

# Colorado Probation Research in Brief

## *The Primary Factors that Characterize Effective Interventions with Juvenile Offenders: A Meta-Analytic Overview*

Lipsey, M. W. (2009). The Primary Factors that Characterize Effective Interventions with Juvenile Offenders: A Meta-Analytic Overview. *Victims and Offenders*, 4, 1-24.

**Key Words:** therapeutic intervention, juveniles, recidivism, fidelity, high risk offenders, meta-analysis

### Summary/Conclusions

There have been several meta-analyses conducted on specific juvenile interventions. These studies have typically focused on one program at a time, such as boot camps, cognitive-behavioral therapy, multisystemic therapy, etc. In this article, the author used the result of these meta-analyses to test a variety of intervention factors that might lead to the identification of principles and intervention types that relate to reduced recidivism. Specifically, the author is exploring the effectiveness of programs, in light of juvenile justice supervision.

### Limitations of Information

The current study relies on the results of previous meta-analyses. Studies in meta-analyses are not of the same quality (not all use randomized control groups) and may define variables slightly differently (e.g., recidivism may be defined as arrest, conviction, or incarceration). The author controlled for study differences (e.g., methods, variable definitions) through processes of standardizing and coding the data. Also, the study included juvenile data for 12-21 year olds, while Colorado's juvenile probation is reserved for 10-18 year olds.

**Caveat:** The information presented here is intended to summarize and inform readers of research and information relevant to probation work. It can provide a framework for carrying out the business of probation as well as suggestions for practical application of the material. While it may, in some instances, lead to further exploration and result in *future* decisions, it is not intended to prescribe policy and is not necessarily conclusive in its findings. Some of its limitations are described above.

## Effective Interventions

The author, using data from a meta-analytic database, extracted information from 548 studies compiled in 361 research reports. The reports covered a period from 1958-2002, and the data included juveniles (12-21 years old), who received an intervention. The majority of studies used were random assignment or control matched. The researcher focused on recidivism outcomes, defined as re-arrest during the 12 months after intervention.

The analysis revealed that the intensity of juvenile justice supervision (no supervision, diversion, probation/parole, incarceration) did not effect the outcomes nor was there much of a difference in outcomes based on a subject's gender, age, or ethnicity.

There were, however, some variables that did reduce the recidivism rates. "The largest relationship by far was with overall delinquency risk, with larger effect sizes (greater recidivism reductions) associated with higher risk juveniles." In other words, higher risk juveniles seemed to benefit most from interventions. After risk, the next largest reduction in recidivism rates was dependent on the quality of program implementation, with "higher quality associated with bigger effects on recidivism." In addition, the "interventions that embodied 'therapeutic' philosophies, such as counseling and skills training, were more effective..."

In discussion, the author emphasizes the need to focus interventions on higher risk clients. Although cognitive behavioral therapy had the largest mean effect size, he notes that other interventions are also effective. The author further indicates

that brand name models (e.g., FFT, MST) are "sold" as innately effective; however, lesser known models, with high quality implementation, can be effective, as well.

### Practical Applications

- √ Focus intervention services on high-medium and maximum level clients.
- √ Because the implementation of programs is so important to effectiveness, become familiar with programs to which you refer. Request to attend a group, inquire about lesson plans or manuals, and determine if there is adherence to the model. The more adherence to the model, the better.
- √ Use office visits as a time to role play with the client. Have the client discuss situations that may be difficult (such as declining an invitation from peers to use drugs) and have the client practice his response.
- √ Refer high-medium and maximum level clients to a cognitive skills course at the front end of supervision. Consider in-house or community-based T4C, R&R, PSSO, MRT, ART, or WhyTry.
- √ Utilize assessment results to create case plans that match the client's criminogenic needs with appropriate services.
- √ Case management was also found to reduce recidivism, so articulate the specific services, service providers, and supervision goals in the case plan. Refer to the active goals at each office visit to ensure steady progress with plan objectives.

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