EARLY COURT INTERVENTION

A RESEARCH AND DEMONSTRATION PROJECT

January 31, 1996

This research project was supported by an award from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), Office of Justice Programs, U. S. Department of Justice.

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ACKNOWLEDGEMENTS

An Advisory Committee consisting of policy planners, researchers, theoreticians and practitioners provided invaluable insight initially, and during the implementation phase of this project and in the preparation and review of the Final Report. Advisory Committee Members were as follows:

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Dana Nurge, Rutgers University, School of Criminal Justice, served as Project Coordinator and was instrumental in the implementation, data entry and preliminary data analysis.

Deotis Taylor, Hudson County Family Division, was extremely cooperative and helpful in implementing the project in Hudson County.

Steve Somogyi, on the JDC research staff at the time, contributed to both the planning of the project and its implementation.

In addition to the broader work of the Advisory Committee, select Advisory Committee members and other individuals contributed significantly to the development of the project's screening (interview) instrument and/or risk and need instruments:

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The following individuals made a significant contribution with respect to data entry, compilation and analysis of data and preparation of the final document for submission to the Office of Juvenile Justice and Delinquency Prevention: Alice Harper, Matt Kowalski, Gregory B. Wilcenski, Elizabeth D. Disney, Mary Ann Poole, Marie Smith, Pam Fisher, Nancy French and John Shutack.

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EXECUTIVE SUMMARY

The Early Court Intervention Project (ECIP) was a research and demonstration project, funded by the Office of Juvenile Justice and Delinquency Prevention, to identify youths at high risk of becoming chronic offenders in order that more targeted and appropriate responses could be directed toward these juveniles.

A twelve item risk scale instrument was developed and piloted in two counties, namely, Atlantic and Hudson. The total sample consisted of 298 juveniles.

Four recidivism criteria, namely, referral to juvenile court or arrest as an adult, number of court docketings, number of counts and number of charges for violent offenses were utilized to validate the original instrument and to construct an alternative risk instrument that is superior in its prediction of recidivism.

Preliminary findings are as follows:

- For the original ad hoc risk instrument, across the threefold classification of juveniles, those juveniles designated high risk are substantially more likely to recidivate than juveniles who are at low risk; almost a 50% increase in the probability of recidivating and approximately a threefold increase in the frequency of delinquent/criminal activity. High risk youth have five times the number of subsequent court docketings/arrests as low risk youth.

- The needs assessments predict recidivism about as well as the original twelve-item risk scale.

- A greater differential in recidivism exists between low and high risk offenders using cut-off points selected on the basis of optimizing observed recidivism differences rather than on arbitrary cut-off points for the original instrument. In the low risk category, 46% are referred/rearrested compared to 83% in the high risk category.

- Similarly, recidivism prediction is superior in degree: the average number of recidivism events is five or six times greater in the high risk than low risk category.

- Juveniles in the ECIP study were not only classified according to risk but also evaluated according to need. The needs assessment items when combined into an additive scale predicted recidivism about as well as the original risk scale.

- Combining risk and need factors into one scale resulted in six items that were statistically significant predictors of recidivism: poor school performance, behavior problems in school, lack of parental control/supervision, negative peer influences, substance abuse, lack of sense of mastery. Although an improvement over the twelve-item risk scale, the combined risk/needs scale omits some predictive factors.

- A seven-item "general" risk scale is successful in predicting the four outcome variables and is more successful in identifying high risk offenders than the combined risk and need items. Seventy-six percent of the youth qualify as either high or low risk (high risk youth have four times as many violent offense charges as low risk youth).

- The seven-item risk assessment items include: poor school performance, poor school behavior, parent(s) reports of juvenile's behavioral problems, juvenile's self-reported drug use, lack of sense of mastery, law-breaking of juvenile's peers, and a reading comprehension test.

- Findings suggest that policy directed at treating the high risk juveniles who have neurological/learning disabilities, would seem to hold considerable promise.

- Two alternative types of risk instruments were examined: legal, neurological. Neither predicted recidivism as well as the seven item general risk scale.

