

The effectiveness of evidence based treatment programs in reducing criminogenic risk factors and recidivism among Washington State juvenile probationers

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Background

The Washington State Juvenile Accountability ACT allots funds for evidence based treatment programs for juvenile probationers. Programs shown to be effective and currently offered are:

- *Aggression Replacement Training (WSART)* - Moderate/High risk youth with aggression and/or social skill challenges
- *Functional Family Therapy (FFT)* - Moderate/High risk youth with family challenges
- *Coordination of Services (COS)* - Low risk youth
- *Multisystemic Therapy (MST)* - Moderate/High risk youth with family challenges
- *Family Integrated Transitions (FIT)* - Moderate/High risk youth with mental health and/or chemical dependency challenges

In 2010, nearly 9,500 youth were assessed eligible for one or more treatment programs. During this same time, a little more than 1,800 youth began a treatment program.

Programs have been evaluated in the past to determine their effectiveness in reducing criminal recidivism among Washington juvenile probationers. Updates to these analyses, as well as a more detailed approach to evaluating program effectiveness was necessary.

Methods

Recidivism

Using criminal offense data from Juvenile probationers in Washington State who completed probation between fiscal years 2003 and 2008, juvenile recidivism rates (defined as any subsequent offense that results in a hearing in a Washington State juvenile or criminal court for an offense committed within 18 months following a youth's completion of probation) are calculated.

Criminogenic

Juvenile probationers in Washington State are assessed using the Washington State Juvenile Risk Assessment. Changes in criminogenic needs pre and post-intervention are evaluated for those juvenile probationers who participated in any program during the second half of 2010. Assessment data from the start and completion of probation are compared. Measures of central tendency are presented.

Examples of criminogenic measures:

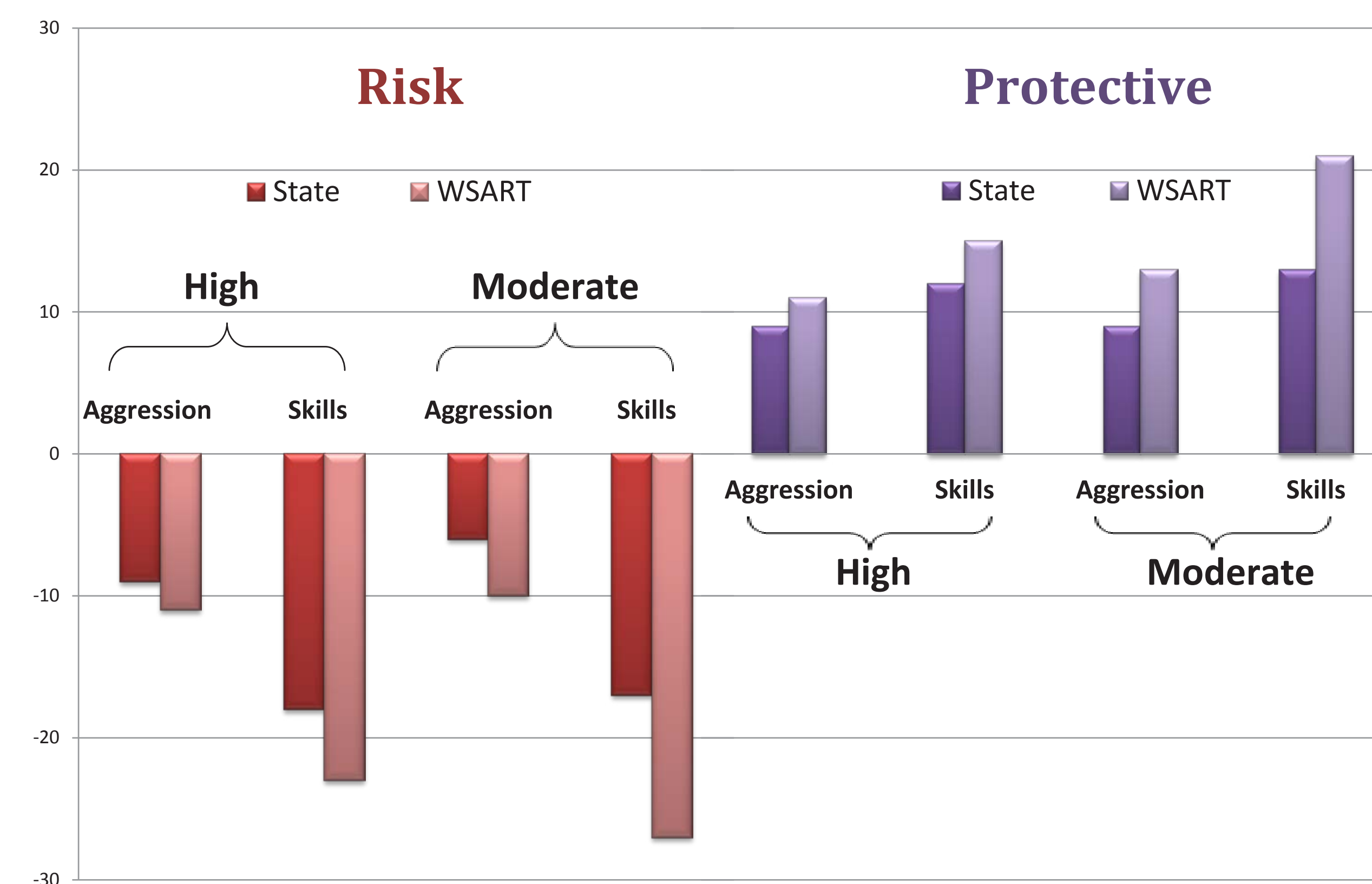
Aggression: Belief that fighting and physical aggression to resolve a disagreement or conflict is: *never appropriate, rarely appropriate, sometimes appropriate, often appropriate.*

