



The search for the holy grail: Criminogenic needs matching, intervention dosage, and subsequent recidivism among serious juvenile offenders in residential placement



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ARTICLE INFO

Keywords:

Juvenile offenders
RNR model
Intervention dosage
Recidivism

ABSTRACT

Purpose: The Risk-Need-Responsivity paradigm promotes matching of services to individualized criminogenic needs. This framework has become common lexicon, yet empirical evaluation of individual-level service matching, while including actual dosage received, is surprisingly sparse. We examine the efficacy of matching criminogenic needs to interventions within juvenile justice residential programs while accounting for the dosages of services received (contact hours and number of weeks).

Methods: We use a sample of 1678 juvenile offenders (58% Black, 12% Hispanic, 14% female) released from residential placement. Logistic regression tests whether service matching and achieving dosage targets recommended by Lipsey's Standardized Program Evaluation Protocol (SPEP) predict greater reductions in risk from admission to discharge using a validated risk/need tool. Additionally, exact matching is used to create equivalent groups in examining whether service matching and achieving SPEP targets results in lower recidivism post-release.

Results: Service matching coupled with achieving SPEP service delivery targets results in greater risk reduction in five of ten domains examined, and significantly lower likelihood of subsequent conviction than among youth not matched to services and achieving SPEP targets.

Conclusions: Matching services to individualized assessed criminogenic needs and providing optimal intervention dosage is critical to success both within and post-residential placement for juvenile offenders.

1. Introduction

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) reported 31,487 youth in juvenile residential placement in 2015 (Sickmund, Sladky, Kang, & Puzanchera, 2017). In the state of Florida alone 2552 juveniles completed residential placement between July 1, 2014 and June 30, 2015 (Florida Department of Juvenile Justice, 2017). Notably, the Florida Department of Juvenile Justice (FDJJ) has embarked on data-driven system reforms which have leveraged empirically validated structured decision-making tools (particularly risk/needs assessments and a disposition matrix) to ensure only the highest risk offenders are recommended for placement in juvenile residential facilities, and only after community-based alternatives have been exhausted (Baglivio, Greenwald, & Russell, 2014). The success of these

and similar reforms is predicated on positioning offenders advantageously in the juvenile justice system through a Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders (Howell, 2003; Howell, Lipsey, & Wilson, 2014; Wilson & Howell, 1993) and standardizing the use of structured decision-making tools to ensure the right service, for each youth, at the right time in their offending careers.

Although the number of juvenile offenders being placed in juvenile justice residential settings across the United States has dropped considerably (including a decrease in operational residential capacity of 67% from 2005 to 2015 in Florida), the effective treatment and rehabilitation of these most serious offenders is critical, as the small percentage of highest risk offenders commit 50–70% of all crime (DeLisi & Piquero, 2011; Hawkins, Catalano, & Brewer, 1995; Howell, Krisberg, & Jones, 1995; Vaughn, Salas-Wright, DeLisi, & Maynard, 2013;

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Wolfgang, Figlio, & Sellin, 1972). While across-state recidivism comparisons are difficult due to comparative data limitations, methodological, and measurement challenges, the official FDJJ one-year reconviction rate for youth completing residential placement is known and reported as 45% (FDJJ, 2017). Furthermore, the burden and costs these offenders place on justice systems and society generally (e.g., victimization, social, and financial), is enormous (Cohen & Piquero, 2009; Piquero, Jennings, & Farrington, 2013). Relatedly, the future success of these serious, violent, and chronic offenders arguably hinges on the provision of effective services, at appropriate dosages, matched to the youth's individualized criminogenic needs (Lipsey, Howell, Kelly, Chapman, & Carver, 2010). Unfortunately, the study of matching of services to individualized risk/needs in conjunction with the inclusion of data regarding the dosage of the intervention/services actually received by serious offenders is practically non-existent, moreover, there is limited research on the extent to which interventions received that are matched to risk/need assessment results affect subsequent recidivism (Hannah-Moffat & Maurutto, 2003; Luong & Wormith, 2011).

Toward that end, the current study uses a propensity score/quasi-experimental approach to examine whether matching interventions to individualized assessed dynamic risk/needs of juvenile offenders, provided at or above specific dosage targets, leads to greater reductions in risk during placement, and to reduced recidivism among serious offenders after having completed juvenile residential placement. First we explore prior work on service matching, reducing risk during residential placement, and appropriate evaluation of dosage provided to reduce offending. Next, the sample, data and measures, and analytic strategy is described. This is followed by the presentation of our results and discussion of findings and research and policy implications.

