

What Works & What Doesn't in Reducing Recidivism with Youthful Offenders

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Evidence Based – What does it mean?

There are different forms of evidence:

- The lowest form is anecdotal evidence; stories, opinions, testimonials, case studies, etc. - but it often makes us feel good
- The highest form is empirical evidence – research, data, results from controlled studies, etc. - but sometimes it doesn't make us feel good

Evidence-Based Decision Making Requires:

1. Assessment information
2. Consulting relevant research
3. Have available programming
4. Evaluating what you do
5. Professionalism and knowledge from staff

What does the Research tell us?

There is often a Misapplication of Research: “XXX Study Says”

- the problem is if you believe every study we wouldn't eat anything (but we would drink a lot of red wine!)

- **Looking at one study can be a mistake**
- **Need to examine a body of research**
- **So, what does the body of knowledge about correctional interventions tell us?**

A Large Body of Research Has Indicated....

...that correctional services and interventions can be effective in reducing recidivism for youthful offenders, however, not all programs are equally effective.

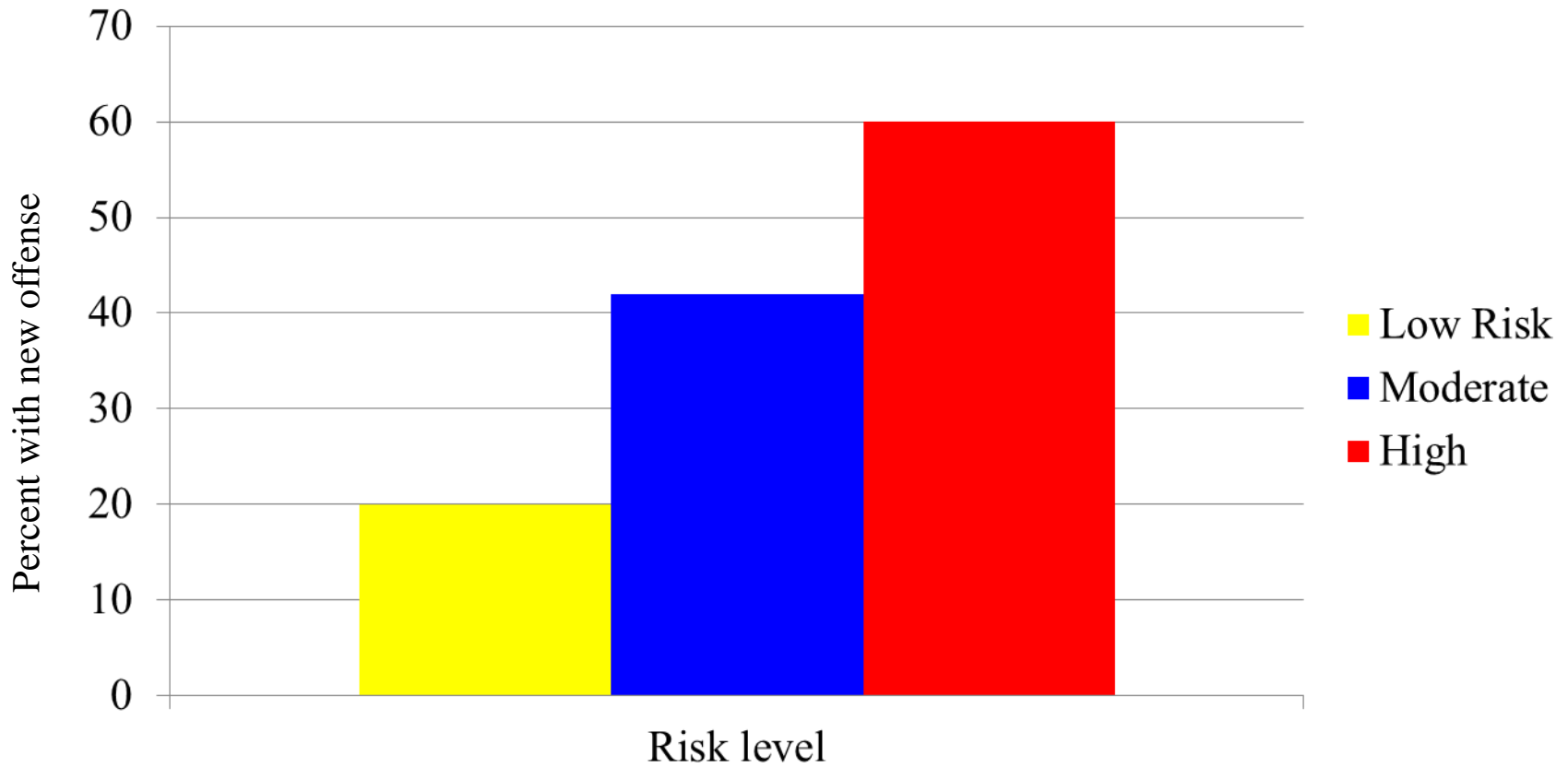
The most effective programs are based on some principles of effective interventions

