

Implementation of Effective Programs for Juveniles who Sexually Offended

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Goals

- “If you don't know where you're going, you'll end up someplace else.” — Yogi Berra, NY Yankee Player and Manager.
- In considering implementation, so tell me again, where are we headed with this?
- A number of ways to describe goals for treatment of juveniles who sexually offended (JwSO).
- Two simple goals:
 - 1. Reduce sexual and nonsexual recidivism.
 - 2. Promote prosocial functioning to obtain the "goods of life."

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Goals

- 1. Reduce sexual and nonsexual recidivism.
 - Caldwell (2016) reports in his meta-analysis with JwSO that since 2000, sexual recidivism rates average 2.75% and nonsexual recidivism averages 27.25%. Reducing both should be a goal.
- 2. Promoting prosocial functioning. (Ralph, 2019)
 - JwSO youth generally have mood, trauma, substance, neuropsychological and learning challenges greater than population average which impede development.
 - Probation youth generally and JwSO have delays in moral reasoning which is associated with general recidivism.
- How do we promote both goals? Can we get "there" from "here"?

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Evidence-based Treatment for Juveniles

- There is a significant body of work that has identified treatment approaches that promote favorable outcomes for juveniles on probation regarding reducing recidivism, increasing prosocial reasoning and moral maturity, and other positive outcomes.
- Lipsey (2009) used 548 different samples studying juvenile probation populations.
- Findings: Interventions with counseling or skill building were more effective than those based on control or coercion.
- Wrap-around & multiple services and rigorous probation supervision/ surveillance were effective.
- Program is based on control/corrosion actually promoted worse outcomes.

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What is Effective for General Probation Youth? Lipsey (2009)

- Age, gender, or ethnicity did not influence effectiveness.
- Interventions were more effective with youth with higher levels of delinquency.
- More effective if implemented with **high fidelity** and targeted at appropriate youth.
- Not only "**name-brand**", but locally developed "**homebrew**" programs were effective. Both could be effective.
 - The key factor was are they well-designed, faithfully implemented, and targeted at appropriate youth.
- Separate research by Tennyson (2009) and Goense, et al. (2016) showed program fidelity for juvenile programs was strong associated with positive program outcomes. The better you followed the model, better outcomes.
 - Goense found a medium treatment effect when integrity was high ($d = 0.633$, $p < 0.001$), but no significant effect when integrity was low ($d = 0.143$, ns).

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Baglivio et al. 2018 Florida Study w/ Quality Scores

- Evaluated 56 residential programs for probation youth in Florida.
- In summary the authors note:
- The average treatment quality score significantly decreased the odds of reoffending across all three outcomes (reincarceration, rearrest, and reconviction) by approximately 11% for every additional one-point increase in average treatment quality.
- **A program with score of "4" had a readjudication rate of 33%.**
- **A program with score of "1" had a readjudication rate of 66%.**
- **Maybe measures of treatment quality and fidelity measure whether a program was really done, just sort of done, or not done at all.**
- These results support hypothesis that the quality of the interventions delivered in a residential setting can positively affect subsequent outcomes through decreased recidivism rates.
- **Bottom line: Quality and fidelity of program matters, not just type of program.**

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Is JwSO Treatment Effective?

- Kettry & Lipsey, 2018. Examined 8 high quality JwSO outcome studies.
- *"Remarkably little methodologically credible research has been conducted on specialized programs for JwSO's despite their prevalence. The best available evidence does not support a confident conclusion that they are more effective for reducing sexual recidivism than general treatment as usual in juvenile justice systems."*
- *"The fact that only a small proportion go on to commit further sexual offenses suggests that few of them are the kinds of specialist sex offenders who would be most likely to benefit from specialized treatment. If most of the JwSO-labeled youth who receive specialized treatment have low risk for further sex offenses to begin with, it is not surprising to find little or no overall effects on such offenses."*

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Is JwSO Treatment Effective?

- *Pullman and Seto (2012) suggest that the majority of JwSO's are generalist offenders who happen to commit a sexual offense, whereas a small minority of JwSO's are specialist offenders with elevated risk for further sexual offending. The belief by many policymakers that all JwSO's are specialist offenders who pose a serious threat to the public (Becker and Hicks 2003) gives rise to the idea that specialized treatment is necessary to prevent JwSO's from committing future sexual offenses.*
- **An implication is that JwSO treatment should include "best practices" treatment for general recidivism described by Lipsey et al., including prosocial treatments addressing prosocial reasoning delays.**

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Promoting prosocial functioning

- The prior research indicates reasonably that recidivism for probation populations, presumably including JwSO youth can be reduced with effective interventions.
- Are there complementary ways also to increase the prosocial reasoning and functioning for these youth?
- Research is more limited with JwSO youth but some evidence exists supporting this.

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Prosocial/moral Reasoning & Delinquency

- Stams et al. (2006) in a meta-analysis of 50 studies found lower levels of moral judgment in delinquent youth compared to non-delinquents, and an almost large effect size ($d=.76/AUC=.70$). Effect present controlling for age, gender, IQ, and SES/ethnic factors.
- Effect sizes were larger for male offenders, older adolescents, those with intellectual disability, incarcerated delinquents, & the use of *production/projective measures*.



