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The effectiveness of early intervention for violent juvenile offenders

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The effectiveness of early intervention for violent juvenile offenders

Abstract
Research on the effectiveness of intervention programs has suggested that violent and nonviolent offenders benefit from different interventions, with violent offenders benefitting more from intensive interventions. To date, no research has been conducted to examine the effectiveness of the Early Intervention Program (EIP) at the Washington County Juvenile Department (WCJD) for violent and nonviolent offenders; rather, research on the EIP has been focused on the overall effectiveness of the program. The purpose of this study was to determine the effectiveness of the EIP at the WCJD for violent offenders. It was hypothesized that violent juvenile offenders would be more likely to complete the EIP than would nonviolent offenders because the EIP is an intensive intervention. Using a sample of 81 youths who were enrolled in the EIP in 2009, the outcomes of youths with violent and nonviolent offenses were compared. Although a chi-square test revealed no significant differences, results of a z test indicated a significant difference between the proportion of violent and nonviolent juvenile offenders who successfully completed the EIP, with the violent offenders being more likely to successfully complete the EIP.

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THE EFFECTIVENESS OF EARLY INTERVENTION FOR VIOLENT JUVENILE OFFENDERS

A THESIS
SUBMITTED TO THE FACULTY
OF
SCHOOL OF PROFESSIONAL PSYCHOLOGY
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LINDSAY BROOKE RANDALL

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APPROVED: Genevieve L. Y. Arnaut, Psy.D., Ph.D.
Abstract

Research on the effectiveness of intervention programs has suggested that violent and nonviolent offenders benefit from different interventions, with violent offenders benefiting more from intensive interventions. To date, no research has been conducted to examine the effectiveness of the Early Intervention Program (EIP) at the Washington County Juvenile Department (WCJD) for violent and nonviolent offenders; rather, research on the EIP has been focused on the overall effectiveness of the program. The purpose of this study was to determine the effectiveness of the EIP at the WCJD for violent offenders. It was hypothesized that violent juvenile offenders would be more likely to complete the EIP than would nonviolent offenders because the EIP is an intensive intervention. Using a sample of 81 youths who were enrolled in the EIP in 2009, the outcomes of youths with violent and nonviolent offenses were compared. Although a chi-square test revealed no significant differences, results of a z test indicated a significant difference between the proportion of violent and nonviolent juvenile offenders who successfully completed the EIP, with the violent offenders being more likely to successfully complete the EIP.

Keywords: juvenile offenders, violent, nonviolent, early intervention program
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Introduction

According to the U.S. Department of Justice (2009), juvenile offenders have committed approximately 16% of all violent offenses (e.g., murder, rape, robbery, and assault) in the United States in recent years. In 2010, juveniles were involved in 10% of arrests for murder, 24% of arrests for robbery, 23% of arrests for burglary, and 11% of arrests for aggravated assault (U.S. Department of Justice, 2010). Research has indicated that a small number of juvenile offenders commit a large proportion of these violent crimes (Lemon & Calhoon, 1998). Targeting these high-risk individuals allows for more prompt and effective interventions.

Due to the relatively high number of violent crimes committed by juveniles each year, pressure to establish effective interventions that target and treat violent juvenile behavior has been growing (Auffrey, Fritz, Lin, & Bistak, 1999). Many popular interventions implemented in the early 1990s have recently been shown to be ineffective, sometimes even increasing the risk of recidivism. These programs include DARE, boot camps, and “scared-straight” approaches (Greenwood, 2008). Little is known about which alternative interventions are the most promising, for several reasons. First, it is challenging to determine the efficacy of intervention programs because the effects may not be evident for many years (Greenwood, 2008). Furthermore, there is no standard approach to determining the efficacy of such programs.

A lack of information about the effectiveness of intervention programs leads to uncertainty about which programs should be implemented (Lipsey, Wilson, & Cothern, 2000). Despite the difficulty in identifying effective interventions, the public health
community has acknowledged the need for continuous commitment to research devoted to finding effective interventions for juvenile offenders (Lipsey et al., 2000). Effective interventions can change the course of a child’s life and put him or her on a path to success. For example, juvenile offenders are at a higher risk for teen pregnancy, alcohol abuse, and school drop-out than are youths who have not been referred to the juvenile department (Greenwood, 2008). In addition, many adult criminals have begun their career as juvenile offenders (Greenwood, 2008). According to Ge, Donnellan, and Wenk (2001), youths arrested before age 15 were 6 times more likely than other juveniles to continue a life of crime into adulthood, and 98.8% of youths arrested more than four times before age 17 continued a life of crime into adulthood. Thus, interventions that decrease the recidivism rates of juveniles can, in turn, decrease the number of crimes committed by adults. Finally, crime heavily affects society and places a substantial weight on taxpayers. As Greenwood (2008) noted, “the cost of arresting, prosecuting, incarcerating, and treating offenders, the fastest growing part of most state budgets over the past decade, now runs into the billions of dollars a year” (p. 186).

Clearly, identifying effective intervention programs for juvenile offenders can impact both the juvenile and society at large because the focus is shifted from punishment to prevention (Slobogin & Fondacaro, 2011). Due to increasing public concern over juvenile delinquency and recidivism, understanding the effectiveness of appropriate intervention programs is critical (Egan, 2009). Thus, the purpose of this study was to determine the effectiveness of an Early Intervention Program at the Washington County Juvenile Department for violent offenders.
Literature Review

In this literature review, I will discuss the development of criminal behaviors in juveniles, the increasing interest in risk factors that predict a juvenile’s risk of becoming delinquent, current early intervention programs that are in place for juvenile offenders, and treatment responses of violent and nonviolent juvenile offenders. For the purpose of this paper, juvenile delinquency is defined as “conduct by a juvenile characterized by antisocial behavior that is beyond parental control and therefore subject to legal action” (Merriam-Webster, 2013, “Juvenile Delinquency”).