Family Functioning:

Level of conflict between parents, between youth and parents, among siblings: *Some conflict that is well managed, Verbal intimidation, yelling, heated arguments, Threats of physical abuse, Domestic violence: physical/sexual abuse*

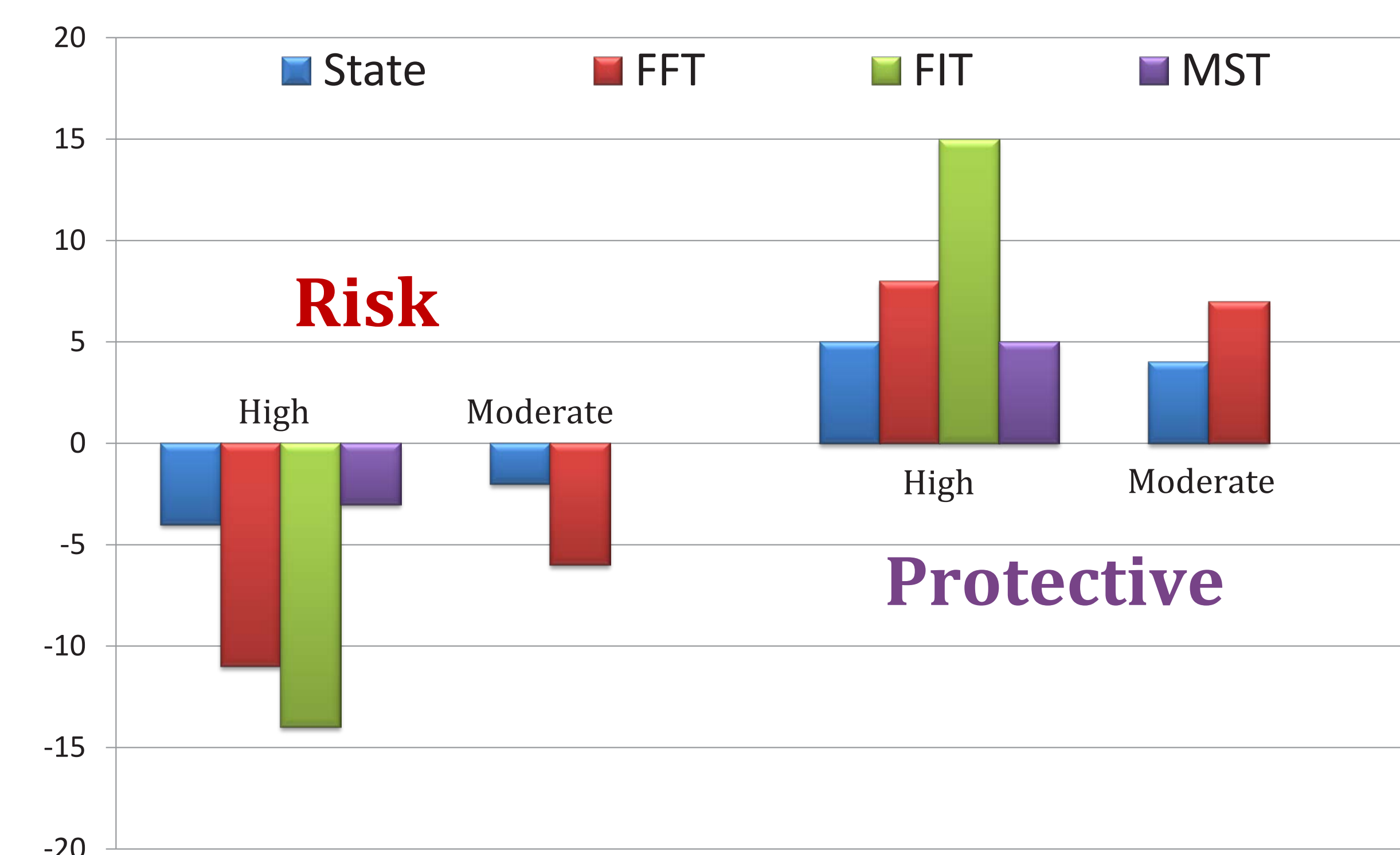
Results

Figure 1: Risk and protective score change initial to final assessment—aggression and skills domain



Probation and WSART reduce risk and increase protective factors. The effect is greater for WSART participants and there is a greater impact on skills than on measures of aggression.