- Risk (Who)
- Need (What)
- Responsivity (How)
- Program Integrity (How Well)

There are Three Elements to the Risk Principle

1. Target those youth with higher probability of recidivism
2. Provide most intensive treatment to higher risk youth
3. Intensive treatment for lower risk youth can increase recidivism

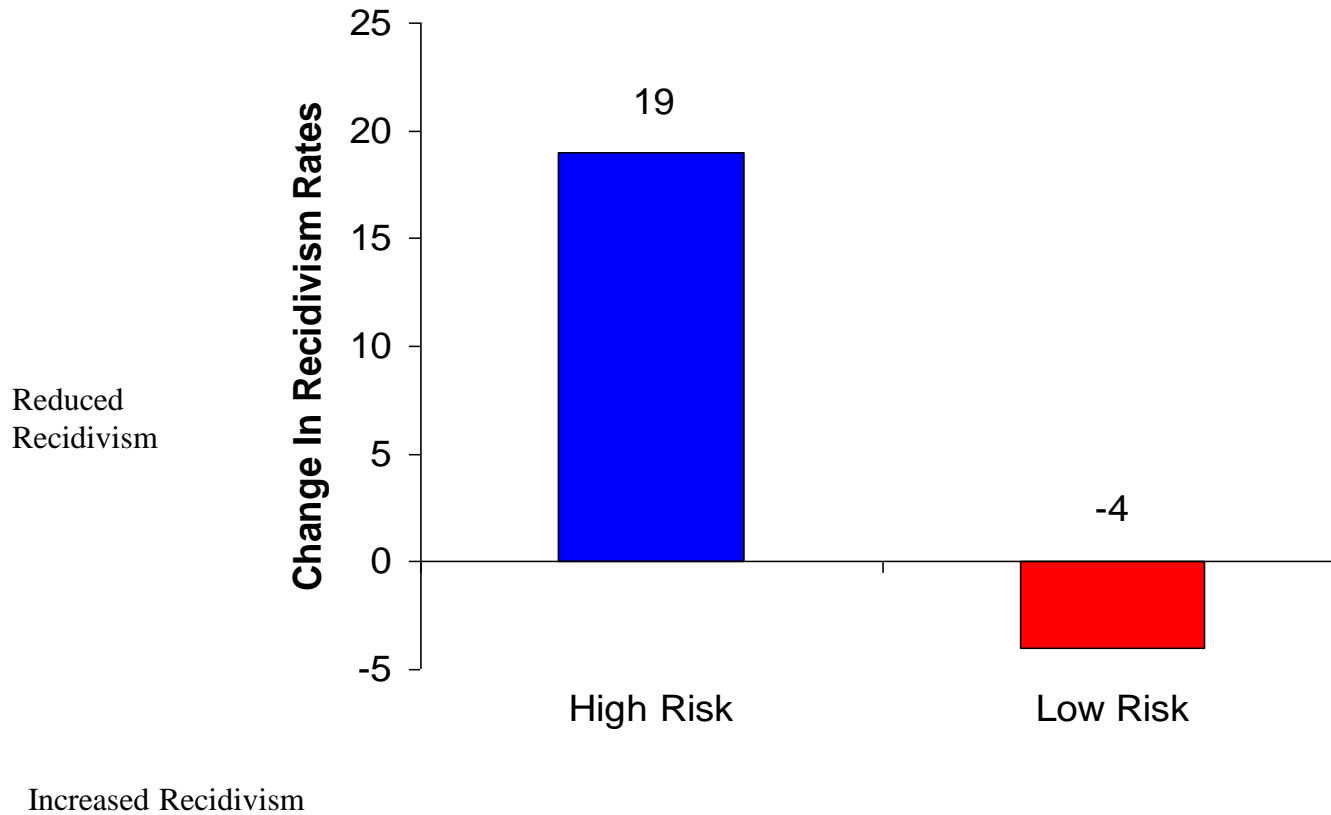
Risk Levels by Recidivism for a Sample of Youthful Offenders



