

# A FRAMEWORK FOR REDUCING CRIMINOGENIC NEEDS THROUGH EFFECTIVE PROGRAMMING

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In its efforts to make a positive impact on the lives of youth, the Department of Juvenile Justice (DJJ) has turned to management tools, delinquency interventions, treatments, and evidence-based program models that have been clearly demonstrated by research to be effective in reducing subsequent criminal activity, thus increasing public safety. The important challenge for the Department is to ensure that programs and policies meet the criteria for effectiveness as established by empirical research and that they continue to be developed in concert with new findings from the field. Juvenile offender assessment and rehabilitation form the basis of effective juvenile justice systems. Successful programming requires the means of differentiating lower risk to re-offend from higher risk youth. Effective alternatives to residential commitment divert low and moderate risk to re-offend youth to the community, reserving residential commitment for moderate-high and high-risk to re-offend youth. An integrated and strategic model for evidence-based practice is necessary to adequately bridge the gap between current practice and research-supported practice (Bogue, 2004). Research has indicated that evidence-based practice in corrections should, at the very least:

## The 5 Principles of Effective Intervention:

- 1) *Risk*
- 2) *Need*
- 3) *Treatment*
- 4) *Responsivity*
- 5) *Fidelity*

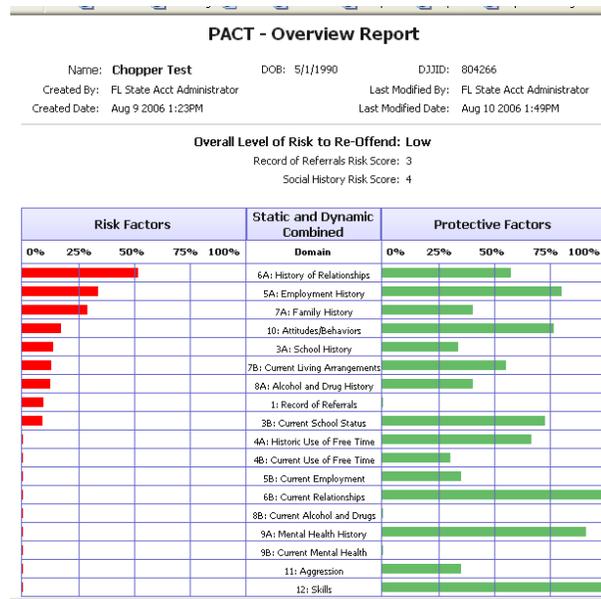
- develop staff knowledge, skills, and attitudes congruent with research-supported practice;
- implement programming consistent with research recommendations;
- monitor implementation of programming to identify fidelity issues; and
- routinely measure recidivism outcomes (Bogue et al., 2004).

Research continues to be a primary tool for providing solutions within the four program areas: Prevention and Victim Services, Detention, Probation and Community Intervention, and Residential Services.

## Principles of Effective Intervention

The Principles of Effective Intervention (Andrews & Bonta, 2003) guide the development and operation of the Department in this endeavor to bring research to practice. These principles were derived from the results of a statistical technique, meta-analysis, which allows the results of many individual studies to be integrated to gain a clear indication of the empirical evidence on an issue. 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 intervention programs (Andrews & Bonta, 2003; Andrews et al, 1990; Lipsey, 1989,

1992). Research on offender rehabilitation and behavioral change has evolved to the point of providing guiding principles to enable corrections to make meaningful decisions with regard to what works to reduce juvenile recidivism and improve public safety (Bogue, et al., 2004; Burrell, 2000; Carey, 2002; Corbett et al., 1999; Currie, 1998; Elliot et al., 2001; Latessa et al., 2002; McGuire, 2002; Sherman et al., 1998; Taxman & Byrne, 2001). These five principles form a coordinated strategy for the reduction of juvenile crime and to minimize service needs related to re-offending behavior. The Department has implemented a statewide system of continual program improvement based on five principles of effective intervention



**Risk Principle:** Target offenders who are most at risk. Intensity of services provided should be based upon the risk of the youth to re-offend, with the most intense services tailored to the highest risk youth (Andrews & Bonta, 2003; Harland, 1996, McGuire, 2002; Sherman et al., 1998). Criminological literature shows high intensity services delivered to low risk to re-offend youth are iatrogenic, meaning they have the unintended consequence of actually increasing recidivism.

**Need Principle:** Services provided should address a youth’s individualized dynamic risk factors, also known as their criminogenic needs, which are those changeable needs that are associated with re-offending behavior. The strongest factors associated with offending are peer relationships, family factors, substance abuse, antisocial attitudes toward authority, education, and employment (Gendreau, Andrews, Cegin & Chanteloupe, 1992). Programs successful in reducing these criminogenic needs can expect corresponding reductions in recidivism (Andrews & Bonta, 2003; Gendreau et al., 1994; Elliot, 2001; Harland, 1996).