Development of Criminality in Juvenile Offenders

Data from 1996 indicated that roughly 30% to 40% of males who grew up in urban areas in the United States would be arrested before they turned 18 (Greenwood, 1996). More recent statistics suggest that this trend has continued: Brame, Turner, Paternoster, and Bushway (2012) noted that approximately 1 out of every 3 American youths would be arrested by age 23. In order to address and prevent delinquent behavior, it is important to examine how these behaviors originate. Identifying factors that increase a youth’s chance to engage in delinquent behaviors can assist in developing effective interventions.

Several theories exist as to why youths partake in violence in the first place. In this section, I will briefly discuss two such theories: strain theory and social control theory. The strain theory developed by Agnew suggests that juveniles turn to delinquent behavior because they are unable to meet their goals through legitimate means (Agnew, 1985). For example, a youth cannot easily escape certain environments, such as his or her
school or home life. If such environments become aversive for some reason (e.g., abuse in the home, failure at school), the inability to escape these aversive environments may lead the youth to turn to illegal activities to try to escape. In addition, the theory suggests that a juvenile attempts to avoid punishment and pain. For example, a youth may see school as punishment; however, he or she cannot easily quit school. Thus, the youth may turn to delinquent behavior to attempt to escape what he or she views as punishment.

However, hundreds of strains or stressors exist and not all of them are related to crime. Agnew (2001) argued that four strains were most likely to lead to delinquent behaviors: strains that a youth believes are associated with low social control, are high in magnitude, create incentive to engage in criminal coping, or are unjust.

In contrast, the social control theory developed by Hirschi (1969) focuses less on stressors and more on social bonds. This theory suggests that social bonds that are in place to prohibit criminality (e.g., in family, church, or school) have broken down. Four elements make up these social bonds: a belief in conventional norms, commitment to conventional goals, attachment to conventional others (e.g., parents), and involvement in conventional activities (Agnew, 1991).

Research on these theories has suggested that there are both strengths and limitations to each. For example, Agnew and White (1992) conducted a study to test the effectiveness of strain theory using a sample of 1,380 male and female juveniles aged 12, 15, and 18 years. Multiple measures were administered: eight strain measures, seven social control measures, and one differential association measure. The measures linked to school, neighborhood, or family strains were found to be the most indicative of delinquent behavior. The authors found that the effects of the strain variables were
similar to the effects of the social control variables. Despite empirical evidence supporting this theory (Moon, Morash, McCluskey, & Hwang, 2009; Agnew & White, 1992), research can be difficult when hundreds of strains exist (Agnew, 2001).

To evaluate the effectiveness of social control theory, Junger-Tas (1992) conducted a study in two Dutch cities with 2,000 male and female youths aged 12 to 18 years. Youths completed four scales: family integration (e.g., communication with parents and family activities), leisure and peers (i.e., involvement in leisurely activities and the nature of these activities), school integration (e.g., school commitment and performance) and normative statements about the offense the youth committed. The author found that a vast majority of the youths had conventional values about delinquent behavior. In addition, the strongest predictor of delinquency was failure in school. These findings suggest that preventive interventions should be aimed at influencing a youth’s behavior and motivation to succeed in academics.

In sum, the body of empirical literature reviewed lends support for both the strain theory and social control theory. Although school, neighborhood, and family strains have been linked to juvenile delinquency, youths also hold conventional values about delinquent behavior. These findings suggest that there are truths to both theories. In order to determine effective intervention programs for juvenile offenders, it is important to consider empirical predictors as well as theoretical underpinnings of delinquency. One empirical approach is to identify youths’ risk factors and individualize interventions based on these factors.
The Importance of Risk Factors

Identification of risk factors that increase a youth’s likelihood of reoffending is important in order to decrease the likelihood of future recidivism. Many potential risk factors exist, which is why interventions should focus on empirically supported risk factors (Cottle, Lee, & Heilbrun, 2001). As Greenwood (1996) noted, “the best predictors of future delinquency are past involvement in delinquency, the presence of other related problem behaviors, and association with delinquent peers” (p. 77).

Although a number of early intervention programs are available for juvenile offenders, Zigler, Taussing, and Black (1997) argued that many of these programs have been unsuccessful because each program only targets a few of the potential risk factors for juvenile delinquency, when in reality numerous risk factors exist. Furthermore, these risk factors are present in a wide array of systems (e.g., home, school, community, etc.). No single risk factor has been identified as a strong predictor of juvenile delinquency; rather, a combination of numerous risk factors increases a youth’s likelihood of engaging in illegal behaviors (Zigler et al., 1997). Thus, programs that aim to reduce only a few of the many risk factors are seldom effective.

Risk-based interventions have become an increasingly common way to approach youth violence because the examination of risk factors has become such a prominent area of research (Slobogin & Fondacaro, 2011). Auffrey, Fritz, Lin, and Bistak (1999) categorized risk factors as being at one or more of three levels: family, individual, and/or community. Identified risk factors at the family level include family involvement in the judicial system, parental separation, and a history of child abuse. Identified risk factors at the individual level include learning disabilities, inadequate motor skills, prenatal
complications, and a history of antisocial behaviors. Identified risk factors at the community level include living in a socially isolated residence and having a limited amount of resources (e.g., health care, food).

In order to determine the effectiveness of risk-based treatment approaches in juvenile offenders, Auffrey et al. (1999) conducted a study examining youths’ juvenile records to identify both risk and protective factors for 276 male and female youths aged 12 to 17 years. The authors examined 59 variables that previous researchers had identified as risk or protective factors and found that five of these variables were significant predictors of violent criminal behavior. The variables that served as protective factors included a serious illness in the youth’s family, psychiatric inpatient history, and educational achievement level (at or below grade level). Risk factors included lack of parental affection and assaultive behavior history, with the latter being the greatest risk factor for violent behavior. The authors found that a positive relationship existed between youth recidivism rates and the number of risk factors present.

