

# A Policymaker's Guide to Effective Juvenile Justice Programs: How Important are Family Approaches?

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*The corrections programs that yield the greatest return on investment are those targeted at juveniles. In a recent analysis, the five most cost-effective rehabilitation programs and the single most cost-effective prevention program deliberately worked with families: Multidimensional Treatment Foster Care (versus group care), Adolescent Diversion Project (for lower risk offenders), Family Integrated Transitions, Functional Family Therapy (on probation), Multisystemic Therapy, and the Nurse Family Partnership. This chapter summarizes how each of these programs works and what their outcomes have been. The effectiveness of these family approaches should come as no surprise given that one of the strongest predictors of juvenile crime is ineffective parenting. Many of these programs aim to recreate the powerful socialization forces of functional family life. However, the effectiveness of even these proven programs depends upon whether they are implemented properly. Policymakers can secure for families the priority they deserve in juvenile justice policy.*

The research evidence is clear. The strongest predictor of juvenile crime is ineffective parenting. Specifically, 30% to 40% of the antisocial behavior of early offenders—who are more likely to become violent offenders later—is linked to harsh, inconsistent parenting during the preschool years.<sup>1</sup> Parents of early offenders threaten, nag, and scold but seldom follow through.<sup>2</sup> This type of parenting teaches children to resolve conflict through coercion—specifically whining, yelling, temper tantrums, or physical attacks. This aggressive behavior leads to rejection by prosocial peers, trouble with teachers, and poor school performance.<sup>3</sup> Negative consequences snowball, and these youngsters who are poorly monitored by their parents drift into deviant peer groups<sup>4</sup> and increase their use of illegal substances.<sup>5</sup> Over time, they fail to develop the skills for stable work or marriages that might enable them to drop out of crime as an adult.<sup>6,7</sup>

We know from science what it takes to create juvenile delinquents. But do we know how to mount programs that strengthen families and reduce juvenile crime? Do the benefits of these programs outweigh their costs to taxpayers? Steve Aos of the Washington State Institute for Public Policy answered these questions in a recent cost-benefit analysis of 73 types of corrections programs for juveniles and adults (see Aos's chapter in this report). Compared to programs for adult offenders, programs for juveniles are, on average, more effective at reducing future crime and producing benefits that substantially outweigh program costs.<sup>8</sup> What's more, the six juvenile

**Compared to programs for adults, programs for juveniles are most cost-effective.**

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programs that were the most cost-effective each deliberately worked with families. This chapter summarizes how each of these family-oriented programs work, how effective they have been in preventing or reducing crime, and what these results mean for policymakers interested in cost-effective approaches for curbing juvenile crime.

As background for the reader, Aos used a rigorous process to determine a program's cost-effectiveness. First, he reviewed 571 evaluations to determine each program's track record in preventing crime or reducing repeat offenses. To be included in Aos' analysis, the evaluations had to have a nontreatment or treatment-as-usual comparison group that was well-matched to the characteristics of the program group. Second, he considered the economics of each program, taking into account (a) whether taxpayers would end up spending less money on corrections and (b) whether crime victims would be spared monetary costs and reductions in their quality of life.

These programs are reviewed in order of cost-effectiveness, that is, their net benefit (calculated by subtracting the program's costs from its benefits to taxpayers and crime victims). First, we review the five most cost-effective rehabilitation programs—(1) Multidimensional Treatment Foster Care (versus group care), (2) Adolescent Diversion Project (for lower risk offenders), (3) Family Integrated Transitions, (4) Functional Family Therapy (on probation), and (5) Multisystemic Therapy. Then we review the most cost-effective prevention program—Nurse Family Partnership.

***Multidimensional Treatment Foster Care was the most cost-effective with a net benefit of \$77,798 for each participant.***

### **Multidimensional Treatment Foster Care (versus regular group care)**

Of the 73 program types, Multidimensional Treatment Foster Care (MTFC) was the most cost-effective. The \$6,945 cost per participant is offset by benefits to taxpayers and crime victims of \$84,743, yielding a net benefit of \$77,798 for each participant.<sup>9</sup> MTFC is a six- to nine-month program for youth, ages 12 to 17, with histories of serious and chronic delinquency. The courts require the youth to be placed out of the home. MTFC aims to re-create the powerful socialization forces of functional family life for these youth.