**Treatment Principle:** Employ evidence-based delinquency interventions that have been proven to reduce the likelihood of re-offending or at least two major risk factors of youth served. These services should incorporate cognitive behavioral theoretical foundations (i.e., reinforcement of pro-social behaviors) and be structured, and focused on developing skills such as problem solving, goal setting, and decision making (Gendreau & Goggin, 1995; Palmer, 1995; Steadman & Morris, 1995).

**Responsivity Principle:** Services provided should be tailored with respect to matching the teaching style to the learning style of the youth, varying treatment according to the relevant characteristics of youth. Responsivity factors include characteristics such as gender, culture, developmental stages, IQ, motivation to change, mental disorders, history of physical or sexual abuse, and psychopathy (Gordon, 1970; Miller & Rollnick, 2002).

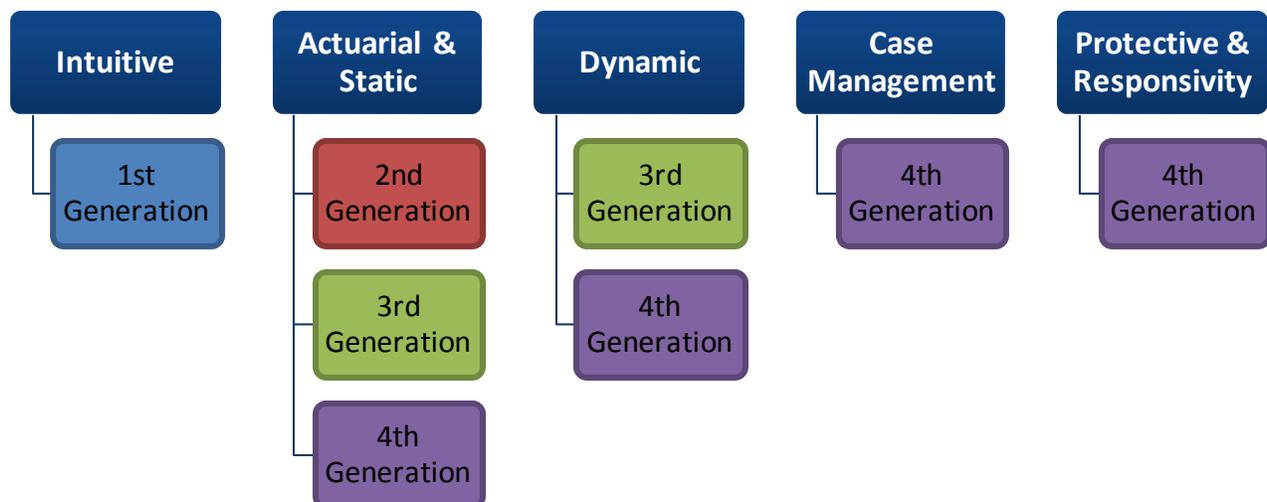
**Fidelity Principle:** Monitor the implementation quality and fidelity to the intervention model to ensure programs are delivered the way in which they were designed and intended to maximize program success and recidivism reduction (Lipsey, 1993; McGuire, 2002; Miller & Rollnick, 2002).

Following these principles will ensure decision-makers that they are purchasing and providing what is needed to reduce juvenile crime and rehabilitate the juvenile offender population.

## History of Risk Assessment

The first step to ensuring proper delivery of services is implementation of a validated risk/need assessment instrument, such as the Department's Positive Achievement Change Tool (PACT). A long history of using risk assessment to predict offending behavior exists in the criminal and juvenile justice fields (Gottfredson, 1967; Gottfredson & Tonry, 1987; Mannheim & Wilkins, 1955; Simon, 1971). Assessment has evolved both in methodology as well as accuracy.

Historically, risk to re-offend was "predicted" using clinical judgment, the "intuitive" approach. Second generation assessment progressed into utilizing statistical techniques correlating static characteristics of the individual (such as age, prior criminal history, and prior substance abuse) with the dependent behavior (such as offending behavior) (Shichor, 1997). The third generation of assessment examined both static and dynamic risk factors (such as attitudes and beliefs, and current peer associations). Finally, the fourth generation of risk assessment (e.g. PACT) has attempted to assess static and dynamic risk factors as well protective factors, and furthermore incorporates assessment findings into the case planning process. Adding an evaluation of protective factors that may reduce the risk to re-offend has created a more advanced, and potentially more accurate, predictive model. Risk and protective factors are not, however, mutually exclusive categories, meaning the same issues may be a risk or a protective factor. For example, family issues may be a risk factor for one juvenile with abusive parents who engage in criminality themselves, and protective for another youth who has a supportive family, with a consistent discipline style. Research has shown that informal, subjective, clinical judgments are far less accurate than actuarial/statistical methods in the assessment of risk to re-offend (Andrews & Bonta, 2003; Bonta et al., 1998; Grove et al., 2000; Hanson & Bussiere, 1998; Meehl & Grove, 1996; Mossman, 1994).