Although some juvenile delinquency risk factors such as genetic contributions cannot easily be changed (Greenwood, 2008), intervention programs can target more dynamic risk factors, such as a juvenile’s involvement in school, his or her peer groups, and the quality of parenting in his or her household (Greenwood, 2008). As Slobogin and Fondacaro (2011) noted, targeting appropriate dynamic risk factors, as well as acknowledging a particular youth’s protective factors, can be used to establish effective interventions. This recommendation assumes that the most successful interventions are individualized, because protective factors for each youth will vary.
In another examination of the association of risk factors and effective interventions, Cottle et al. (2001) conducted a meta-analysis to identify risk factors related to recidivism in youths aged 12 to 21 years. The authors examined 23 published studies from 1983 to 2000. Results indicated that the strongest risk factors were history of nonsevere pathology, younger age at first contact with law, and younger age at first commitment. The authors identified static and dynamic risk factors in order to determine which factors should be addressed in interventions that focus on risk reduction. Examples of static risk factors included a history of physical abuse, a history of special education classes, and being raised by a single parent. Examples of dynamic risk factors included poor use of leisure time, family instability, and substance abuse. As Cottle et al. noted, interventions should target dynamic risk factors, as static risk factors have already taken place and cannot be altered.

Although the importance of examining risk factors cannot be overstated, it is also important to investigate whether risk factors differ depending on the type of crime a juvenile committed. Looking specifically at female juvenile offenders who committed serious crimes, Borduin and Ronis (2012) conducted a study to determine the differences in risk factors between violent juvenile offenders, nonviolent juvenile offenders, and nondelinquent youths with 142 female offenders aged 11 to 17 years. The authors administered self-report and behavior-rating inventories to both the youth and her parents. Subsequently, the youth and her parents were videotaped as part of a family interaction task. The youth’s teacher was also asked to fill out a paper-and-pencil measure. The authors found that both nonviolent female offenders and violent female
offenders shared many of the same risk factors, including family disturbances, association with delinquent peers, and poor grades.

Looking at interventions rather than risk factors, Lipsey (2009) conducted a meta-analysis to identify general factors of effective interventions that were associated with the greatest reduction in recidivism rates in youths aged 12 to 21 years. The author examined 548 independent study samples from 1958 to 2002 and found that higher risk juveniles experienced greater recidivism reductions in response to interventions; however, juveniles with a history of violent or aggressive behavior exhibited smaller reductions in recidivism. Lipsey concluded that interventions were more effective when a therapeutic aspect was implemented (e.g., counseling), when the intervention was of higher quality, and when the intervention was introduced to higher risk juveniles. These results support the notion that low-risk youths respond differently to interventions than do high-risk youths. Other authors have reported similar findings: for example, juveniles with lower risk levels have not typically responded well to intensive treatments (Andrews, Bonta, & Hoge, 1990).

Risk factors are of importance to the juvenile justice system because they permit prediction of future recidivism risk. Risk assessments are commonly conducted when a youth is referred to a juvenile department. The aim of these risk assessments is to gather information on the juvenile’s current risk factors. The information collected from these risk assessments is used in decision-making about the type of intervention a juvenile will receive (Cottle et al., 2001). For example, a youth who is determined to be low risk might be selected to participate in community service, whereas a youth who is determined to be high risk might be required to participate in a more long-term intervention process. Given
that juveniles with different risk levels respond differently to various interventions, identifying a juvenile’s risk level based on his or her risk factors is crucial. Despite the growing interest in examining a youth’s risk factors to determine an effective intervention, many other intervention programs are currently being implemented around the country.

Current Intervention Programs

Numerous intervention programs exist for juvenile offenders. The hard part is figuring out which interventions work best and whether certain interventions work better for individuals identified as being at a specific risk level. In this section, I discuss current models of intervention programs that the juvenile justice service employs, as well as other intervention programs that have shown to be promising for juvenile offenders: school-based, community-based, family-based, and preventative-based interventions.

Current juvenile justice intervention programs. As described by Slobogin and Fondacaro (2011), juvenile justice systems currently use one of three models for dealing with juvenile offenders: rehabilitation, retribution, and diminished retribution. The rehabilitation model was developed because it was thought that juvenile offenders were simply misguided children who needed help in healing, rather than malicious individuals who needed to be severely punished for their actions. Although law enforcement officials have emphasized rehabilitation over punishment, the mounting pressure to keep society safe has made law enforcement officials question the choice of rehabilitation over punishment when it comes to violent offenders (Tate, Reppucci, & Mulvey, 1995). In fact, in a study published almost 20 years ago, Sherman (1994) found that 40% of juvenile court judges favored harsher punishments for juvenile offenders than what was
currently in place, including the death penalty under certain circumstances, and other authors have reported that, from 1973 to 2003, a total of 22 youths under the age of 18 were executed (Snyder & Sickmund, 2006). (Subsequently, in 2005, the U.S. Supreme Court ruled that the death penalty was prohibited in youths under the age of 18 years; Snyder & Sickmund, 2006). Furthermore, from 1988 to 1992, the percentage of juveniles waived to adult courts increased by 68% (Greenwood, 1996), suggesting that public safety took priority over a youth’s rehabilitation. Siegal and Welsh (2012) noted that the waiver policy (i.e., transferring the most violent youth offenders to adult court) allowed for more severe punishment for violent offenders, thus acknowledging the pressure to keep society safe.

On the other hand, the retribution model was developed because some believed that juvenile offenders should be punished in the same way adults are punished because juveniles should be held accountable for their actions (Slobogin & Fondacaro, 2011). The diminished retribution model was developed as a way to combine the prior two models. In this approach, juveniles are neither found innocent or guilty; rather, it is acknowledged that they are youths and are not completely responsible for their actions. Most jurisdictions employ this model, and Slobogin and Fondacaro (2011) have noted that most researchers agree that diminished retribution is the most beneficial and effective of the three models.