The key component in the program is the foster parent. These parents were carefully selected and thoroughly trained in parent management skills such as monitoring the teens' whereabouts, setting clear rules, tracking positive and negative behaviors, and responding appropriately and consistently. Foster parents received weekly supervision and daily phone calls where they identified problems and discussed potential solutions. Case managers were on call 24 hours per day, 7 days per week.

Youth were supervised closely, all free time was prearranged, and contact with delinquent peers was prohibited. Each youth participated in weekly individual therapy, not group therapy with other juvenile offenders. Each youth's biological family or caregiver participated in weekly therapy that included information on supervision, encouragement, discipline, and problem-solving. Entry back into their homes began with one- to two-hour visits and increased to overnight stays.

All participating youth were enrolled in public school. Program staff met with the school and support was provided if the teen had problems. Program staff was on call to remove youth from school if they became disruptive.

The consequences for breaking rules were tailored to each teen, including loss of privileges and work chores. Consequences were consistent, even for minor rule violations such as being two minutes late or not doing breakfast dishes.

### **Program Outcomes**

Compared to youth in group care, youth in Multidimensional Treatment Foster Care:

- Committed fewer crimes; a year after out-of-home placement, 41% of teens in treatment foster care had no criminal referrals compared with only 7% of teens placed in group care.
- Ran away less often; about one-third (31%) of teens in foster care ran away from their placement compared to over half (58%) of those in group care.
- Spent half as many days in detention facilities 12 months later.
- Spent twice as much time living with parents or relatives.<sup>10</sup>

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For further information on this program, see <http://www.mtfc.com>. This program is also described in “Raising the Next Generation: Public and Private Parenting Initiatives” (Wisconsin Family Impact Seminar Briefing Report #14) available on the Web at [http://www.familyimpactseminars.org/s\\_wifis14report.pdf](http://www.familyimpactseminars.org/s_wifis14report.pdf).

### **Adolescent Diversion Project (for lower-risk offenders)**

The Adolescent Diversion Project for lower-risk offenders provided a net benefit of \$40,623 per participant, according to AOS’s analysis.<sup>11</sup> Intervention typically occurs after the youth commits a minor offense as an alternative to typical court processing. The program is available to any teen, although the typical youth enters the program at age 14. This program focuses on the youth’s environment, namely the family, school, and work place.

Nonprofessionals or volunteers interact with the youth in agreed-upon locations of the youth’s natural environment such as the home or a community setting. College-age students are typically volunteers because they are closer to the youth in age and life experiences. Volunteers participate in six weeks of training. Following the training, volunteers attend weekly meetings and receive ongoing supervision. A volunteer works with a youth 6-8 hours each week for 18 weeks. The program also works directly with staff of the juvenile justice system.

Two intervention strategies are used in the Adolescent Diversion Project: behavioral contracting and advocacy. Behavioral contracting begins with an assessment of parent/child dynamics. Research shows that parents of delinquents are inconsistent in their discipline, use aversive controls, and focus on undesirable rather than positive youth behaviors. Parents, teachers, and others as well as the youth have the opportunity to express what they wish to see in the other. This information is then used to develop plans governing the exchange of privileges and responsibilities. A written contract identifies outcomes and specifies how progress will be assessed. This contract, which builds on the strengths and assets of the youth, is signed by the involved parties and can be renegotiated as needed.

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Youth advocacy is designed to fulfill unmet environmental and social needs, while protecting the rights of the youth. An advocate assigned to the youth accepts responsibility for identifying and accessing resources and opportunities in the community.

### **Program Outcomes**

The program:

- Reduced delinquency more effectively than traditional court processing.
- Reduced recidivism with less frequent and serious contacts with the police and court 12 months later.<sup>12,13</sup>

For further information, see <http://www.msu.edu/course/psy/371/>.

***Family Integrated Transitions yield a net benefit of \$40,545 per participant.***

### **Family Integrated Transitions**

Family Integrated Transitions, an intensive family and community-based treatment, promotes change in the home environment. The \$9,665 cost per participant is offset by \$50,210 in benefits to taxpayers and crime victims, yielding a net benefit of \$40,545.<sup>14</sup> Designed to help youth ages 10-17 re-enter their communities, Family Integrated Transitions begins two months prior to release from a residential setting and continues for 4 to 6 months. Teams of four therapists work with 4 to 6 families and are available any time of the day.