The PACT assessment allows for the classification of youth into four risk to re-offend categories (low, moderate, moderate-high, and high) and identifies the criminogenic needs and protective factors of each youth to guide placement decisions, case management and performance planning. Through a doctoral dissertation out of the Department of Criminology, Law, and Society, University of Florida, the PACT assessment has been formally validated (Baglivio, 2007). The validation study illustrates the ability of the PACT assessment to significantly predict recidivism of the juveniles served by the Department. The PACT was shown to be a valid assessment instrument for both male and female youth, and across race.

### **Evidence-Based Practices: An Operational Plan**

DJJ has embarked on a systematic agenda of disseminating and implementing evidence-based interventions and practices to reduce juvenile crime. The Department's Evidence-based Practices Operational Plan provides the basic framework necessary to assess departmental progress toward the goal of implementing evidence-based practices (EBP). In order to achieve this goal the Department must determine and prioritize needs, provide adequate training to staff, and evaluate the quality of implementation. The Department's operational plan has been developed to implement evidence-based practices built on the Five Principles of Effective Intervention (Risk, Need, Treatment, Responsivity, and Fidelity). Each core principle of this approach suggests strategies that the program areas should consider with regard to their respective role in supporting the Department's adoption of EBP. These strategies, as described below, will help programs to satisfy the intent of each principle so as to maximize success.

### **Operational Plan for Adoption of Evidence-Based Services**

#### **The Risk Principle**

- Strategy 1** Implement a valid and reliable risk/need assessment that can differentiate among youth with regard to their risk to re-offend and classify them accordingly (This process has been achieved by statewide implementation of the PACT).
- Strategy 2** Utilize the risk each youth presents to guide decisions regarding placement, intensity, and duration of treatment/services within the continuum of restrictiveness provided by each program area.
- Strategy 3** Ensure that available resources are matched with the projected number of youth at each level of risk, from minimal to maximum. Distributing resources according to risk projections helps to ensure that youth may be held accountable, make restitution, and receive appropriate services, including prevention/intervention.
- Strategy 4** Increase the awareness of juvenile justice stakeholders, if necessary, to ensure their support for the implementation of the Risk Principle throughout all Department components.
- Strategy 5** Develop monitoring and evaluation systems to ensure that the principle is implemented appropriately and to assess for any detrimental impact to public safety.

## Operational Plan for Adoption of Evidence-Based Services, Continued

### The Need Principle

- Strategy 1** Educate all staff and stakeholders in the risk/resilience model to ensure awareness of the necessity to target criminogenic needs.
- Strategy 2** Assess dynamic risk factors, criminogenic needs, and resilience/protective factors for each youth.
- Strategy 3** Develop case plans with goals that focus on reducing the level of risk due to dynamic risk factors while leveraging resilience/protective factors.
- Strategy 4** Focus intervention efforts on targeting criminogenic needs; avoid targeting non-criminogenic needs whenever possible.
- Strategy 5** Base completion of program/services on success in reducing risk/strengthening resilience.
- Strategy 6** Development of the Probation Resource Booking System to match youth to appropriate services based on risk and need.
- Strategy 7** Creation and implementation of the Residential PACT to allow for re-assessment of changes in criminogenic needs to track progress of youth in residential placement.
- Strategy 8** Provide regional trainings in various evidence-based practices to Department and provider staff to enable them to address multiple criminogenic needs of youth served.

### The Treatment Principle

- Strategy 1** Avoid implementing or contracting for services that have not been empirically proven to reduce recidivism or criminogenic risk.
- Strategy 2** Favor implementing or contracting for Evidence-based Practices and promising programs and interventions over untested programs and interventions.
- Strategy 3** Educate staff/stakeholders about the evidence-based approach.
- Strategy 4** Develop departmental training capacity, and tracking through CORE, for all evidence-based delinquency interventions.
- Strategy 5** Base Quality Assurance in part on the extent to which programs and services employ Evidence-based Practices (QA Tier II Evidence-based Standards).
- Strategy 6** Develop Request For Proposals (RFP's) and Contracts that effectively specify the provider's duty to employ Evidence-based Practices.
- Strategy 7** Motivate and provide Technical Assistance to existing program/service providers to embrace and adopt an evidence-based approach.
- Strategy 8** Develop and maintain the Sourcebook of Delinquency Interventions to serve as a reference for which interventions are defined as Evidence-based, promising, or practices with demonstrated effectiveness.