School-based interventions. As Greenwood (2008) noted, the aim of school-based programs is to educate students on life skills and to involve both teachers and parents in this educative process. These programs have been demonstrated to be effective in the prevention of behaviors such as school drop-out and drug use that can ultimately
lead to criminal activity. The School Transitional Environmental program described by Greenwood (2008) is one example of a school-based program that takes place in regular schools. In this program, youths who are at the greatest risk for criminal behavior are identified and placed in the same homeroom. The teacher additionally plays the role of a guidance counselor to offer more support to high-risk youths. This program has shown to be effective in reducing drop-out rates and increasing the academic success of students.

The Bullying Prevention Program discussed by Greenwood (2008) is another example of a school-based program. This program emphasizes collaboration between parents and teachers to enforce well-defined rules against bullying. This program has shown to be effective in reducing bullying; research has indicated that bullying decreased by 50% in schools that implemented this strict intervention (Greenwood, 2008).

**Community-based interventions.** Community-based programs can take place in various settings, including teen centers and parks. Slobogin and Fondacaro (2011) noted that youths are more likely to be impulsive, give in to peer pressure, and be susceptible to the media than are adults; thus, these authors recommended a multisystemic approach that emphasizes community-based programs. According to Greenwood (2008), “the most successful community-based programs are those that emphasize family interactions, probably because they focus on providing skills to the adults who are in the best position to supervise and train the child” (p. 198). On the other hand, programs that punish juveniles are the least successful (Greenwood, 2008).

**Family-based interventions.** Two family-based intervention programs that have been shown to be effective are Multisystemic Therapy (MST) and Functional Family Therapy (FFT; Greenwood, 2008). The aim of MST is to help parents identify and help
with their child’s delinquency. In this program, parents learn skills for successful parenting and for building a solid social support network for their child (Greenwood, 2008). One of the main goals of MST is to reduce the possibility of a complete family breakdown. This goal is achieved by helping the parents realize that they need to be responsible in coming up with solutions to problems. In addition, this program emphasizes the importance of strengthening the family bond (Ali, 2012). Therapists implementing MST also attempt to involve both teachers and other family members (e.g., aunts, uncles, and grandparents) to become involved in stricter supervision of the youth.

The aim of FFT is to change how the juvenile and his or her family members interact with one another (Greenwood, 2008). A dysfunctional family life is thought to be a primary reason behind a youth’s delinquency (Henggeler & Sohoenwald, 2011). Thus, in FFT parents learn how to provide guidance for their child in the hope of strengthening the emotional connection between family members (Greenwood, 2008). The theory behind FFT is to focus on improving family relations by incorporating both cognitive-behavioral and behavioral interventions (Henggeler & Sohoenwald, 2011).

Studies have demonstrated that MST can be effective in reducing juvenile recidivism rates. For example, Henggeler, Melton, and Smith (1992) conducted a study to determine the effectiveness of MST with 84 male and female youths with an average age of 15.2 years who had a history of serious criminal behavior. The juveniles were randomly assigned to either MST or the standard program of treatment at the juvenile department. Multiple measures were administered throughout the 59-week study, including measures regarding ultimate goals (e.g., no reoffending) and instrumental goals.
(e.g., improved relationships with family and friends). Juveniles who received MST had half the number of arrests as did juveniles who received the standard protocol training.

Other studies have demonstrated that FFT can be effective in reducing many delinquent behaviors in juveniles (Greenwood, 2008; Henggeler & Sohoenwald, 2011). Sexton and Turner (2011) conducted a study to determine the effectiveness of FFT in a community juvenile justice setting. The authors examined the recidivism rates of juveniles who received FFT compared to juveniles who received the standard probation service approach. At a 12-month follow-up, recidivism rates of juveniles who received a strict FFT approach were significantly lower than recidivism rates for juveniles who received the standard probation service approach. When compared to the youths who received the standard approach, youths in the FFT program exhibited a 21% decrease in recidivism rates for misdemeanor offenses, a 35% decrease in felonies, and a 30% decrease for violent crimes.

**Prevention-based interventions.** Despite the numerous intervention programs available for juvenile offenders, Greenwood (2008) found that the most successful intervention programs were those that targeted individuals before they became involved in delinquency. As previously mentioned, primary preventative programs are those that target individuals in the general population and secondary preventative programs are those that target individuals who have a higher risk of engaging in crime relative to the general population (e.g., youths in disadvantaged neighborhoods and youths who experience violence in their household). Examples of primary preventative programs include attempts to prevent teen-pregnancy and alcohol abuse before they even become a problem (Greenwood, 2008). One secondary preventative program that has shown to be
promising is one that identifies young mothers during their first pregnancy. Once identified, a nurse will make routine home visits to check on the mother and provide her with the social skills and child-care training needed to succeed (Greenwood, 2008).

In sum, one must examine the intervention programs that are currently employed around the country in order to determine whether a certain early intervention program is effective. Differences between effective and ineffective programs need to be examined further to determine what parts of a program make the intervention successful. Henggeler and Sohoenwald (2011) stated that the differences between effective and ineffective intervention programs are the risk factors that the interventions aim to address. According to these authors, ineffective intervention programs tend to overlook important risk factors, such as peer associations and family relations. Interventions that do not involve the juvenile’s family are seldom effective. Intensive individual supervision or “scared straight approaches,” such as sending a juvenile offender through the adult court or taking the juvenile to prison for a day, do not work because the individuals who are around the youth the most frequently are not involved (Greenwood, 2008). Currently, juvenile departments around the country tend to simply choose certain elements from different intervention models and implement them without any empirical support, which can harm both the juveniles and society (Slobogin & Fondacaro, 2011). In fact, each year, only 5% of high-risk juvenile offenders are treated with empirically based interventions (Henggeler & Sohoenwald, 2011). In addition to examining the overall success rate of current intervention programs, there is also a need to examine differences in success rates between violent and nonviolent juvenile offenders.
Treatment Responses of Violent and Nonviolent Juvenile Offenders

In order to implement effective interventions and reduce juvenile recidivism rates, it is important to distinguish violent and nonviolent juvenile offenders because characteristics of these two groups are often vastly different. For example, Robertson and Burton (2010) found that violent offenders had experienced more sexual abuse and physical neglect in childhood than had nonviolent offenders.