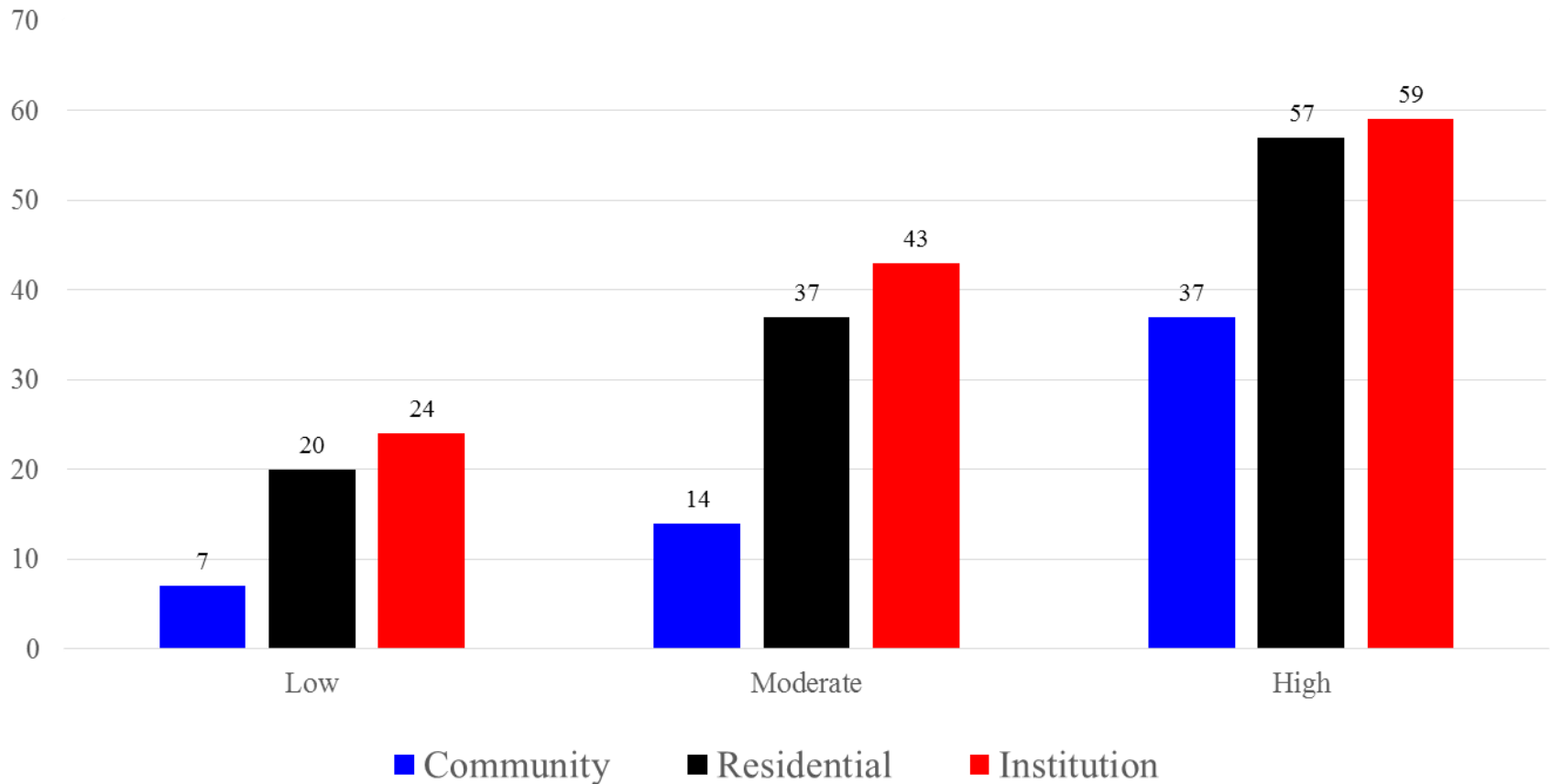
Intensive Treatment for Lower Risk Youth will Often Increase Failure Rates

- Low risk youth will learn anti social behavior from higher risk
- Disrupts pro-social networks
- Increased reporting/surveillance leads to more violations/revocations

