

# What Works

## A Vision for Florida's Juvenile Justice System

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### Improvement Based on Scientific Research

*New Tools Focus on Factors that Lead to Program Success*

In its efforts to change the lives of juveniles, DJJ has adopted a new strategic focus and is turning to program models, treatments and management tools that have been demonstrated by research to be effective in reducing subsequent criminal activity.

The majority of juvenile crime is committed by a small percentage of the delinquent population. Although these youth are on a negative trajectory, they are still in a formative period of their lives and are far from "hardened criminals." They can be reached and do respond to treatment—but to quality treatment that has been tested and proven effective in reducing subsequent offensive behavior.

DJJ is turning to research for solutions to incorporate in prevention, diversion, probation and residential treatment. The most widely recognized source for these programs and treatments is a body of research known as the *What Works* literature.

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### What Works in Reducing Re-Offending Behavior?

*40 Years of Research Points the Way Forward*

After more than 40 years of studying correctional programs, experts in criminal justice are able to provide practitioners with the principles of effective interventions to guide the development and operation of juvenile justice programs.

Providing effective rehabilitation programs to youth already in Florida's juvenile justice system is a critical component of the mission of the Florida Department of Juvenile Justice. Decision-makers need to know whether they are purchasing what is needed to reduce juvenile crime, what is actually reaching youth in the "last mile," and whether these services are making a difference. Implementing a statewide system of continual program improvement based on the *What Works* principles would help answer these questions, and place Florida at the forefront of juvenile justice practice.

#### The DJJ *What Works* Strategy

The Department has developed the DJJ *What Works* Strategy to achieve the goal of reducing juvenile crime. The DJJ strategy is summed up in the following five principles:

- Target offenders who are most at risk;
- Treat needs associated with re-offending behavior;
- Employ evidence-based treatment approaches;
- Tailor programs in view of the responsivity of offenders (mental health, IQ, gender, etc.);
- Monitor implementation quality and treatment fidelity.

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*"Talk therapy," promoting self-esteem without changing criminal thought patterns, and "scared straight" programs are all examples of what caught the attention of juvenile justice professionals in the 1990's, but have not been proven effective in reducing juvenile crime.*

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DJJ is focusing its efforts to the incorporation of models and treatments that have a record of proven effectiveness. These are directly associated with reducing the risk of re-offending by addressing specific factors that predict recidivism.

Florida is currently pilot-testing a variety of these treatments in more than 20 residential and community-based programs. They include cognitive-behavior treatment designed to confront and change criminal thought processes, relapse prevention techniques that include rehearsal of positive behaviors in increasingly difficult situations, and family-based treatments designed to put parents back into the driver's seat in their teenagers' lives.

## New Management Techniques

In addition to dropping ineffective treatments in favor of proven methods, DJJ is testing new management techniques that hold a yardstick up to programming in order to help providers assess and modify existing programs to make them more effective. The Correctional Program Assessment Inventory (CPAI) is being piloted as a measure of how well a program has incorporated *What Works* into their model for treatment. Technical assistance is then provided to help providers modify models, improve service delivery, help workers regain their sense of purpose and direction, and improve community support.

## Measuring *What Works*

How well do existing programs implement *What Works* principles? The Correctional Program Assessment Inventory (CPAI) is an instrument that was developed to assess the degree to which a program conforms to the *What Works* principles. The CPAI allows a program to be assessed during a 2-3 day site visit. The results of the CPAI detail the specific strengths and weaknesses of a program in terms of the

### DYNAMIC RISK FACTORS FOR RE-OFFENDING BEHAVIOR

Research indicates that the following factors are associated with continued offending behavior, and are appropriate targets for focused treatment:

Antisocial attitudes, values, beliefs

Antisocial peers and isolation from prosocial peers

Substance abuse

Anger/Hostility

Poor parental supervision

Poor self-management skills

Temperamental and personality factors including:

Psychopathology

Impulsivity

Aggressive energy

Egocentricism

Below average IQ

Weak problem-solving skills

principles of effective intervention. The CPAI has proven to correlate with recidivism rates, and thus can be used as a tool in the process of developing a statewide system for the continual improvement of programs based on research and evaluation.

The Department of Juvenile Justice has already taken advantage of the free CPAI training offered through the National Institute of Corrections to provide initial training for all program monitors. Recently, program monitors participated in conducting a CPAI assessment in a residential program.

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*Because of its unique annual recidivism study, Florida provides a rare opportunity to document the system-wide impact of implementing the *What Works* principles.*

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Individual perceptions of program effectiveness or stories of one or two successful youth should not be the basis for evaluating the impact of *What Works*. The success of *What Works* should instead be measured in terms of reductions in recidivism rates and the corresponding increase in public safety.

The objective of this initiative is to develop a process for implementing the *What Works* principles in Florida. ❖

## CHARACTERISTICS OF SUCCESSFUL PROGRAMS

In addition to identifying major predictors of delinquent behavior, meta-analysis has been used to extract the results of many outcome studies so that the characteristics of the most effective programs can be identified. What we currently know from the research is that effective programs have certain characteristics.