Violent and chronic juvenile offenders are at a higher risk of continuing crime into adulthood than are nonviolent juvenile offenders (Lipsey et al., 2000). Lipsey et al. (2000) conducted a meta-analysis examining 200 quasi-experimental or experimental studies that compared the effectiveness of multiple interventions for institutionalized and noninstitutionalized juvenile offenders. The 200 studies included in this meta-analysis included primarily White males aged 14 to 17 years who had been referred to the intervention program directly by the researchers or someone in the juvenile justice system, and who had a record of serious offenses that included both person and property crimes. Results indicated that individual counseling, behavioral programs, and interpersonal skills training were associated with the most positive effects for noninstitutionalized juvenile offenders. Treatments found to be the most ineffective were deterrence programs, vocational programs, wilderness/challenge programs, and early release from probation. On the other hand, teaching family homes (i.e., family-style, community-based group homes) and interpersonal skills training (e.g., anger management classes) had the most positive effects for institutionalized juvenile offenders. Lipsey et al. concluded that interventions were effective in reducing recidivism rates of violent and chronic juvenile offenders; however, interventions that were most effective for
noninstitutionalized juveniles were not the same as interventions that were the most effective for institutionalized juveniles.

Limbos et al. (2007) conducted a systematic review of 41 peer-reviewed articles to determine which interventions were most effective in reducing recidivism rates in violent juvenile offenders. All of the studies included violent youths aged 12 to 17 years. The effectiveness of primary, secondary, and tertiary interventions were assessed. The goal of a primary intervention is to target risk factors that commonly lead to violence (e.g., substance use), whereas the goal of secondary and tertiary interventions is to reduce violence in youths who have already offended or who are considered to be high risk. The authors examined six primary interventions, seven secondary interventions, and two tertiary interventions. They found that 33% of primary interventions, 43% of secondary interventions, and 100% of tertiary interventions were effective for violent offenders. The most ineffective interventions were ones in which youths were followed for the shortest amount of time. This finding suggests that violent juvenile offenders may respond best to long-term, structured interventions.

Tate, Reppucci, and Mulvey (1995) examined the literature to identify both effective and ineffective interventions for violent juvenile offenders. They noted that, although both individual and group therapy were frequently used to treat violent juvenile offenders, neither one had proven to be effective. Other forms of intervention they identified included biological, cognitive-behavioral, problem-solving skills, social skills, and multi-systemic therapy (MST) interventions. The logic behind biological interventions is as follows: Many biological conditions are thought to be related to violent behavior, and thus, it may be possible to reduce this behavior through
pharmacological interventions. On the other hand, the aim of cognitive-behavioral therapy is to target cognitive deficiencies and distortions, as these processes are thought to lead to aggressive and violent behavior. Problem-solving skills training is a cognitive-behavioral technique that focuses on increasing a juvenile’s self-control, subsequently reducing the likelihood that he or she will exhibit aggressive behaviors. Social-skills training is intended to change the behavior of violent youths (e.g., moral reasoning training and anger management training). Aggression Replacement Training (ART) is the most well-studied example of a social-skills training program. Finally, as previously mentioned, the aim of MST is to target many contexts in which the youths are present (e.g., home and community). Thus, the parents are very involved throughout MST, as the therapy focuses on how the parents can be more assertive and successful when targeting their child’s delinquency.

Borduin et al. (1995) conducted a study to compare the long-term effectiveness of MST and individual therapy with 176 male and female youths aged 12 to 17 years who had committed serious crimes. The authors included 92 youths who received MST and 84 youths who received individual therapy. The MST treatment condition focused on community- and home-based interventions, whereas the individual therapy treatment condition focused on the youths rather than the complete family system. A multimethod assessment battery was given to each youth to measure instrumental goals (e.g., improved family and social relations) and ultimate goals (decrease in recidivism rates and seriousness of crime). The pretreatment and posttreatment assessments included self-report measures (e.g., individual adjustment, family relations, and social relations) completed by the youths, their parents, and their teachers. Results indicated that youths
who received MST were significantly less likely to recidivate within four years of treatment than were youths who received individual therapy. Furthermore, youths who dropped out of MST treatment were more likely to recidivate than were youths who completed the MST treatment, but they were less likely to recidivate than were youths who received individual therapy.

Schaeffer and Borduin (2005) conducted a study to compare the long-term effectiveness of MST and individual therapy for participants in the previous study conducted by Borduin et al. (1995). The authors found that, 13.7 years after the original study, the youths who received MST had an overall recidivism rate of 50%, whereas the youths who received individual therapy had an 81% recidivism rate. Furthermore, youths who received MST had spent 57% fewer days in adult detentions.

In the longest follow-up study on the effectiveness of MST for juvenile offenders to date, Sawyer and Borduin (2011) assessed the same participants 21.9 years after the original study by Borduin et al. (1995). Results indicated that youths who received MST were 34.8% less likely to commit a felony than youths who received individual therapy. Furthermore, youths who had received individual therapy had a frequency of committing misdemeanor crimes that was 5.04 times higher than that of youths who had received MST. The authors concluded that MST had beneficial long-term effects.