The Risk Principle & Correctional Intervention Results from Meta Analysis



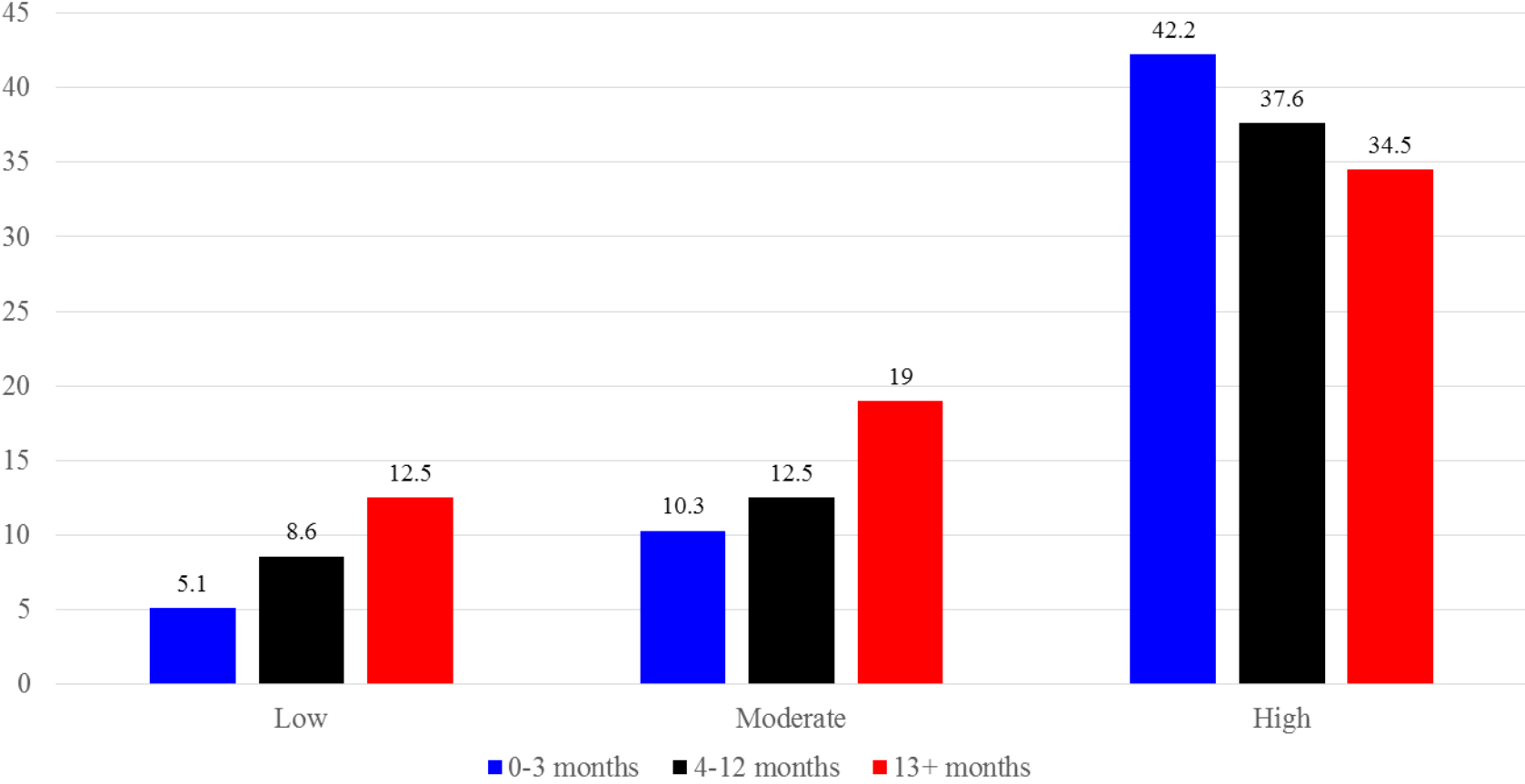
Risk Level by New Commitment or New Adjudication: Results from 2013 Ohio Study of over 10,000 Youth



Sometimes we fail because we do not provide a sufficient dosage of treatment for higher risk youth

- Higher risk youth will require much higher dosage of treatment
 - Rule of thumb: 100 hours for moderate risk
 - 200+ hours for high risk
 - 100 hours for high risk will have little if any effect
 - Does not include work/school and other activities that are not directly addressing criminogenic risk factors

Recidivism Rates by Total Months in Programs



Another important body of knowledge to understand is the research on risk factors

What are the risk factors correlated with delinquent criminal conduct?

Major Set of Risk Factors

1. Anti-social/pro-criminal attitudes, values, beliefs and cognitive emotional states.
2. Pro-criminal associates *and* isolation from anti-criminal others.
3. Temperamental and anti-social personality patterns conducive to criminal activity including:
 - Weak socialization
 - Impulsivity
 - Adventurous
 - Restless and aggressive
 - Egocentrism
 - Risk-taking
 - Weak problem-solving, self-regulation & coping skills
4. A history of anti-social behavior.

Major Set Continued

5. Familial factors that include criminality and a variety of psychological problems including:
 - Low levels of affection, caring, and cohesiveness
 - Poor parental supervision and discipline practices
 - Outright neglect and abuse
6. Low levels of personal, educational, vocational, or financial achievement.
7. Low levels of involvement in pro-social leisure activities.
8. Substance abuse.

Need Principle

By assessing and targeting criminogenic needs for change, agencies can reduce the probability of recidivism