### SUCCESSFUL PROGRAMS:

- Employ treatment strategies that are based on sound research and theory;
- Use standardized assessment instruments to identify risk and need factors;
- Vary treatment intensity and duration based on the risks, needs, and responsiveness of youth;
- Fully implement treatment strategies as they were designed;
- Employ interventions designed to disrupt the youth's criminal peer relationships;
- Have effective, involved and consistent leadership;
- Use educated, experienced and trained staff;
- Programs are evaluated on what they do; and
- Strive for program stability, and maintenance of sufficient resources and support.

### EVIDENCE-BASED TREATMENTS

Research has shown a number of treatment models that are effective at reducing re-offending behavior, and are considered evidence-based. In addition to Cognitive-Behavioral models, Social Learning models that feature skills development and modeling of anti-criminal behavior have been shown to be effective. Family-based therapies, such as Multi-systemic Therapy and Functional Family Therapy, have produced consistently good results. Programs that focus on special needs offenders, such as sex offender programs and programs for youth with cognitive or mental disorders have also showed promise. ❖

These principles are derived from the results of a statistical technique called meta-analysis, which allows the results of many individual studies to be integrated. Meta-analyses have been used both to identify individual risk factors associated with recidivism, as well as to determine the characteristics of the most effective delinquency treatment programs.

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*The What Works principles are built on the identification of the major predictors of delinquent behavior and characteristics of effective programs.*

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## Assessment of Risk Factors: Introducing The PACT

To design correctional interventions that will reduce recidivism it is necessary to identify the major predictors of delinquent and criminal behavior. A predictor or risk factor is the aspect of an offender's past or present circumstances and behavior that is predictive of future involvement in delinquent behavior. Hundreds of studies have investigated this question and major predictors have been identified.

It is well known that individual characteristics such as age and criminal history are predictors of recidivism. However, dynamic predictors—characteristics that can be changed—also predict recidivism.

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*Assessment of criminogenic risk factors and treatment directed toward changing these dynamic characteristics provides the best chance of reducing recidivism.*

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Florida is currently implementing a new risk/needs assessment tool that uses these factors to classify youth with regard to their risk of re-offending, and to identify targets for treatment. Known as the Positive Achievement Change Tool, or PACT, the instrument has been validated in other sites as highly predictive of future offending. Training in the use of the PACT includes an introduction to Motivational Interviewing and the Stages of Change framework, that help workers identify the readiness of the youth to engage in treatment. The PACT is the foundation of a comprehensive case management system, and the Department's implementation of the *What Works* Strategy. ❖

## DEFINING "EVIDENCE-BASED"

The term "evidence-based" is used in the third strategy to distinguish between programs that someone believes or claims "might work" or "ought to work" at reducing recidivism, from those programs that have been shown to be effective. Not all research is the same quality, however. To be considered evidence-based, the research must conform to methods generally recognized as valid for assessing program effects. These methods include random assignment to treatment and control groups to control for threats to the validity of the study. Several current reviews and meta-analytical research reports catalogue evidence-based programs, and explain the term more fully. The Washington State Institute for Public Policy states that to be considered "evidence-based," a program must "have scientific evidence from at least one rigorous evaluation that measures . . . outcomes, and that it be a program capable of application or replication in the 'real world.'"<sup>1</sup> The Surgeon General's report on youth violence<sup>1</sup> sets out four standards of evaluation for programs to be considered effective:

1. Rigorous experimental design (experimental or quasi-experimental).
2. Significant deterrent effects on:
  - o Violence or serious delinquency.
  - o Any risk factor with a large effect.
3. Replication with demonstrated effects.
4. Sustainability of effects.

These four standards form a yardstick for determination of whether a treatment or practice should be considered evidence-based. Specific lists of evidence-based programs already exist, and those that apply the highest methodological standards should be used as sources for programming suggestions. The term "evidence-based" also implies that programs or tactics that have been shown to be ineffective or harmful using the same standards for research are to be avoided.

## *What Works* Projects

Under the leadership of Secretary Anthony J. Schembri, the *What Works* Initiative has become a Department-wide priority. The strategy is based upon evidence-based risks, needs and treatment that are applicable in every branch from prevention through aftercare. The critical nature of quality implementation implies the involvement of staff development, contract monitors and Quality Assurance. In addition, the strategy will be applied in the development of new RFPs and contracts.

Major projects involving the introduction of evidence-based treatments and the DJJ *What Works* Strategy include:

- Procurement and validation of a new risk/needs assessment to be used in a comprehensive case management system.
- Evidence-based treatments such as Multi-Systemic Therapy, Functional Family Therapy, Aggression Replacement Training and Moral Reconciliation Therapy in community-based treatment.
- Use of the Colorado Blueprints as treatment models for grants in Prevention.
- The *What Works* Initiative Residential Pilot Project. Expanding to 15 programs, the WWIRPP will introduce evidence-based treatments and practices into existing programs, and evaluate their effectiveness.
- The Faith- and Community-Based Delinquency Treatment Initiative. Five programs featuring evidence-based treatment with mentoring and family strengthening provided by community and faith-based organizations.❖

Lists of evidence-based programs and cost/benefit analyses can be found on the Web at the following URLs:

<http://www.colorado.edu/cspv/blueprints/index.html>

<http://www.surgeongeneral.gov/library/youthviolence/default.htm>

<http://www.wsipp.wa.gov/>