- As expected, low risk juveniles were responded to quite similarly whether in the control or experimental group. Medium and high risk experimentals were more likely to receive "treatment" than were the comparable controls. Thus, it is possible that judges attempted to "do more" for the juveniles whom they were told were medium or high risk. Interestingly, the control group medium and high risk juveniles received the least "treatment." Without the help of the ECIP classification judges apparently did not identify these youth as deserving of a "treatment" intervention.

- Non-diverted juveniles in the experimental group designated "medium" or "high risk" were more likely to receive treatment as a result of court adjudication.

- The impact of various juvenile interventions is inconclusive, but diversionary, probation, and treatment interventions are most consistently associated with lower levels of recidivism.

Despite the fact that the current research involved juveniles early on in their court experience, a large share of the juveniles in the present sample were assessed as having multiple -- even numerous -- needs. Of the 16 specific need areas incorporated in the needs assessment instrument, over two-thirds (69%) of the juveniles were assessed with at least five separate needs; nearly one-fifth (18%) had 10 or more different needs identified. Consequently, there is a potential for subsequent offending to be substantially reduced with an enhancement of the court's ability to address these needs in its dispositions.

EARLY COURT INTERVENTION

A RESEARCH AND DEMONSTRATION PROJECT

I. BACKGROUND

The Early Court Intervention Project (ECIP) was a research and demonstration project funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) through a grant awarded to the New Jersey Juvenile Delinquency Commission (JDC) on September 30, 1992. The goal of the project was to improve the ability of New Jersey's Family Court (Superior Court, Chancery Division, Family Part) to identify early youths at high risk of becoming chronic offenders and, as a result, to provide more targeted and appropriate responses. This goal would be achieved through the development of risk and needs assessment instruments and an early intake assessment process.

The project was a response to a request made by Robert D. Lipscher, Administrative Director of the New Jersey Courts, to the JDC to develop the assessment tool which would help the court target high risk juveniles, identify their needs and aid in rehabilitative efforts. These concerns reflect the year long work and final recommendations of the 1989 New Jersey Supreme Court Task Force on Juveniles, Justice and the Courts. This Task Force, which consisted of a broad participation of representatives of the juvenile justice system in New Jersey as well as national experts, undertook a comprehensive examination of New Jersey's Family Court's role in the juvenile justice system.

Two major Task Force findings directly relate to this project: 1) There was a serious limitation in the amount of information available on court-involved juveniles and their families, especially early on in their court experience (New Jersey Supreme Court Task Force on Juveniles, Justice and the Courts, 1990: 31-34). The Task Force recommended that information gathering and early assessment capabilities be improved, in part by enhancing the Court Intake function (pp:42). It suggested that comprehensive case information gathering at earlier stages of court involvement would improve both intake (e.g., whether to divert or not) and judicial (e.g., disposition) decisions, and likely decrease the chance that juveniles' serious problems and delinquent behavior would continue unchecked.

2) Another significant and related finding was the court's limited capacity to handle juvenile chronic offenders effectively. Utilizing the statistics prepared by the JDC, the Task Force documented the impact of juvenile chronic offenders (defined in terms of court-involvement) on the juvenile crime problem and the workload of the family court -- a finding consistent with a growing body of research around the country.

Research Review

Evidence that a small group of juveniles is responsible for a large portion of official delinquency, especially more serious juvenile crime, has been marshaled in a number of jurisdictions across the country. This evidence is based on both juvenile arrests (Wolfgang, Figlio and Sellin, 1972; Hamparian, Schuster, Dinitz and Conrad, 1978; Shannon, 1988; Tracy, Wolfgang and Figlio, 1990) and juvenile court involvement (Snyder, 1988).