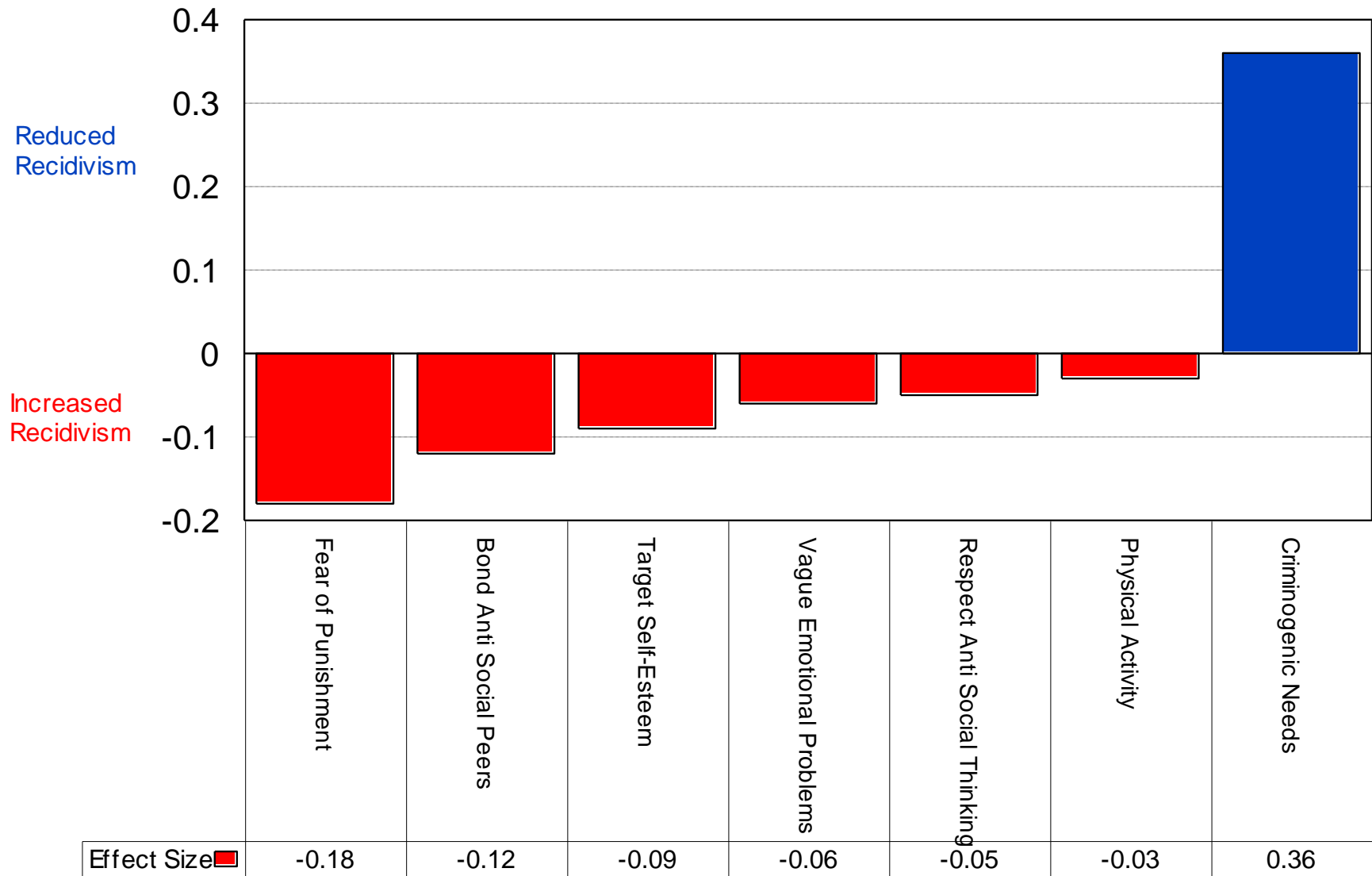
Criminogenic

- Anti social attitudes
- Anti social friends
- Substance abuse
- Lack of empathy
- Impulsive behavior
- Problems in the family