## Operational Plan for Adoption of Evidence-Based Services, Continued

### The Responsivity Principle

- Strategy 1** Match teaching style to learning style of youth.
- Strategy 2** Vary programming according to the relevant characteristics of youth:
- A. Gender
  - B. Developmental Stage
  - C. IQ/ Cognitive Ability
  - D. Motivation to Change
  - E. Mental Health Disorders
  - F. Cultural Factors
- Strategy 3** Deliver training to all new Juvenile Probation, Detention, and state-run Residential Officers, through the academies, on the DJJ Basics of Motivational Interviewing and Stages of Change curriculum.
- Strategy 4** Provide regional trainings to Department and provider staff on the DJJ Basics of Motivational Interviewing and Stages of Change curriculum.
- Strategy 5** Deliver training to all new Juvenile Probation, Detention, and state-run Residential Officers, through the academies, on Trauma-informed Practices.

### The Fidelity Principle

- Strategy 1** Educate staff and stakeholders regarding the impact of implementation quality on outcomes and cost.
- Strategy 2** Develop and disseminate implementation guidelines and standards for various Evidence-based Practices designed to ensure high quality programming and services.
- Strategy 3** Provide advanced training for supervisory personnel including the use of fidelity monitoring tools.
- Strategy 4** Provide Technical Assistance and coaching services to programs struggling to implement Evidence-based Practices.
- Strategy 5** Provide a departmental Quality Assurance process that assesses implementation quality and programming fidelity.
- Strategy 6** Target poorly performing programs for Technical Assistance, coaching, or contract sanctions.
- Strategy 7** Create and maintain an Evidence-based Steering Committee.
- Strategy 8** Develop and disseminate training resources to assist with the implementation of Evidence-based Practices.
- Strategy 9** Develop an application process for trainers to receive recognition as a qualified trainer in an Evidence-based Practice.

The list of strategies under each principle allows every office to develop program area-specific goals and objectives to operationalize the principles, as appropriate. This basic process serves as a template for the Department in developing a comprehensive plan to disseminate and implement evidence-based programming.

### **Key Steps in Furthering the Agenda...**

In August 2006, the Department created the Office of Program Accountability. Under the Office of Program Accountability reside the Programming and Technical Assistance Unit, the Bureau of Quality Assurance, the Office of Research and Planning, and the Administrative Review Unit. Historically, Quality Assurance focused on process issues and Research and Planning on outcomes. There was a lack of concentration in the area of assisting programs with quality improvement. The Programming and Technical Assistance Unit was designed to fill that gap.

The main goal of the Programming and Technical Assistance Unit (PTA) is to strengthen the Department's prevention, intervention, and treatment services so that youth are served in environments that employ evidence-based practices. The PTA process is founded upon the concept of continuous improvement while focusing on processes and outcomes directed toward achieving performance plan goals and objectives. The responsibility of the PTA Unit is to assess areas of strengths and weaknesses, develop related implementation plans, provide technical assistance and review progress so that youth are served in safe and orderly environments that support effective delinquency intervention and programming. The Department's programming and technical assistance process is designed to be a departure from compliance monitoring and quality assurance reviews by:

- accurately and efficiently coordinating and monitoring the implementation and delivery of evidence-based practices and effective behavior management strategies;
- focusing on program integrity and fidelity rather than simply inclusion of programming;
- focusing on improving the present condition (continuous improvement) through training of program staff in evidence-based and best practices; and
- focusing on delivery of interventions and performance rather than accepting minimum levels of compliance.

Additionally, the PTA Unit provides programs with a variety of services including, but not limited to:

- Providing staff training on:
  - ⇒ delivery of evidence-based practices;
  - ⇒ effective behavior management strategies;
  - ⇒ effective group facilitation;
  - ⇒ Tier II Quality Assurance Evidence-based Standards;
  - ⇒ implementation of evidence-based practices;
  - ⇒ training on effective communication strategies with youth (e.g. DJJ Basics of Motivational Interviewing and Stages of Change); and

⇒ the Principles of Effective Intervention.

- Technical Assistance Specialists provide the following additional services within referred programs:
  - ⇒ facilitate evidence-based groups;
  - ⇒ develop program/unit action plans to implement evidence-based practices;
  - ⇒ assist with a re-design of the program's behavior management system; and
  - ⇒ provide fidelity monitoring of evidence-based curricula.

