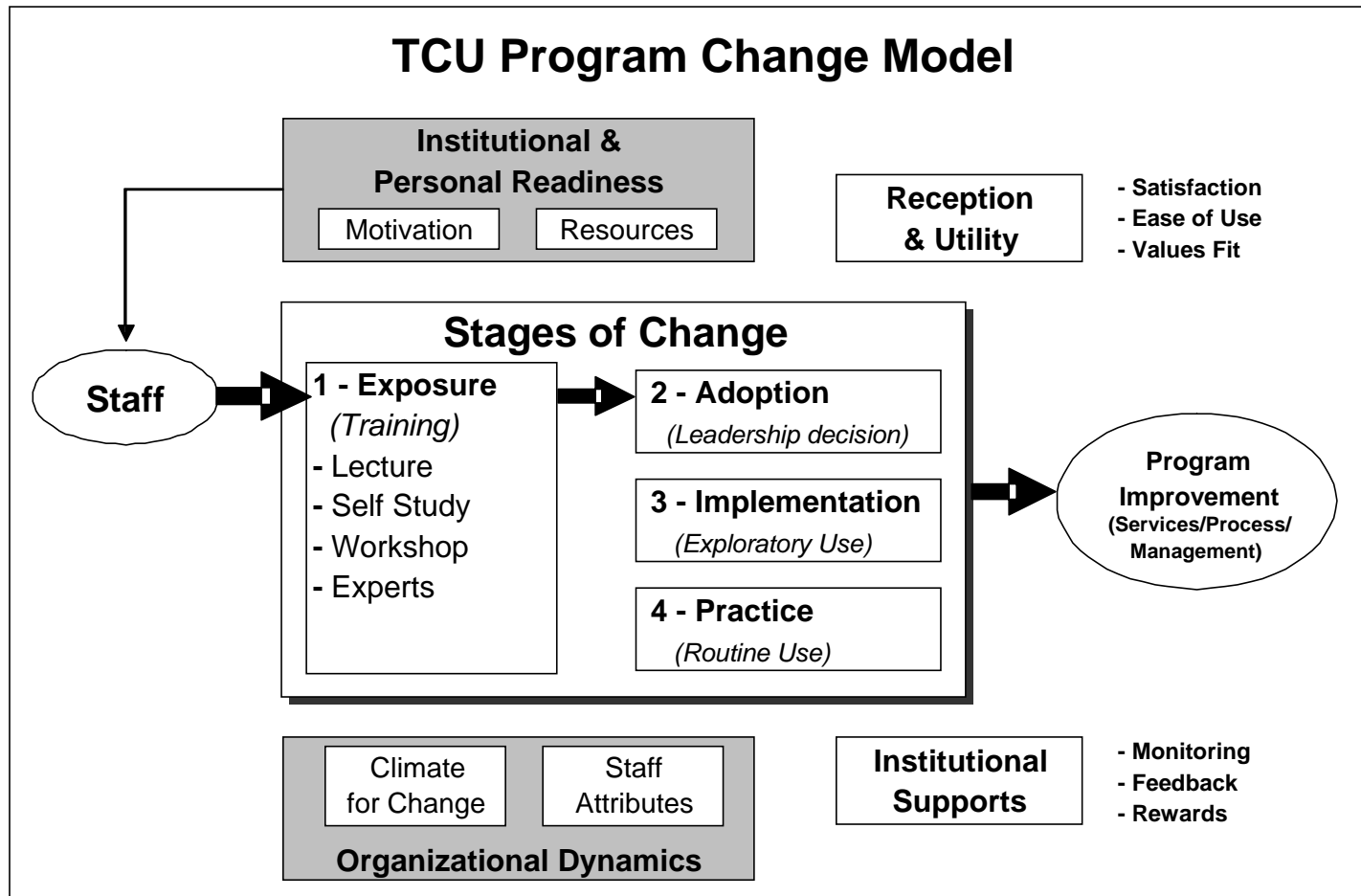
How do we tell the practice is competent?


- Treatment Fidelity—Follow a curriculum
- Completion based on acquisition of skills
- Employees must be trained and skilled
- Observational Standards for MST, FFT and for Thinking for a Change Curriculum
- WSIPP Experience

An Opportunity to Make a Difference--

- Introduction of new Risk/Needs Assessment.
- Direct relation between treatment plan and assessment.
- Introduction of evidence-based treatments, practices.
- New 'Training Coach' practice.
- New emphasis on content of delinquency treatment.
- New emphasis on 'Treatment Fidelity.'

A Framework for Systemic Change





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