Figure 2: Risk and protective score change initial to final assessment—family domain

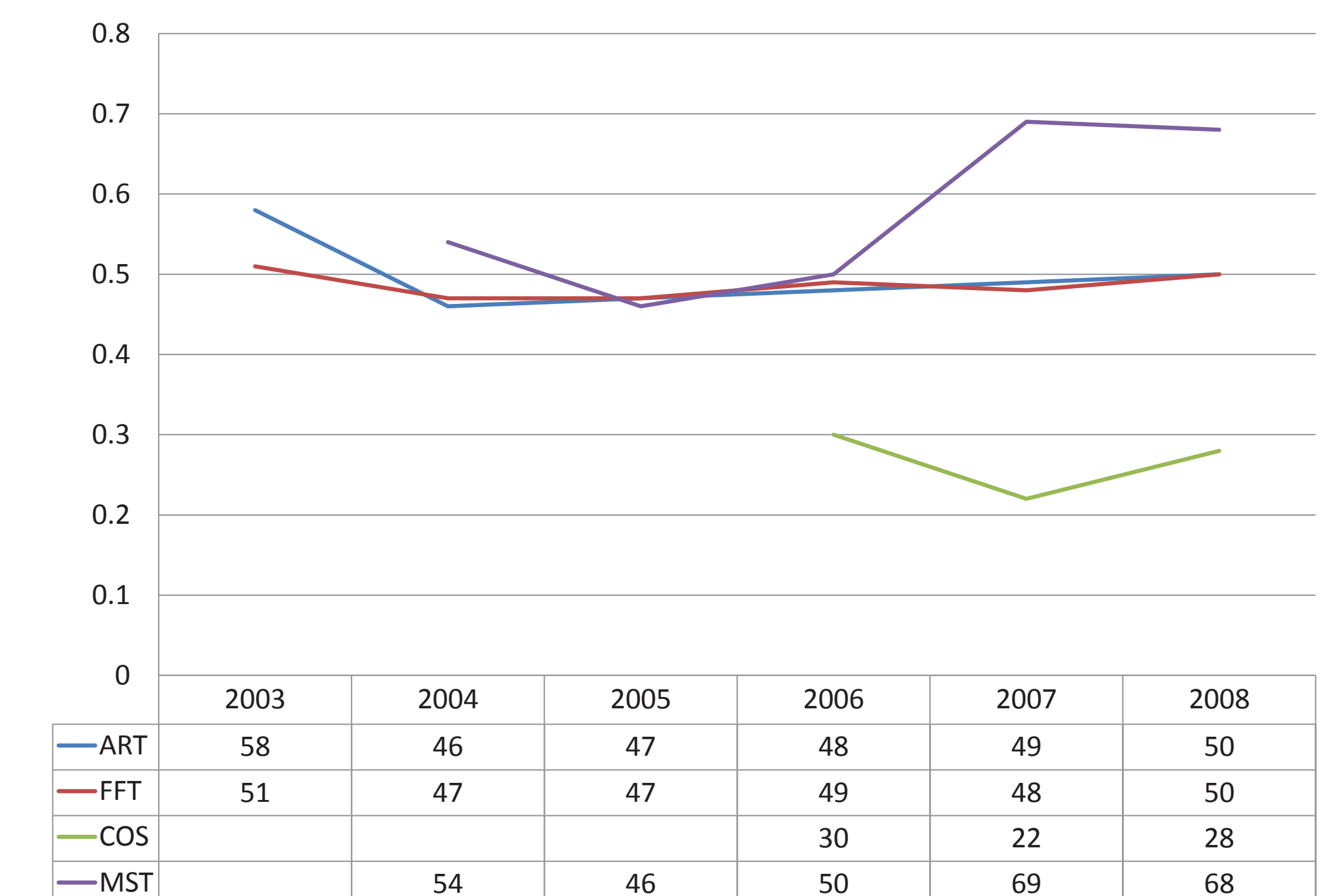


Probation, FFT, FIT, and MST all reduce risk and increase protective factors. There is variability amongst the programs in their effect on measures of family functioning, some of which is the result of differing criminogenic characteristics of the populations served by each program.

References

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Figure 3. – Recidivism Rates for treatment program participants, per 1,000 juvenile offenders: 2003-2008



While all programs recidivism rates were lower for successful completers than for youth who started but dropped out, the only program these differences were statistically significant for was WSART ($p < 0.05$, results omitted).

Conclusions

- Juvenile probation services reduce criminogenic risk and increase protective factors.
- In general, treatment programs amplify these changes.
- There is variability between programs in their effect on criminogenic domains and recidivism reduction.
- Demonstrating the effectiveness of treatment programs in reducing recidivism and criminogenic risk factors informs the debate over whether a treatment program can be considered successful even if a youth reoffends after completion.

Next Steps

- Validate the association between domain scores and recidivism.
- Evaluate impact of treatment programs on other indicators of success.
- Evaluate retention of positive treatment effects over time.