Dr. Marvin Wolfgang's classic study of 10,000 males born in Philadelphia in 1945 revealed that 627 had been arrested five or more times prior to their eighteenth birthday. These chronic offenders, less than seven percent of the birth cohort, were responsible for nearly 70% of all juveniles crimes. This study was repeated by Wolfgang and his colleagues, using 14,000 young men born in 1958 and reared during the 1960s and 1970s. One of the similarities between the two groups was that roughly 7% of the birth cohort was responsible for the majority of juvenile crime. It is important however to note the differences between the two studies, especially as one considers the nature of the present research project. From the first study to the second, Dr. Wolfgang found that the rate of crimes committed per 1,000 youths had doubled for rape and aggravated assault, tripled for murder and increased fivefold for robbery. The second group of chronic offenders accounted for 75% of the reported rapes and robberies. Wolfgang concluded "that we have a very violent group, a handful of brutal offenders who took to violence early in life and need to be controlled just as early." (Tracy, Wolfgang, Figlio, 1985).

The study of Donna Hamparian, Joseph M. Davis, Judith M. Jacobson and Robert E. McGraw conducted in Ohio and published in June, 1985 found:

> Youths who went on to be arrested as adults tended to have more arrests as juveniles, to have begun their delinquent acts earlier (first arrest at age 12 or younger) and continued them late into their juvenile years, and to have been involved in the more serious type of violent offenses as juveniles. (Hamparian, Davis, Jacobson, McGraw, 1985)

Howard Snyder, in *Court Careers of Juvenile Offenders,* March, 1988 found that:

> Youths with two referrals recidivated at the rate of 59% and that to require a youth to have five referrals before classifying him/her as a chronic offender is unwarranted.
>
> In the implications of these findings for the juvenile court, he enumerated the following:
>
> First, the recidivism possibilities of many youth who come before the juvenile court for only the second time are very high -- at the chronic offender level. If a court knows that it is likely to handle a youth again and again, the court should not delay in providing interventions and imposing sanctions. Earlier substantial involvement in the court careers of young juvenile offenders should present the best opportunity for influencing future behavior by dealing with youth at a younger age when they are more amenable to juvenile court treatment.
>
> Furthermore, the finding of developmental offense patterns supports the research for indicators of future law-violating behavior (e.g., risk screening instruments). With these indicators, programs could be developed to concentrate specialized resources on youth most in need of services earlier in their court careers. (Snyder, 1988)

OJJDP, in *The Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offender, June, 1995*, provides communities with five basic principles in working with troubled youth, one of which is the importance of intervening immediately and effectively when delinquent behavior first occurs. The Guide recognizes the work done by the National Council on Crime and Delinquency (NCCD) which found that the most reliably effective programs address key areas of risk and that for the continuum of graduated sanctions to operate effectively, juvenile justice officials must determine where to place youths at various levels of the continuum. Recently, juvenile justice officials have shown an increasing interest in more formalized procedures to assist them in their decision-making.

Howitt and Moore, in their article *The Efficacy of Intensive Early Intervention: An Evaluation of the Oakland County Probate Court Early Offender Program (EOP)*, provided the

background, overview and evaluative findings of this program which was established in 1985. It was designed to provide specialized, intensive in-home interventions to youngsters, age 13 or younger at the time of the first adjudication, with two or more prior police contacts. Program evaluation findings were as follows:

- 38% of the EOP group had a record of new juvenile adjudications while the control group had 72%;
- EOP group averaged 1.7 new adjudications while the control group had just under 3.0 adjudications;
- EOP group over 17 years old had an insignificant record of involvement in the adult court (1/24) while the percentage in the control group was 33%;
- Comparatively few variables stood out as statistically significant; among them were school adjustment and substance abuse;
- Recidivism occurred approximately four months after termination from the program, on average, which suggests that it may be helpful to develop a critical period of aftercare service. (Howitt, Moore, 1991)

It is important to note, especially in times of severe budget deficits and streamlining of resources, particularly in the juvenile area, the comments of these authors in this regard:

> The courts are challenged not just to maintain but to innovate, to stretch the limits and find new ways to serve the hard-to-serve. As Sharp and Moore have noted, potentially conflicting demands are advanced by the public to hold juveniles accountable while holding costs down. Furthermore, the volume of youth who enter a court restricts both the quantity and quality of the attention that can be given. It is therefore essential that a court's limited resources be effectively expended and that youth who need the court's guidance be identified as quickly as possible. (Howitt, Moore, 1991)

In New Jersey, a 1991 follow-up of the earlier JDC study revealed that 13% of juveniles entering family court on delinquency charges four or more times (the "chronic offenders") during the study period accounted for 46% of all charges and a clear majority of the more serious offenses, including 62% of first degree offenses (JDC, 1991). For some urban counties, the impact of chronic offenders was even greater, where they accounted for close to 60% of all charges.