Non-Criminogenic

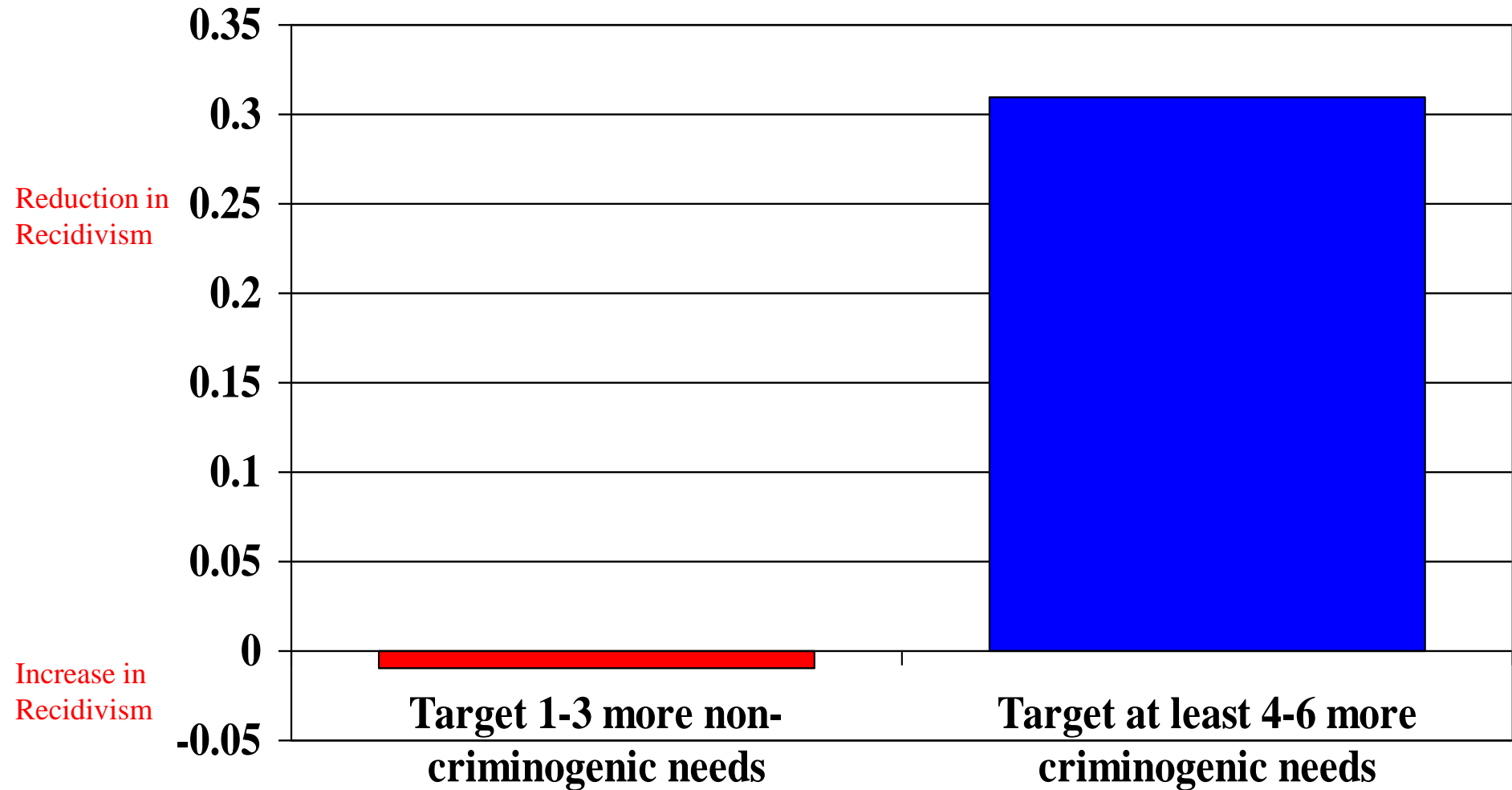
- Anxiety
- Low self esteem
- Creative abilities
- Medical needs
- Physical conditioning

Needs Targeted & Correlation with Effect Size for Youthful Offenders



Source: Dowden and Andrews, (1999). What Works in Young Offender Treatment: A Meta Analysis. Forum on Correctional Research. Correctional Services of Canada

Targeting Criminogenic Need: Results from Meta-Analyses



Prioritizing Interventions: What to Change and Why

- Criminogenic targets – reduce risk for recidivism
- Non-criminogenic targets: may reduce barriers but NOT risk

Assessment is the Engine that
Drives Effective Interventions

To Understand Assessment you
need to Understand the Different
Types of Risk Factors

Dynamic and Static Factors

- Static Factors are those factors that are related to risk and do not change. Some examples might be number of prior offenses, whether the youth has a family history of criminal behavior.
- Dynamic factors relate to risk and *can change*. Some examples are whether a youth is currently out of school or currently has a drug/alcohol problem.

According to the American Heart Association, there are a number of risk factors that increase your chances of a first heart attack

- ✓ Family history of heart attacks
- ✓ Gender (males)
- ✓ Age (over 50)
- ✓ Inactive lifestyle
- ✓ Over weight
- ✓ High blood pressure
- ✓ Smoking
- ✓ High Cholesterol level

There are two types of dynamic risk factors

- Acute – Can change quickly
- Stable – Take longer to change

The Responsivity Principle

- General
 - Most youth respond to programs that are based on *cognitive behavioral/social learning* theories
- Specific
 - youth learn differently and have certain barriers that should be addressed so that they are more likely to succeed in programs

Specific Responsivity

What gets in the way of youth benefiting from treatment?