Despite such results, debate exists over whether violent juveniles will respond to interventions at all. The responsiveness of offenders to treatment greatly impacts the amount of time and money that will be used to treat these offenders. Little research exists regarding when interventions should take place for violent juvenile offenders and the extent to which most of these interventions are effective. However, research focused on
violent juvenile offenders is crucial because a small number of juvenile offenders commit a large proportion of violent crimes (Lemon & Calhoon, 1998). Looking specifically at violent juvenile offenders, Andrews et al. (1990) noted that interventions for juveniles were most effective when they were introduced when a juvenile was at the highest risk of recidivating. Loeber and Farrington (1998) argued that interventions must take place immediately after a juvenile is identified to prevent him or her from becoming a chronic offender. However, Lipsey et al. (2000) claimed that violent juvenile offenders were least likely to respond to interventions because they have been “hardened” (p. 6). On the other hand, Thornberry, Huizinga, and Loeber (1995) stated that violent juvenile offenders are difficult to treat because they have already started committing numerous crimes by the time they are identified and receiving treatment. Thus, it is important to examine the extent to which violent juvenile offenders respond to interventions and whether these interventions need to be more intensive than interventions for nonviolent offenders.

**Purpose of the Current Study**

Because research has indicated that violent and nonviolent offenders respond differently to interventions, it is important to investigate whether the EIP at the WCJD modifies interventions appropriately to fit youths’ needs. However, to date, research at WCJD has primarily been focused on whether the EIP is effective for youths overall (W. Peterson, personal communication, May 16, 2013), and no research has been conducted to examine whether the EIP is equally effective for violent and nonviolent offenders. Therefore, the purpose of the current study was to compare the effectiveness of the EIP at the WCJD for violent and nonviolent offenders.
Research has indicated that violent and nonviolent juvenile offenders benefit from different interventions and level of services (Lipsey, Wilson, & Cothern, 2000). In addition, violent offenders have been shown to benefit from intensive interventions, whereas nonviolent offenders do not typically respond well to intensive interventions (Andrews, Bonta, & Hoge, 1990). Based on these prior findings, I predicted that violent juvenile offenders would be more likely to complete the EIP then would nonviolent offenders because the EIP is a relatively intensive intervention.
Method

Early Intervention Program at the Washington County Juvenile Department

According to information from the Washington County Juvenile Department (WCJD) Division Manager (W. Peterson, personal communication, May 16, 2013), the Early Intervention Program (EIP) is designed to reduce delinquent behavior swiftly and effectively, while increasing responsible behavior in youths who are considered to be high risk for recidivism. The WCJD introduced the program in 2000 when state funding increased. The aim of the program was to provide an intensive, short-term intervention that increased the protective factors supporting a youth (e.g., attendance at social events, mental health support). Additionally, this program provides high-risk youths the opportunity to address their delinquent behaviors outside of the courtroom.

A case manager is assigned to a youth when he or she is referred to the WCJD by a police officer. At the time of this writing, there were five case managers in the EIP, and each carried a caseload of approximately 12 to 16 youths (W. Peterson, personal communication, May 16, 2013). When a youth arrives at the WCJD, a case manager interviews the youth to gather more information regarding six factors related to risk. This information is entered into a database using dichotomous responses. That is, the case manager provides a yes or no response for each of the factors based on information that he or she gathered during the interview. Depending upon the rating, the factor is identified as either a risk or a protective factor, as follows:

1. Participation in extracurricular activities (coded as yes [protective] or no [risk])
2. Academic success (coded as yes [protective] or no [risk])
3. Association with peer delinquents (coded as yes [risk] or no [protective])
4. Good family relations (coded as yes [protective] or no [risk])
5. Substance use (coded as yes [risk] or no [protective])
6. Mental health history (coded as yes [risk] or no [protective])

The youth’s scores on these factors are combined in the database to calculate his or her risk level. The risk level is calculated in the database, and the case manager only sees the resulting risk level rather than a cutoff score. The youth’s final risk level is categorized as low, medium, or high risk. This risk level is used in decision-making about whether the case will be handled informally (i.e., early intervention program) or formally (i.e., court hearing). Once a risk level is identified, the case manager utilizes this information to subjectively determine what interventions will be implemented; no standardized intervention is assigned to every youth or every risk level. Case managers also ensure that juveniles complete requirements given as a consequence for delinquent behavior (e.g., theft counseling or community service).

The requirements for each youth are individualized based on his or her assessment results, and the type of intervention youths receive can vary substantially. Some youths require less supervision than others (e.g., those youths may complete community service). For a youth requiring a higher level of supervision, a service plan is created. In such cases, the case manager provides more regular and structured supervision and offers more connections to community resources (e.g., drug/alcohol evaluation, employment training, tutoring services, Boys and Girls Club, and mental health services). The case manager determines whether and when the youth completes the EIP successfully,
subsequently closing his or her case. When a youth’s case file has been closed, the case manager has acknowledged that the youth completed all specified requirements (e.g., community service) and is no longer under supervision by the WCJD. This process can take months, or even years, as there is no maximum time limit that a youth’s case can be open.

Subjects

WCJD staff collected data for 99 youths (80 males and 19 females) aged 10 to 18 years ($M = 14.9$ years, $SD = 1.6$) who were enrolled in the EIP in 2009. This information was collected through the Juvenile Justice Information System (JJIS), which is an electronic information system that was introduced by the Oregon Youth Authority (OYA) to allow for more collaborative relationships with Juvenile Departments. Data for 18 youths were excluded from this study because the youths’ files had been expunged, so information regarding the type of index crime they had committed could not be retrieved.

Although the JJIS database contains comprehensive information about each youth who is entered into the system (e.g., demographic information, assessment results, and intervention progress), the data set provided by the WCJD only included information about the youths who were enrolled in the EIP in 2009. This data set included ethnicity, age, sex, type of crime committed, and information about whether the youth successfully completed the EIP.