Improving the court's capacity to identify youths at high risk of becoming chronic offenders early on in their court careers provides the potential for a more targeted response and, in turn, greater effectiveness in curtailing or aborting extensive court careers (Snyder, 1988; Greenwood and Zimring, 1985).

In fact, courts often delay "meaningful" intervention for a number of reasons including limited resources, overwhelming workloads, and concerns about unnecessary stigmatization and potentially harmful "over response." Although the courts typically fail to identify potentially chronic juvenile offenders before they have entered the courts repeatedly, it was the foresight and initiative of the Administrative Director who recognized the value in pursuing a research study which would develop and pilot a screening instrument to achieve this goal. Additionally, the Supreme Court Task Force, as one of its recommendations, emphasized the need for early assessment to identify potential juvenile chronic offenders ("high-risk offenders"), suggesting that it is here that the court can have its greatest impact on future offending and court workload (pp.34,42). The Task Force's Implementation Plan called for the establishment of "criteria to identify serious and chronic offenders as early as possible and ensure they are given intensive intervention services in order to break the delinquency cycle and avoid future victimization" (Task Force, 1990:6). This effort would be accomplished by: 1) determining if we could identify, early on, which juveniles were most at risk of subsequently becoming chronic offenders; 2) assessing juvenile and family needs; and, 3) incorporating into the court's response, interventions targeted at addressing these needs where relevant and to the extent possible .

New Jersey's Family Court -- A High-Volume Enterprise

A reality for many of the family courts is the exceedingly large number of cases that are processed and handled. This, coupled with severely limited staff and related resources, results in a seriously overloaded court system.

New Jersey's Family Court and overall juvenile justice system are high-volume enterprises. In 1994, there were 90,201 juvenile arrests in New Jersey (Bureau of Juvenile Justice, 1995a). Also in calendar year 1994, there were 95,930 delinquency filings in the Family Division of New Jersey's

Superior Court (Administrative Office of the Courts, 1995). On any given day in 1994, there were over 13,000 juveniles on probation. In addition, there were 12,548 admissions to secure county detention centers and 1,323 commitments to State correctional institutions in 1994 (Bureau of Juvenile Justice, 1996 forthcoming).

New Jersey also faces a substantial problem concerning serious and violent juvenile crime, in relation to other states. In fact, New Jersey recently ranked fourth, nationally, in the rate at which juveniles are arrested for violent index offenses (Annie E. Casey Foundation, 1995). In addition, the State's juvenile violent crime appears to be increasing in recent years. Juvenile arrests for the violent index offenses of murder, rape, robbery and aggravated assault rose 46% between 1988 and 1994 (Bureau of Juvenile Justice, 1995).

Court Intake

Despite differences in local policies and practice, court intake is a critical point in the family court process. It is at this stage that important decisions are made on how cases will be handled, including whether and how cases will be prosecuted and whether a juvenile will be detained. It is at this juncture also that the court attempts to deal with the everyday reality of a large workload.

The intake decision, whether or not to divert, has a major impact on resource allocation. Diversion is often seen as a cost-effective response, as well as the most appropriate response for particular cases.

New Jersey makes considerable use of court diversion. Diverted delinquency cases are handled primarily in two ways: relatively minor offenses will generally be referred to a local Juvenile Conference Committee (JCC), staffed by community volunteers. After meeting with the juvenile, family and interested parties, the Committee will decide upon a "disposition" for the juvenile which is submitted to the family court for approval. If the juvenile complies, charges will ultimately be dropped. Subsequent delinquency complaints (or a more serious first offense) will generally be referred to an Intake Service Conference. A court intake worker has a similar meeting with the juvenile, family and interested parties and decides upon a "disposition" which is also submitted to the family court for approval. Diversion "dispositions" may include such interventions

as counseling, restitution, referral to community agencies, or other conditions consistent with the juvenile's rehabilitation.