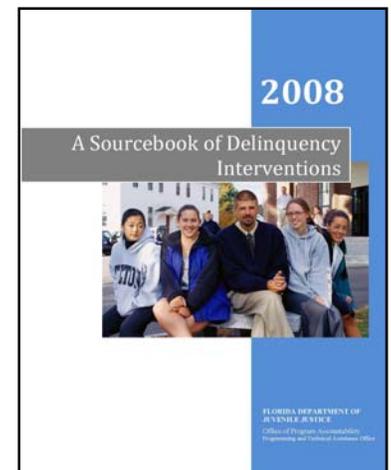
The Programming and Technical Assistance Unit serves as the Department's mechanism for ensuring that the need, treatment, responsivity, and fidelity principles, with respect to training staff in evidence-based and best practices are put into practice. An overarching objective of the Principles of Effective Intervention is to skill train with direct practice (e.g., provide evidence-based programming to youth that emphasizes cognitive-behavior strategies and is delivered by well trained staff.)

The PTA Unit in collaboration with regional and national experts developed the Florida Department of Juvenile Justice, Basics of Motivational Interviewing and Stages of Change Curriculum in January 2008. This curriculum focuses on effective communication strategies. The curriculum trains staff to use motivational interviewing as a way to elicit behavior change. This client-directed, cognitive-behavioral approach allows youth to explore and resolve ambivalence. Serving both provider and Department staff, the PTA Unit and Department Qualified Trainers in Motivational Interviewing (MI) delivered over 100 MI trainings during calendar year 2009 to staff from all four of the Department's program areas.

The PTA Unit continues to provide training to Department and Provider staff in various evidence-based delinquency interventions such as: Thinking For a Change, Aggression Replacement Training and, LifeSkills Training. Training in each of these interventions allows staff to facilitate groups with youth in that particular practice. By training programs in effective behavior management strategies, trauma-informed practices, and outcome-based program assessment (the current Quality Assurance Evidence-based Residential Standards), the PTA Unit continues to advance the Department's efforts in delivering programming that will produce positive outcomes.

A catalyst for the expansion of evidence-based and best practices has been the Programming and Technical Assistance Unit, and the creation of the Evidence-based Steering Committee. The Committee is a joint collaboration of Department of Juvenile Justice staff and provider representatives. The Committee has been tasked with the development of a detailed implementation plan for evidence-based initiatives including:

- A definition of evidence-based practices. The Department consulted with national experts and released an official definition of evidence-based practices. Evidence-based practices are defined as "Delinquency interventions and practices which have been independently evaluated and found to reduce the likelihood of recidivism or at least two



criminogenic needs, with a juvenile offending population. The evaluation must have used sound methodology, including, but not limited to, random assignment, use of control groups, valid and reliable measures, low attrition, and appropriate analysis. Such studies shall provide evidence of statistically significant positive effects of adequate size and duration. In addition, there must be evidence that replication by different implementation teams at different sites is possible with similar positive outcomes”.

- The establishment of a Program Review Committee to determine which interventions are evidence-based;
- Documentation of facilitator and master trainer qualifications (i.e., number of training hours to be certified, practicum requirements) (<http://www.djj.state.fl.us/OPA/ptassistance/resources.html>);
- The creation of a Sourcebook of Delinquency Interventions;
- The development of a plan to build capacity and sustainability of evidence-based and best practices throughout the Department;
- The coordination of each program area's efforts and potential projects with respect to evidence-based programming and implementation;
- The development of the Department's plan to ensure fidelity monitoring of evidence-based practices throughout the continuum of services;
- Creation of an inventory of current capacity of evidence-based practices (i.e., number of curricula or programs that meet the Department definition of evidence-based practices, number of Department and provider staff trained to facilitate evidence-based practices, number of Department and provider staff who are master trainers of evidence-based practices, percentages of programs and facilities in each of the four program areas utilizing evidence-based practices);
- The creation of a module within the Juvenile Justice Information System (JJIS) database to track the provision of evidence-based interventions to youth, including intensity and duration; and
- The identification of costs associated with implementation of evidence-based programs and practices.

As the Department continues to move forward with the Evidence-based Practices Operational Plan the focus continues to remain on the following four main objectives supporting the widespread implementation of evidence-based practices:

- demonstrate improved recidivism rates and increase public safety;
- reduce staff turnover;
- reduce the number of youth-on-youth, youth-on-staff, and staff-on-youth incidents; and
- funding agencies are requiring the use of evidence-based practices.