Family Integrated Transitions builds a web of support based on the strengths of family, peers, school, and the neighborhood. The ultimate goal is a successful transition for both the youth and family. The intent is to increase positive behavior and reduce risk factors in the life of the youth. Family Integrated Transitions builds from three existing programs. Multisystemic Therapy functions as the core and concepts from Dialectical Behavior Therapy and Motivational Enhancement Therapy are incorporated.

### **Program Outcomes**

The program:

- Reduced re-offending; 18 months after release, the recidivism rate for the treatment group was 27% compared with 41% in the control group.<sup>15</sup>

For further information, see <http://www.wsipp.wa.gov/rptfiles/04-12-1201.pdf>.

### **Functional Family Therapy (on probation)**

Functional Family Therapy (FFT) is a structured family-based intervention that costs about \$2,325 per participant due, in large part, to the one-on-one time between the therapist, the youth, and his/her family. Yet because of its track record in reducing repeat crimes, it has proven to be cost-effective, yielding a net benefit of \$31,821 per participant.<sup>16</sup> FFT focuses on youth ages 11-18 who are at-risk or are already involved with the juvenile justice system. FFT includes the youth, family, a therapist(s), and others in the community. Participating families often have limited resources, histories of failure, a range of diagnosed problems, and exposure to many interventions.

FFT is a short-term, goal-oriented intervention designed to enhance protective factors and reduce risk factors in the life of the youth. Usually, about 12 sessions are spread over three months. A trained therapist typically has a caseload of 10 to 12 families.

There are three flexible phases of the program:

*Phase 1: Engagement & Motivation.* The initial goal is to set the stage and establish credibility. The therapists highlight the idea that positive change can happen. Skills related to family communication, parenting, and conflict management are introduced.

*Phase 2: Behavior Change.* Behavior change plans are developed and implemented. These plans take into account culture, context, and the unique characteristics of each member of the family.

*Phase 3: Generalization.* The youth and family members prepare for the transition when the intervention is completed. Applying positive change to other family problems helps to maintain change and reduce relapses. Families are connected with community resources that support the changes, leading to greater self-sufficiency.

Training, assessment, and supervision are essential elements of this program.

### **Program Outcomes**

Evaluations show that the program:

- Reduced re-offending for a wide range of offenses; specifically, youth committed 50%-75% fewer less-serious offenses and 35% fewer serious offenses.
- Reduced adolescent re-arrests by 20%-60%.
- Modified family interaction patterns.
- Prevented younger youth in the family from subsequent court contacts; only 20% of participating families had subsequent court contacts for siblings, compared to 40% for participants in a no-treatment group and 59%-63% for alternative interventions.
- Reduced the number of youth entering the adult criminal system.<sup>17, 18, 19, 20</sup>

For further information, go to <http://www.fftinc.com>.

### **Multisystemic Therapy**

Aos estimates the net benefit of Multisystemic Therapy (MST) to be \$18,213 per individual.<sup>21</sup> MST builds on the interplay of individual, family, peer, school, and neighborhood factors in each youth's social network that contribute to antisocial behavior. The ultimate goal of the program is to empower families to create an environment that promotes healthy development while engaging family and community resources. Typically, the program extends over a four-month period of time with numerous contacts throughout a week.

***Functional Family Therapy prevented younger youth in the family from subsequent court contacts.***

Services are delivered in the youth's natural environments of home, school, and community. A treatment plan, designed in concert with the family, aims to strengthen parenting practices and family relations, increase time with prosocial peers, improve school performance, and create a web of support for positive changes.

Quality assurance protocols and assessment are ongoing and contribute to program effectiveness.

### **Program Outcomes**

For serious juvenile offenders, Multisystemic Therapy:

- Reduced long-term rates of re-arrest for similar crimes by 25%-70%.
- Reduced out-of-home placements by 47%-64%.
- Improved family functioning.
- Decreased violent crime.
- Decreased recidivism for other crimes by 50%.<sup>22,23,24,25</sup>

For further information, see <http://www.mstservices.com>.

***The largest decrease in crime was found with a prevention program, the Nurse Family Partnership.***

### **Nurse Family Partnership**

Of the 73 program types that Aos reviewed, the largest decrease in crime was found with the prevention program, Old's Nurse Family Partnership. Because this program affects several outcomes, Aos pro-rated the costs of the program to achieve a cost-benefit value of \$14,283 per mother and \$12,822 per child. This program is designed for women with no previous live births, under 19 years of age, unmarried, low socioeconomic status, and pregnant less than 25 weeks. Nurses visit low-income mothers in their home prenatally and during the first two years of a child's life.