An examination of 1994 court processing in 14 of the 21 counties revealed that 55% of the juveniles in court on delinquency charges were diverted (and 42% of the delinquency cases) were diverted. There is some indication that diversion mechanisms in New Jersey are, largely, successful. Analysis by the JDC revealed that a significant number of diverted juveniles do not return to court. The analysis revealed that 7% of diverted cases were returned for failure to comply with the terms of diversion, and 30% of the diverted juveniles returned on new charges over a two year period (JDC, 1988).

While the decision to divert is often appropriate, this is not always the case. How does the court decide? The policy now is to divert largely based upon the charge and prior court appearances. The very same reality that makes diversion attractive as a way of managing the court's workload results in many (especially large urban) courts' limited ability to collect comprehensive information on juveniles and their families early on in the youths' court experience.

The diversion decision is often made without the benefit of very basic information on the juvenile and family that might prove helpful in addressing needs and steering that juvenile away from further offending. A systematic assessment (for a substantial share if not all juveniles entering court) of risk and need at the court intake stage can positively impact both the decision whether or not to divert **and**, if diverted, facilitate the court's ability to link the juvenile and family to needed community resources.

> The Supreme Court Task Force recognized that the role of the Family Division was not to replace or supplant the family; rather, the Division was to marshal community resources to support and enable the family to nurture, discipline, and raise its children.
>
> Through its dispositions and provision of linkages to community resources, the court can call for an evaluation of the child's and family's problems and then order that resources be made available and specific actions taken. (New Jersey Supreme Court Task Force Final Report, 1989)

Along with informing diversion decisions and the interventions ordered through the diversion process, this intake assessment process can play an important role in assisting judges (and, in an increasing number of counties in New Jersey, juvenile referees) fashion an appropriate disposition, once a juvenile is adjudicated delinquent. The disposition, like the earlier decision whether or not to divert, typically relies on limited information on the juvenile and family -- again, tied to the limited resources available to the court.

Once a juvenile's potential for repetitive offending is determined through the risk assessment process, the judge can target "high risk" juveniles for special handling and, perhaps, reserve for the lowest risk juveniles the most limited response.

The specific nature of the judge's disposition will be informed by concerns about public safety and holding the juvenile accountable for his or her actions. But, within this context, the identification of the offender's needs can assist the judge in ordering interventions meant to address these needs and, subsequently, can assist probation officers in classifying juveniles and developing appropriate supervision and treatment plans.

The attention to needs certainly does not preclude sanctions. However, the fact that a juvenile has been identified as a **potential** chronic offender early on in his or her involvement with the court does not, in itself, argue for a more punitive, sanction oriented approach. Because these juveniles may be on the way to lengthy juvenile and perhaps adult careers in crime, the court has an opportunity to deflect them from this course by addressing needs identified in the assessment.

Along with assisting the court in allocating scarce system resources through more appropriately targeted decision making, systematic intake assessment of risk and need can have a broader policy-level impact. Use of aggregate information concerning the risk and needs of court-involved youth can assist State and local policy makers in documenting the nature and extent of existing needs and how specific resources (e.g., probation supervision and services; community-based substance abuse programs) may need to be developed or mobilized.

But, Can We Predict?

Since its inception, the juvenile justice system has routinely attempted to make subjective assessments of needs and the likelihood of juveniles continuing to offend. More recently, the justice system has "graduated" to attempting to develop more systematic methods for assessing risk and need and classifying offenders. Despite the gains, however, reliance on such prediction instruments has met with severe criticism on a number of counts, including public safety issues and ethical concerns about punishing persons for offenses they have yet to (and may never) commit.

Our ability (or inability) to predict risk has sparked the development of extensive literature. One key concern has been of the relative strengths and weaknesses of clinical vs. actuarial assessments. Clinical assessments are predictions based on the professional but subjective interpretations of the decision maker, while actuarial assessments are based on the results of an instrument designed to include only those variables found (usually statistically) to be most predictive of specific future behavior.