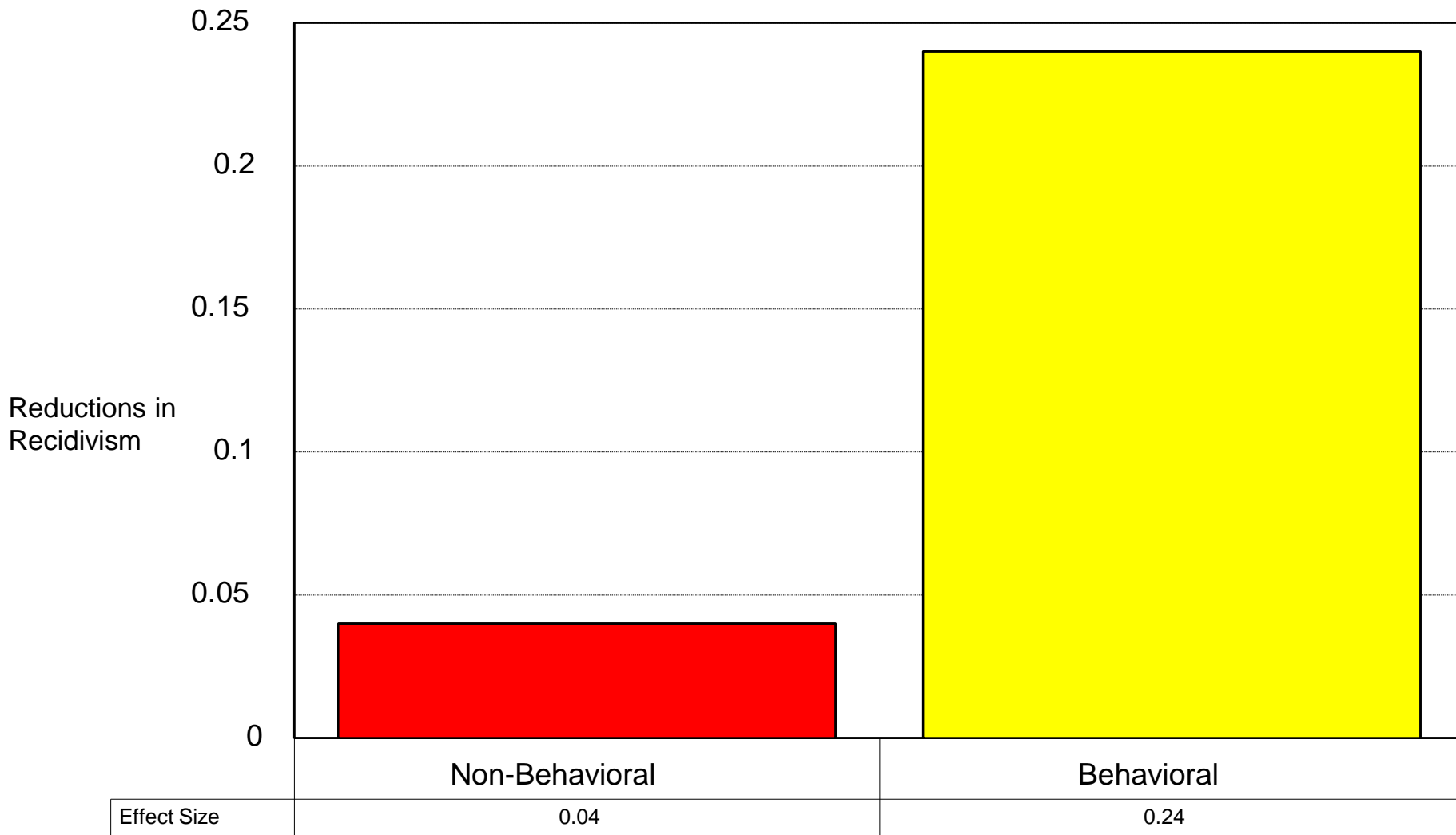
- Must take individual learning styles into account
- Must consider possible barriers to interventions
- Assessment and addressing responsivity factors can be important to maximize benefits of treatment

Responsivity (Treatment) Principle

The most effective interventions are behavioral:

- Focus on current factors that influence behavior
- Action oriented
- Staff follow core correctional practices