Visits occur weekly to monthly and last about 90 minutes. Nurses design a broad-based program in collaboration with the parent focused on improving: 1) the mother's development; 2) caregiving for the child; and 3) the family's pregnancy planning, educational achievement, and workforce participation. Nurses must participate in a two-week training course and work with no more than 25 families at a time.

### **Program Outcomes**

This program has been evaluated with both Caucasian and African American families in rural and urban settings. Successful outcomes for the mothers were seen in the areas of life skills, problem behaviors, parenting, subsequent pregnancy, and employment. Nurse-visited women and youth fared better than those assigned to control groups for each of the program goals. In a 15-year follow-up study, the program had the following impacts on crime:

- Reduced maternal arrests by 56.2%.
- Reduced arrests on the part of the 15-year-old youth by 16.4%.<sup>26</sup>

For further information, see <http://www.nursefamilypartnership.org>.

## How Can Policymakers Respond?

When it comes to preventing juvenile delinquency, “there’s no place like home.”<sup>27</sup> It’s been said that families are “. . . the most powerful, the most humane, and by far the most economical system for building competence and character” in children and adults alike.<sup>28</sup> It should come as no surprise that the programs proven to be the most cost effective in reducing juvenile crime have strong family and community components. In cost/benefit analyses, these programs yield an outstanding return on investment by showing that the benefits to taxpayers and future crime victims far outweigh the annual cost of implementing the programs.

Why are family approaches so effective? These programs aim to create the powerful socialization forces of functional family life that can support a youth in their journey to adulthood. Families develop resiliency behaviors and skills that can continue to strengthen family life long after the formal program ends. So regardless of what is happening in their lives, parents can draw on these personal resources, developmentally sound parenting practices, and community supports. When parenting practices like monitoring of their children improve, it benefits the target youth as well as his/her sibling, and it works in middle class suburbs as well as high-crime neighborhoods.<sup>29</sup>

One important caveat for policymakers is that family programs offer great promise; however, not every program reaches its potential. The effectiveness of a given program depends, in large part, on how it is implemented. For example, Functional Family Therapy, when implemented effectively reduced recidivism rates by as much as 30%; however, when the therapists were not trained properly, it failed to reduce crime at all.<sup>30</sup> Achieving the results reported in this chapter depends on rigorous quality control. Policymakers in Washington State have deliberately taken steps in the design of their legislation to allocate resources to ensure that programs are carried out as the designers intended.

When policymakers are faced with decisions on the juvenile justice system, they can ask themselves three important questions:

- (1) What evidence exists about whether the policy or program prevents or reduces crime?
- (2) How cost-effective is the policy or program?
- (3) In what ways does the policy or program involve families? Does it take steps to re-create the powerful socialization forces of functional family life?

Policymakers have within their control the power to secure for families the priority they deserve in juvenile justice policy.

## References

- <sup>1</sup> Bogenschneider, K. (2006). *Family policy matters: How policymaking affects families and what professionals can do*. Mahwah, NJ: Lawrence Erlbaum. Associates, Inc.
- <sup>2</sup> Patterson, G. R. (1986). Performance models for antisocial boys. *American Psychologist*, *41*, 432-444.