Studies comparing the two methods suggest that actuarial models are superior in predictive power (Gottfredson, 1987). Monahan (1981) agrees that actuarial devices are superior, but claims that clinical methods can also be useful in enhancing system decisions, if used correctly. He states that cases can have special circumstances not reflected by the actuarially-based instrument but critical to the decision, and suggests that an instrument be used only as a guide (a strong guide) to aid decision makers.

To date, most risk instruments have been developed to provide assessments of juveniles at points further along in the system than court intake (e.g., probation divisions, correctional agencies, parole authorities) (OJJDP, 1995). Studies by Gottfredson et al. (1978) on parole decisions, Goldkamp (1983) on bail guidelines and DeMuro and Butts (1989) on sanctioning juvenile offenders, have all examined the utility of using risk instruments to predict future behavior. But only very limited attempts have been made in a few states to identify juvenile offenders at the court intake stage for risk of future chronic behavior (Towberman, 1992).

But, can we predict early on who will and will not become chronic offenders? The answer appears to be yes, but the predictions are likely to be far from error free. Reliance on risk instruments to assess future offending will result in both "false positives" and "false negatives" -- both posing shortcomings for the instruments' use in court decision making. Risk instruments' predictive power appear to vary greatly, although instruments have been shown to predict accurately in the 50% to 60% range, and sometimes higher (Farrington, 1983; Monahan, 1981; Chaiken and Chaiken, 1982).

New Jersey Probation Services Division has utilized risk assessment procedures for probationers for many years. In this regard, in 1989, an effort was undertaken in New Jersey by the Conference of Chief Probation Officers, in cooperation with Administrative Office of the Courts staff, to develop and validate a risk assessment instrument for adult offenders. The preliminary results of this project indicated that the risk assessment instrument developed for the pilot in Bergen County discriminated between risk groups effectively thereby making it considerably useful for classification and case supervision.

Similarly, a needs assessment instrument, rather than a risk instrument, was developed, validated, and piloted for juveniles under supervision through the joint efforts of the National Institute for Corrections, Rutgers University and the Administrative Office of the Courts. This instrument, which is currently used statewide by juvenile probation staff, has been found to be a more reliable predictor of future delinquent behavior than a proposed risk scale.

As noted in OJJDP's recent *Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders*, most risk instruments utilized for determining need for secure placement (in secure county detention centers or in State institutions) or release to the community are not "pure" risk instruments in that they often incorporate factors that do not have proven predictive power in terms of recidivism (e.g., seriousness of the current offense). Because of public safety concerns or concerns that decisions take into account offender accountability, these instruments often combine predictive factors with other factors of a more "political" nature.

An intake risk assessment instrument, with the purpose of identifying potential chronic offenders, has no such complications. The sole concern is to assist the court in determining the likelihood that a juvenile will return to court repetitively on delinquency charges.

The risk assessment literature has identified a number of factors believed to be good predictors of future offending, especially repetitive offending by juveniles. Baird et al. (1984), developing a model instrument based on a review of the efficacy of factors included in risk instruments in use at the time, suggested several factors with apparent efficacy. They included age at first adjudication, prior offense history, drug/alcohol history, degree of parental control and school disciplinary problems. Farrington (1987), examining the early precursors of frequent offending identified some of the same factors. In addition, he points to the pre-teen presence of a convicted sibling, poor school performance and family income as differentiating frequent offenders from non-offenders and lesser offenders.

Research findings, some of which have recently been incorporated into OJJDP's **Communities that Care** model, have identified a number of risk factors commonly experienced by youth involved in delinquency, substance abuse and other problem behavior (Hawkins and Catalano, 1992; see also, Jessor and Jessor, 1977; Altschuler and Armstrong, 1994; 1992). Factors typically involve family, school, peer, neighborhood and attitudinal or personality deficits and problems. The factors reflect an "integrated" use of theoretical insights found in social control, strain, social learning and other theoretical perspectives on delinquency and problem behavior. In addition to risk factors, a number of protective factors have been identified which can serve to deflect juveniles exposed to multiple risk factors from problem behavior (Hawkins and Catalano, 1992; see also Hirschi, 1969).