Looking specifically at demographics and other characteristics of the youths in this sample compared to the overall population of juvenile offenders at the OYA at the time of this study, juveniles’ sex and certain ethnicities were similar (see Table 1).
Table 1  
*Demographics of the Sample of Juveniles and the Total OYA Population (2013)*

<table>
<thead>
<tr>
<th></th>
<th>Total $(N = 81)$</th>
<th>OYA $(N = 1,737)$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>33.33</td>
<td>58.89</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>58.02</td>
<td>25.22</td>
</tr>
<tr>
<td>Black/African American</td>
<td>7.41</td>
<td>8.98</td>
</tr>
<tr>
<td>Native American</td>
<td>0.02</td>
<td>4.38</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-11</td>
<td>1.23</td>
<td>0.00</td>
</tr>
<tr>
<td>12-13</td>
<td>18.52</td>
<td>0.81</td>
</tr>
<tr>
<td>14-15</td>
<td>49.38</td>
<td>11.69</td>
</tr>
<tr>
<td>16-17</td>
<td>24.69</td>
<td>37.31</td>
</tr>
<tr>
<td>18-20</td>
<td>6.17</td>
<td>38.98</td>
</tr>
<tr>
<td><strong>Type of Offense</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonviolent</td>
<td>66.67</td>
<td>47.38</td>
</tr>
<tr>
<td>Violent</td>
<td>33.33</td>
<td>52.62</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>79.01</td>
<td>88.77</td>
</tr>
<tr>
<td>Female</td>
<td>20.99</td>
<td>11.23</td>
</tr>
</tbody>
</table>

When comparing demographic characteristics, there were significantly more Hispanic/Latino youths ($z = 6.53, p < .05$) and fewer White/Caucasian youths ($z = -4.55, p < .05$) in this sample compared to the overall OYA population. The subjects in the sample were younger than the OYA population; there were significantly more 12- to 13-year-olds ($z = 12.44, p < .05$) and 14- to 15-year-olds ($z = 9.75, p < .05$) and fewer 18- to 20-year-olds ($z = -5.96, p < .05$) in this sample compared to the overall population. Additionally, there were significantly more nonviolent crimes ($z = 3.83, p < .05$) than violent crimes ($z = -2.96, p < .05$) in this sample compared to the overall population. The
latter finding likely reflects the fact that the EIP at WCJD does not include youths who have committed very serious crimes that must be formally addressed (e.g., homicide), whereas the OYA data included all youths.

**Procedure**

After obtaining approval from Pacific University’s Institutional Review Board, I examined data for the juveniles who participated in the EIP, which had been extracted from JJIS by the WCJD staff. I split the 81 subjects into two groups based on the type of crime committed (coded as 0 [nonviolent] or 1 [violent]). A total of 27 youths (19 male, 8 female) had committed violent crimes, and 54 youths (45 male, 9 female) had committed nonviolent crimes. I used the same classification system that the WCJD uses to categorize violent and nonviolent offenses. Violent offenses included offenses against persons (e.g., Assault or Menacing) and Harassment, a public order offense. Nonviolent offenses included offenses against property (e.g., Theft, Burglary, or Unauthorized Use of a Vehicle), drug- and alcohol-related offenses, and public order offenses, including Disorderly Conduct and Carrying a Concealed Weapon. The average length of supervision for the sample was approximately 15.5 months, with 1 month being the shortest and 51 months being the longest (W. Peterson, personal communication, May 16, 2013).

The criterion for successful completion of the EIP was whether the case manager decided to close the youth’s case file (i.e., it was assumed that if a case had been closed, the youth had been successful). I determined whether a youth had completed the EIP successfully (coded as 0) or unsuccessfully (coded as 1) based on the information in the JJIS database. The latter variable was my outcome variable.
Results

Overall, the EIP appeared to lead to successful outcomes: 88% of youths completed the EIP successfully, whereas only 12% did not complete the EIP successfully. To determine whether the effectiveness of the EIP at the WCJD varied for juvenile offenders based on the type of crime they committed, youths were categorized into one of four groups: (a) nonviolent crime and successful completion of the EIP, (b) nonviolent crime and unsuccessful completion of the EIP, (c) violent crime and successful completion of the EIP, and (d) violent crime and unsuccessful completion of the EIP.

As is depicted in Table 2, a total of 27 youths (33%) had committed violent crimes, and 54 youths (67%) had committed nonviolent crimes. Looking at the success rates for the violent and nonviolent offenders, as can be seen in the table, almost all of the youths who committed violent crimes (96.3%) did go on to successfully complete the EIP. A smaller majority of the youths who committed nonviolent offenses were successful (83.3%).

<table>
<thead>
<tr>
<th></th>
<th>Violent (n = 27)</th>
<th>Nonviolent (n = 54)</th>
<th>Total (N = 81)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Successful</td>
<td>26</td>
<td>96.3</td>
<td>45</td>
</tr>
<tr>
<td>Unsuccessful</td>
<td>1</td>
<td>3.7</td>
<td>9</td>
</tr>
</tbody>
</table>

To test the hypothesis that violent juvenile offenders would be more likely to complete the EIP than nonviolent offenders, a chi-square test was conducted to determine
whether the type of crime a youth committed impacted the rate of successful completion of the EIP. There was no significant association between the success of juveniles and the nature of their offense, $\chi^2 (1) = 2.80, p = .095$. However, when comparing only the two groups of interest (i.e., the proportion of violent and nonviolent juvenile offenders who successfully completed the EIP), there was a significant difference between the two groups, $z = 1.67, p = .047$. The violent offenders were more likely to successfully complete the EIP than were the nonviolent offenders.
Discussion

Overall, the EIP appears to be a successful program, as demonstrated by the fact that 88% of all youths successfully completed the EIP. The purpose of this study was to assess the relative effectiveness of the EIP at the WCJD more specifically for violent and nonviolent offenders. Based on literature indicating that interventions should differ for violent and nonviolent offenders (Andrews et al., 1990), I hypothesized that the violent juvenile offenders would be more likely to complete the EIP than would nonviolent offenders because the EIP is an intensive intervention.

The findings supported this hypothesis. Almost all of the youths who committed violent offenses (96%) successfully completed the EIP, whereas a smaller portion of youths who committed nonviolent offenses (83%) successfully completed the EIP. Although the chi-square statistic did not produce any significant results, there was a trend toward significance. However, looking more specifically at the two groups of interest, there was a significant difference between the proportion of violent and nonviolent offenders who completed the EIP ($z = 1.67, p = .047$).