- Production/projective measures obtained a sample of the use thinking, in contrast to choosing specific answers or rankings.
- Consider if you have two 16y/o males, alike in every way, except, for moral/prosocial reasoning. If pick one at random, 70% chance one w/ delayed moral reasoning will be delinquent. **It is risk factor for delinquency, but importantly also a treatable risk factor.**
- Adolescents with lower levels of prosocial/moral have a higher likelihood to be on probation.
- Not the **only** thing, one important thing. Also, trauma, learning/ADHD, family factors, sociopathy, etc.
- Replicated Romeral et al. ($d=.713$) (Psicothema, 2018). ¹⁰

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Aggression Replacement Training Studies w/ JwSO Youth

by Dr. Ralph

- **2009 Randomized Trial:** Randomized trial in 2010 with N=19, Showed improvement in psychological functioning. Qualitative analysis w/ focus group confirmed finding. ART helped youth reduce emotional reactivity and make prosocial choices.
 - Focus group consensus of what learned from ART, "Check yourself before you wreck yourself."
- **2012 Replication:** The replication study with N=14 was conducted using ART again, in 2012 which had an intervention group only. Improvement after ART intervention on co-morbid psychiatric symptoms and prosocial reasoning, confirmed by focus group.
- **2006-2012 Longitudinal Study:** N=129. ART treatment associated w/ 1/4 of risk of sexual acting out in program.
- Only studies of ART and JwSO youth. Includes only randomized study with ART.

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Comparison Nonpatients vs. JwSO sample on WUSCT

- High-level N=14 JwSO sample, change scores as a result of an intervention, Aggression Replacement Training/ART. Intervention (ART) was to promote psychosocial maturity.
- On average youth went from a I-3 Self-protective to I-4 Conformist level.
- Treatment for JP including JwSO may be viewed as changing from I-2 or I-3 to I4, change from impulse to rule governed (Moral Reconciliation Therapy).



Figure 4: WSCT Pre and Post level scores

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Research "Takeaways"

- Research Takeaways:
- Skill building and counseling, along with wraparound and intensive probation supervision can reduce general recidivism per Lipsey (2010).
- Prosocial reasoning can be increased with JwSO through structured interventions, including one finding supporting reduce sexual acting out in placement.

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Case Example w/ Fidelity

- Case example of fidelity using Aggression Replacement Training.
- Washington State reported on evidence-based programs for adolescents on probation (Washington State Institute for Public Policy, 2004).
- They found ART to be the most cost-effective treatment for probation youth. ART delivered "competently" reduces the 18-month felony recidivism by 24 percent. The benefit to cost ratio is \$11.66 (that is for every \$1 spent you get back \$11.66 in benefit to the state or victims) with competent treatment.
- If ART was used, but not competently delivered, there was in fact a net negative benefit of \$3.10, that is it cost more than the benefits delivered.

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Implementation Factors

- Implementing with program fidelity and quality is important for success, but what else might be. Possible factors might include the following.
- Milieu vs. Method: If you have an effective treatment method, but youth in a residential setting have a gang or antisocially dominated milieu culture, or youth in outpatient treatment have strong gang involvement, can we expect prosocial learning and outcomes?
- Who implements: Research (Markum, Adol Res Rev.(2018) finds that who implements an intervention, the "author" versus others has an effect.
- Dose effects, is there enough treatment to produce a treatment effect? Is more treatment always better? Can longer treatment and involvement in the probation system be counterproductive? Is residential (more intensive/milieu) better. Lipsey (2010) found for matched youth residential not more effective than community-based programs.

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Evidence-based Program Characteristics (EBPC)

Ralph, 2017

- How can we boil these down to a Checklist for effective JwSO program implementation? Here is my best shot.
- Using Lipsey's research, and other studies, can describe a list of program characteristics associated with positive outcomes.
- Describes **characteristics** of programs, not a specific "Namebrand" program, and can rate both "Homebrew" and "Namebrand" programs.

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Evidence-based Program Characteristics (EBPC)

Ralph, 2017

- Evidence-based Program Characteristics (EBPC) described as follows.
- 1. The risk level and needs of the target population is assessed using reliable measures.
- 2. A treatment approach addresses the risk level and needs of the target population, and includes a sufficient amount of treatment to be effective.
- 3. The treatment approach uses social skill building, problem-solving, and counseling approaches.
- 4. The treatment method is manualized to reliably administer it.
- 5. Training, supervision, and ongoing quality assurance is conducted regarding fidelity to the method.
- 6. Fidelity checks are "baked in" in and part of implementation of the method.
- 7. Reliable outcome pre/post measures are used to assess treatment effectiveness.

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Additional Ideas

- Additional ideas regarding effective implementation.
- Is there training in the program which includes assessment of mastery of method?
- Can the program reasonably provide enough treatment to have a desired treatment effect?
- Are selection criteria specific enough to identify appropriate youth?
- Is there sufficient administrative support for the training, supervision, fidelity checks, outcome measure related tasks.

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Additional Ideas

- Is there ongoing supervision regarding implementation including reviewing actual work products? Are there corrections to problems with implementation?
- Does the innovation have "real time" on-site administrative and supervisory support? Does the program have local advocates?
- Is there possibility for "real-time" adaptation to intervention if problems develop?
- Do quantitative fidelity and pre-/post measures, along with qualitative and focus group methods generate "lessons learned" and changes in the future?
- Is the program effective enough to be institutionalized?
- Will there be adequate administrative/program resources to permit ongoing effective quality implementation with fidelity?

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Additional Ideas

- Another case example.
- In implementing an evidence-based program the above criteria were reasonably followed, so "what could possibly go wrong?"
- Famous last words.
- In "fact checking" implementation found initially from pre-/post test data, and outlier where program was not effective.
- Led me to investigate further each of the programs regarding implementation factors.
- At variance with what I was told, a person not trained in the method implemented, and implemented in a group rather than individual format.
- Trust of course but verify also.

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