**The most cost-effective programs for reducing juvenile crime have strong family and community components.**

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- <sup>3</sup> Patterson, G. R., DeBaryshe, B.D., & Ramsey, E. (1989). A developmental perspective on antisocial behavior. *American Psychologist*, *44*, 329-335.
- <sup>4</sup> Dishion, T. J., Patterson, G. R., & Griesler, P. C. (1994). Peer adaptation in the development of antisocial behavior: A confluence model. In L. R. Huesmann (Ed.), *Aggressive behavior: Current perspectives* (pp. 61-95). New York: Plenum.
- <sup>5</sup> Dishion, T. J., French, D. C., & Patterson, G. R. (1995). The development and ecology of antisocial behavior. In D. Cicchetti & D. Cohen (Eds.), *Manual of developmental psychopathology* (pp. 421-471). New York: Wiley.
- <sup>6</sup> Caspi, A., Elder, G. H., & Bern, D. J. (1987). Moving against the world: Life-course patterns of explosive children. *Developmental Psychology*, *23*, 308-313.
- <sup>7</sup> Patterson, G. R., & Yoerger, K. (1993, November). *Differentiating outcomes and histories for early and late onset arrests*. Paper presented at the American Society of Criminology, Phoenix, AZ.
- <sup>8, 9, 11, 15, 17, 22, 31</sup> Aos, S., Miller, M. & Drake, E. (2006). *Evidence-based public policy options to reduce future prison construction, criminal justice costs, and crime rates*. Olympia: Washington State Institute for Public Policy.
- <sup>10</sup> Bogenschneider, K. & Mills, J. (Eds.). (1999). *Raising the next generation: Public and private parenting initiatives*. (Wisconsin Family Impact Seminar Briefing Report #14). Madison: University of Wisconsin Center for Excellence in Family Studies.
- <sup>12</sup> Davidson, W.S. II, & Redner, R. (1988). The prevention of juvenile delinquency: Diversion from the juvenile justice system. In R. H. Price, E. L. Cowen, R. P. Lorion, & J. Ramos-McKay (Eds.), *14 Ounces of prevention: A casebook for practitioners* (pp. 123-137). Washington DC: American Psychological Association.
- <sup>13</sup> Emshoff, J. G. & Blakely, C. H. (1983). The diversion of delinquent youth: Family-focused intervention. *Children and Youth Services Review*, *5*, 343-356.
- <sup>14, 16</sup> Aos, S. (2004). *Washington State's family integrated transitions program for juvenile offenders: Outcome evaluation and benefit-cost analysis*. Olympia: Washington State Institute for Public Policy.
- <sup>18</sup> Barnoski, R. P. & Aos, S. (2004). *Outcome evaluation of Washington State's research-based programs for juvenile offenders*. Olympia: Washington State Institute for Public Policy.
- <sup>19</sup> Gordon, D. A., Graves, K. & Arbuthnot, J. (1995). The effect of functional family therapy for delinquents on adult criminal behavior. *Criminal Justice and Behavior*, *22*, 60-73.
- <sup>20</sup> Morris, S. B., Alexander, J. F., & Waldron, H. (1988). Functional family therapy. In I. R. Falloon (Ed.), *Handbook of behavioral family therapy* (pp. 107-127). New York: Guilford Press.
- <sup>21</sup> Wetchler, J. L. (1985). Functional family therapy: A life cycle perspective. *American Journal of Family Therapy*, *13*, 41-48.
- <sup>23</sup> Henggeler, S. W., Clingempeel, W. G., Brondino, M. J., & Pickrel, S. G. (2002). Four-year follow-up of multisystemic therapy with substance abusing and dependent juvenile offenders. *Journal of the American Academy of Child & Adolescent Psychiatry*, *41*, 868-874.
- <sup>24</sup> Henggeler, S. W., Melton, G. B., Smith, L. A., Schoenwald, S. K., & Hanley, J. H. (1993). Family preservation using multisystemic treatment: Long-term follow-up to a clinical trial with serious juvenile offenders. *Journal of Child and Family Studies*, *2*, 283-293.
- <sup>25</sup> Schaeffer, C. M., & Borduin, C. M. (2005). Long-term follow-up to a randomized clinical trial of multisystemic therapy with serious and violent juvenile offenders. *Journal of Consulting and Clinical Psychology*, *73*(3), 445-453.

- <sup>26</sup> Timmons-Mitchell, J., Bender, M. B., Kishna, M. A., & Mitchell, C. C. (2006). An independent effectiveness trial of multisystemic therapy with juvenile justice youth. *Journal of Clinical Child and Adolescent Psychology, 35*(2), 227-236.
- <sup>27</sup> Olds, D., Henderson, C. R., Cole, R., Eckenrode, J., Kitzman, H., Luckey, D., Pettitt, L., Sidora, K., Morris, P. & Powers, J. (1998). Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized controlled trial. *Journal of the American Medical Association, 280*, 1238-1244.
- <sup>28</sup> Mendel, D. (2001, December-January). Combating delinquency: No place like home. *Youth Today*, p. 59. Washington, DC: Youth Today.
- <sup>29</sup> Bronfenbrenner, U. (1986, May). *A generation in jeopardy: American's hidden family policy*. Testimony presented at a hearing of the Senate Committee on Rules and Administration on a resolution to establish a Select Committee on Families, Youth and Children, Washington, DC.
- <sup>30</sup> MacArthur Foundation Research Network on Adolescent Development and Juvenile Justice. (2006, September). *Creating turning points for serious adolescent offenders: Research on Pathways to Desistance* (Issue Brief No. 2). Philadelphia, PA: Author.