The finding that the program was more effective for violent offenders than nonviolent offenders is consistent with what other researchers have reported. Andrews et al. (1990) noted that low-risk youths do not typically respond as well as high-risk youths to intensive interventions; in fact, intensive interventions can even be harmful for low-risk youths. Furthermore, Lipsey (2009) conducted a meta-analysis with 548 independent study samples to identify general factors that were present in effective interventions. Lipsey concluded that interventions were more effective when they were
introduced to higher risk juveniles; this finding supports the notion that low-risk youths do not benefit from the same interventions as high-risk youths.

**Strengths and Limitations**

One strength of the current study is that the data set provided by WCJD contained information from every youth who was enrolled in the EIP in 2009. Thus, every youth whose criminal history was available was included in the study. Furthermore, no prior research has been conducted to examine differences in responsiveness to the EIP between violent and nonviolent juvenile offenders.

Several limitations must also be noted. Although every youth who met the criteria for this study was included, the sample size was still relatively small at 81 participants. In addition, there were twice as many nonviolent offenders as violent offenders. Because of the small sample size combined with the fact that the violent and nonviolent groups differed in size, the statistical power may have been too low to detect any significant differences among the four groups.

Also limiting the generalizability of the findings is the fact that each intervention was individualized to the specific youth. The fact that protocols are not standardized means that each case manager might approach the task of implementing interventions differently. Thus, youths who committed similar crimes might have received a different intervention depending on his or her case manager. This feature of the program means that all youths in the violent group may not have received the same type and number of interventions; the same is also true for the nonviolent group. Thus, it is not possible to state that a given intervention is appropriate for youths at certain risk levels.
Additionally, the definition I used for successful completion of the EIP may not translate to successful long-term completion of the EIP. In the current study, successful completion of the EIP was based on whether the case had been closed. Long-term recidivism, which is the ultimate outcome measure, was not examined. Although successful completion of the EIP is an important factor to consider, it is unknown whether this factor directly correlates with long-term recidivism. Furthermore, because the case manager decided when and whether a case was closed, the process was subjective. Case managers might have used different criteria regarding when to close a case.

Furthermore, at WCJD, youths can be assigned to one of three different risk levels (low, medium, and high), yet for the current study I created only two groups based on the nature of the offense. Thus, the youths were separated into two groups that do not directly match the outcome of the risk assessments. This factor, when combined with the fact that there were no standardized interventions for low, medium, and high risk groups, means that, it is unknown whether the results of this study can be applied directly to the program.

Similarly, risk level and nature of a youth’s offense are not synonymous. Although youths who commit violent crimes tend to be more high risk than youths who commit nonviolent crimes (Herrenkohl, Maguin, Hill, Hawkins, Abbott, & Catalano, 2000), several different risk factors are taken into account when assigning a risk level to a youth. It was thus possible that a youth was considered high risk even though he or she committed a nonviolent crime if the youth had a significant number of risk factors present. It was also possible that youths with current nonviolent offenses had committed a
violent offense in the past; this factor was not one of the six factors assessed to identify risk by WCJD staff. If youths in the nonviolent group had a history of past violence, the groups were not distinct.

Violent offenses were defined in the current study as offenses against persons (e.g., Assault or Menacing) and Harassment (a public order offense that the WCJD considers to be a violent offense; W. Peterson, personal communication, May 16, 2013). Nonviolent offenses included offenses against property (e.g., Theft, Burglary, or Unauthorized Use of a Vehicle), drug- and alcohol-related offenses, and other public order offenses, including Disorderly Conduct and Carrying a Concealed Weapon. The definition of violence in the current study used may differ from definitions used in other counties, states, or studies, also impacting the generalizability of the results. As Tate, Reppucci, and Mulvey (1995) noted, it is difficult to compare studies with violent youths because many terms are often used interchangeably (e.g., antisocial, violet, chronic, aggressive). However, in order to compare youth violence and examine differences between violent and nonviolent offenders, a consistent definition is needed.

**Future Research**

The current findings indicate that there was a significant difference between the proportion of violent and nonviolent juvenile offenders who successfully completed the EIP. However, because of the nature of risk assessments, violent and nonviolent offenders can be either low risk or high risk depending on the number and type of protective or risk factors present. Thus, it would be beneficial for future researchers to focus solely on identified risk levels to identify which interventions are most effective.
Additionally, because research has shown that violent and nonviolent juvenile offenders respond differently to interventions (Lipsey, 2009), research that focuses on identifying which interventions are the most successful for each group could greatly improve the effectiveness of EIPs currently being implemented by juvenile departments around the country. A comparison of outcomes for both standardized EIPs and those in which the interventions implemented vary based on risk and protective factors may also be useful. If further research shows that the effectiveness of interventions differ significantly for violent and nonviolent juveniles, or for high- and low-risk youths, juvenile departments should question the standardized EIP approach. In order to address the subjectivity involved in determining whether a youth successfully completed an EIP, researchers should examine an EIP that does not emphasize complete subjectivity, but instead relies on more objective scoring criteria.

Furthermore, researchers should examine long-term outcomes of the completion of EIPs, as it is important to determine whether successful completion of an EIP directly correlates to lower recidivism rates. This research can be useful in determining whether unsuccessful completion of an EIP should be considered a risk factor.

Implications

The current finding suggests that intensive interventions may not be as effective for nonviolent offenders when compared to violent offenders. Thus, another less intensive intervention might need to be implemented for nonviolent offenders. Furthermore, it is possible that the risk assessment used may overestimate a youth’s risk level, which may cause the low-risk nonviolent youths to receive a more intensive intervention than is needed, inadvertently decreasing their likelihood of success. More
research is needed; however, this study provides support for the idea that individualized interventions that take into account the nature of the offense will be most effective.
References