Type of Treatment and Effect Sizes for Youthful Offenders



Most Effective Behavioral Models

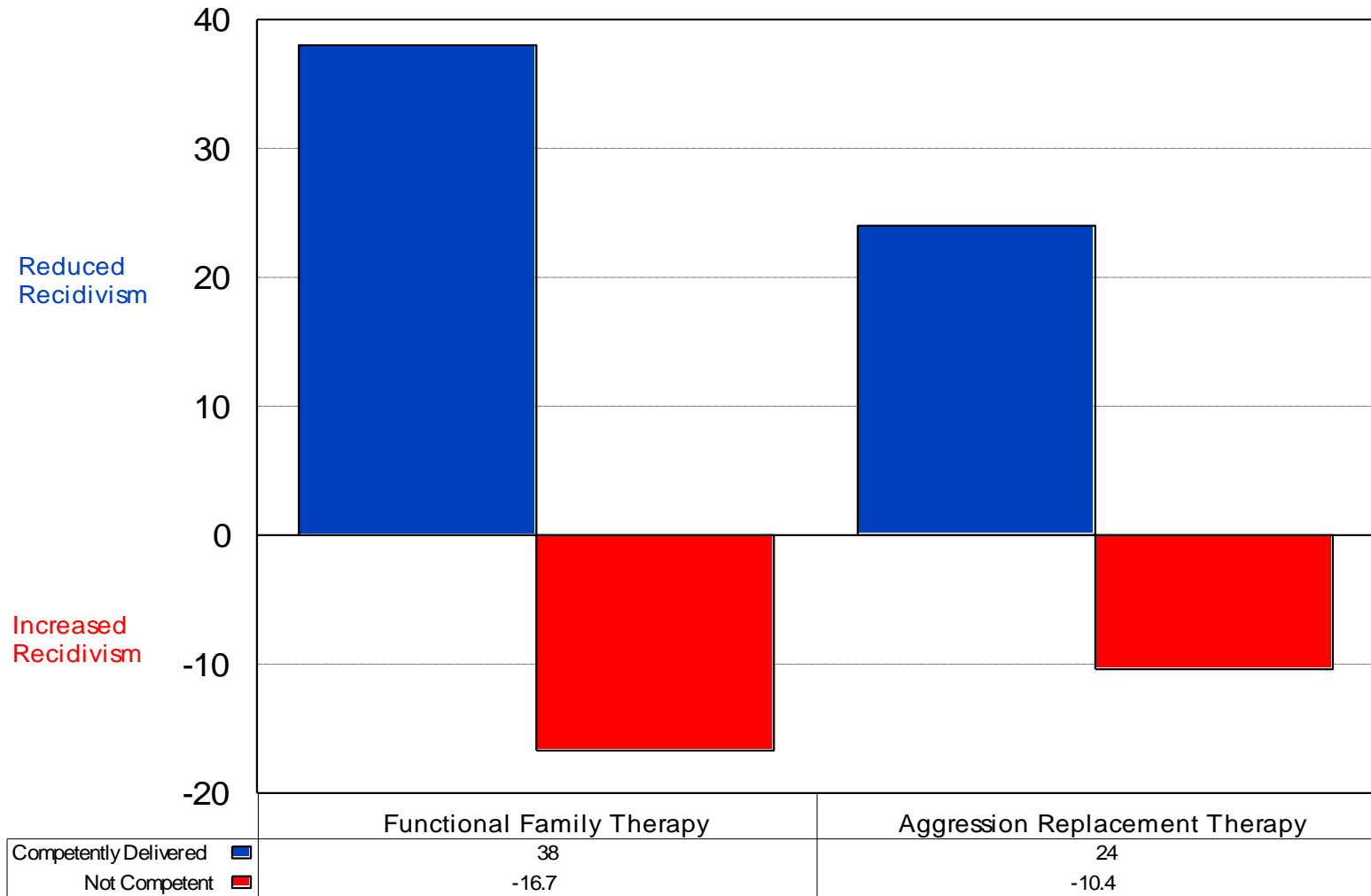
- Structured social learning where new skills and behaviors are modeled
- Family based approaches that train family on appropriate techniques
- Cognitive behavioral approaches that target criminogenic risk factors

Fidelity Principle

Making sure the program is delivered as designed and with integrity:

- Ensure staff are modeling appropriate behavior, are qualified, well trained, well supervised, etc.
- Make sure barriers are addressed but target criminogenic needs
- Make sure appropriate dosage of treatment is provided
- Monitor delivery of programs & activities, etc.
- Reassess youth in meeting target behaviors

Effects of Quality Programs Delivery for Evidenced Based Programs for Youth Offenders



Source: Outcome Evaluation of Washington State's Research-Based Programs for Juvenile Offenders. January 2004. Washington State Institute for Public Policy.

What Doesn't Work with Youth?

Lakota tribal wisdom says that when you discover you are riding a dead horse, the best strategy is to dismount. However, in corrections, and in other affairs, we often try other strategies, including the following:

- Buy a stronger whip.
- Change riders
- Say things like “This is the way we always have ridden this horse.”
- Appoint a committee to study the horse.
- Arrange to visit other sites to see how they ride dead horses.
- Create a training session to increase our riding ability.
- Harness several dead horses together for increased speed.
- Declare that “No horse is too dead to beat.”
- Provide additional funding to increase the horse’s performance.
- Declare the horse is “better, faster, and cheaper” dead.
- Study alternative uses for dead horses.
- Promote the dead horse to a supervisory position.

Ineffective Approaches with Youth

- Programs that cannot maintain fidelity
- Programs that target non-criminogenic needs
- Drug prevention classes focused on fear and other emotional appeals
- Shaming youth
- Drug education programs
- Non-directive, client centered approaches
- Bibliotherapy
- Talking cures
- Self-Help programs
- Vague unstructured rehabilitation programs
- Fostering self-regard (self-esteem)
- “Punishing smarter” (boot camps, scared straight, etc.)

Some Lessons Learned from the Research

- Who you put in a program is important – pay attention to risk
- What you target is important – pay attention to criminogenic needs
- How you target offender for change is important – use behavioral approaches
- Program Integrity makes a difference - Service delivery, training/supervision of staff, support for program, QA, evaluation, etc.