To reiterate, the current study focuses on this policy-relevant group of the deepest-end juvenile justice placements (long-term residential programs), as criminal career research has consistently identified a small life-course persistent, unique, group composed of only 3–10% of the most highest risk juvenile offenders (Vaughn et al., 2011, 2013). These serious and chronic offenders are distinguished by their high levels of antisocial behavior (both self-reported and official), substance use, early age of onset, and violent antisocial behavior (Baglivio et al., 2014; Vaughn et al., 2013). The current study attempts to build on prior work illustrating the seriousness of juvenile offenders previously held in residential programs, the multitude of risk factors they exude, and their deleterious subsequent outcomes (see Caudill, 2010; Lattimore, MacDonald, Piquero, Linster, & Visher, 2004; Piquero, Brame, Mazerolle, & Haapanen, 2002; Trulson, Haerle, Caudill, & DeLisi, 2016; Trulson, Haerle, DeLisi, & Marquart, 2011; Trulson, Marquart, Mullings, & Caeti, 2005). We examine whether a perfect storm of best practices, namely service matching to assessed needs, with interventions provided at appropriate dosages for adequate lengths of time, can enhance the likelihood of success among these serious, chronic offenders.

1.1. Matching services to criminogenic needs

A pillar of the prominent Risk-Need-Responsivity (RNR) paradigm holds that intervention services should target dynamic/criminogenic needs (Andrews & Bonta, 2003, 2010). Existing evidence supports recidivism reduction with increased RNR adherence (Andrews & Bonta, 2010). However, upon more nuanced examination, there are still major gaps in the RNR Need Principle research if practitioners are to move from “what works” generally to what works for whom and under what conditions; the “holy grail” of evidence-based programming. Global targeting of criminogenic needs has proven more effective than providing services that address factors not generally predictive of offending/reoffending (Andrews et al., 1990; Gendreau, Smith, & French, 2006). This line of research calls for prioritizing these criminogenic needs in efforts to curtail criminal behavior, yet does not account for whether the offenders receiving such services were assessed as having

those risks/needs at the individual level. Indeed, less research has been conducted on the targeting of assessed criminogenic needs at the individual level, and much of that research has suffered from methodological or measurement shortcomings (see also Haerle, 2016), including failure to account for the actual dosage of services provided. Instead, prior work has shown that treatment “completers” fared better than “drop outs” with respect to recidivism post-treatment for adult batterers (Bennett, Stoops, Call, & Flett, 2007), adult drug offenders (Hepburn, 2005; Hiller, Knight, & Simpson, 2006), and adult male offenders (Kroner & Takahashi, 2012; see also Wormith & Olver, 2002). The number of treatment sessions adult male offenders participated in has been shown relevant to recidivism reduction (Kroner & Takahashi, 2012). Methodological advances show voluntarily dropping out of treatment increased the likelihood of drug and property offending, while getting kicked out of treatment increased violent reoffending among 5517 male juvenile offenders (Lockwood & Harris, 2015). These studies suggest that both exposure to appropriate treatment and service completion matter with respect to outcomes.

Reported recidivism reductions associated with treatment services are not trivial (Lipsey, 2009). A 38% reduction in recidivism has been indicated when probation case plans contained interventions matched to assessed needs for high risk youth, and furthermore that an absence of interventions to address a domain that was ranked medium or high risk was associated with an 82% increase in likelihood of recidivism (Luong & Wormith, 2011). Additional work demonstrated that assignment to a service matched to a criminogenic need for probation youth (individualized matching) led to a reduction in recidivism for male but not female youth (Vitopoulos, Peterson-Badali, & Skilling, 2012), and that the number of services targeting any criminogenic need reduced recidivism, but the effect between services and recidivism was stronger when the services targeted the youth's individually matched criminogenic needs (Vieira, Skilling, & Peterson-Badali, 2009). In both studies, researchers confirmed youth either began attending/participating, or completed the assigned service to classify a “match”. Unfortunately, there was no measure of dosage or duration of services. Notably, the Vitopoulos et al. study found low levels of matching in case plan recommendations to services in critical domains such as antisocial attitudes and antisocial peer associations, arguing a lack of availability of such services in the community was partly attributable for the deficiency. Furthermore, Vitopoulos et al. (2012) classified a match of criminogenic needs to service provision based on clinical recommendations from a mental health assessment report, rather than the youth's risk/need assessment domain scores, and they did not examine the prioritization of higher ranking criminogenic needs for individual youth. While arguably this strategy conforms to how practices actually occurred (Vitopoulos et al., 2012), it may be viewed as a limitation with respect to not using results from validated risk/needs assessments to guide case planning and adhering to RNR principles.

Length of participation in a re-entry program has been found to decrease the odds of reconviction in the juvenile justice system, although longer time in the program did not influence the likelihood of adult criminal justice convictions among 18–25 year old males ($n = 75$; Abrams, Terry, & Franke, 2011). While most dosage studies that track actual treatment provision metrics involve community-based samples, Bourgon and Armstrong (2005) found longer duration of a prison-based treatment program, measured as the number of days in actual treatment, was linked to lower recidivism. Haerle (2016) extended similar findings to participation in an intensive therapeutic treatment program among juvenile offenders in long-term residential facilities, finding that stronger doses decreased the likelihood of recidivism approximately 25% during a three-year follow up. However, some scholars argue that the measurement of dosage in terms of days, whether length of stay or of treatment received, is not as fruitful as operationalizing dosage as the number of hours of treatment received, yet caution that limited research exists on whether targeted treatment hours delivered over different time periods matters or not (Sperber, Latessa, & Makarios, 2013).

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