In addition, serious and chronic offenders often are characterized not by one or another of the above problems but, rather, by multiple factors. These factors, in combination, place the individual at high risk of repetitive, chronic offending, tend to have a combined, "multiplicative" effect rather than merely an additive one (OJJDP, 1995).

Conclusion

The New Jersey Judiciary, through this research study, sought to develop an instrument which will identify early those juveniles at high risk of reoffending and provide a more targeted response through the provision of necessary resources and services.

Improved early intake assessment potentially can result in improved diversion decisions and handling of diverted cases, the fashioning of more appropriate dispositions for those juveniles referred to court, curtailing -- in the long run -- of workloads in an over stressed court system, and more rational allocation of limited court, probation and community resources.

The word "potential" is used advisedly. Better information and assessment (and, so, identification of risk and need) is only one important element in a more effective juvenile justice system. For major gains to be achieved, a wide range of intervention options and services must also be available.

The OJJDP *Guide* noted earlier, points to one important aspect of the relationship between an array of options and assessments of risk and need:

> The success of a comprehensive continuum of interventions and sanctions depends on proper identification of specific types of offenders for placement in the various levels of intervention (1995:189).

The two, however, go hand in hand. Without a ready availability of dispositional options for judges and an array of community resources that court diversion personnel can access, identification of risk and need is of very limited value. An unfortunate reality that continues in many jurisdictions across the country, and in New Jersey, is that viable options are severely curtailed.

The 1989 Supreme Court Task Force, through its recommendations, made a concerted and coordinated effort to address the dearth of services and resources available to court-involved youth but clearly recognized that:

> The Family Division has limited power to effect ultimate results. It should use such power as it has creatively to involve families, schools and communities in building an environment as favorable as possible to the healthy development of the juveniles who appear before it. (New Jersey Supreme Court Task Force Final Report, 1989)

Governor Christine Whitman signed Juvenile Justice Reform Legislation on December 15, 1995 which created a single state agency with responsibility for providing services to juveniles involved in the Juvenile Justice System. State monies have been dedicated to increase the range and amount of services available to court-involved youth and these monies will be channeled through county youth services commissions, local planning agencies. In signing this legislation, the Governor acknowledged the critical need for early assessment of chronic offenders, to hold juveniles and parent(s) accountable, and to ensure community protection. This new legislation will assist in making the mandate of the 1983 Juvenile Code Reforms and the recommendations of the 1989 Supreme Court Task Force Report a reality.

There is reason to believe that targeted responses early in juveniles' delinquent and court careers can have great impact. As one author puts it, "[t]he longer criminogenic factors are ignored, resulting in ingrained delinquent habits, the harder it will be to meet the juvenile justice mandate of rehabilitation" (Towberman, 1992: 62; also see OJJDP, 1995) Also, recidivism rates tend to be higher as juveniles get deeper into the system (McCarthy and Smith, 1986; Snyder, 1988). In short, the longer a juvenile's history of rewarding delinquent behavior, the less likely it is that such behavior can be effectively counterbalanced by either sanctions or enhanced services, opportunities and rewards for conforming behavior.

At the same time, there are considerable concerns over inappropriate response early in juveniles' court careers, and warnings against the unfairness of potential sanctions brought against juveniles or adults tied to predictions of **future** offending and the related issue of overresponse to "false positives." A related concern is the potential for racial/ethnic inequities on the basis of utilizing risk assessments in individual decisions. The primary focus of the present project on addressing identified needs of juveniles who are potential juvenile chronic offenders early in their court experience appears to substantially address these concerns. However, the implementation of such an intake assessment process and its impact on potential punitive response will be an empirical issue.

II. PROJECT PLANNING, DESIGN AND IMPLEMENTATION

Planning Symposium and Project Advisory Committee

On February 8, 1993, a Planning Symposium of multi-disciplinary researchers and experts was convened to provide input as to how the needs of juveniles coming before the courts could best be identified and addressed, to identify those offenders which needed to be included in the screening instrument and to assist in project planning. Attendees joined in the discussion of the project and provided significant insights and guidance. From the inception of the project, a multi-disciplinary approach was fostered. As a result, included among the symposium participants were policy planners, researchers, theoreticians and practitioners. Included were: a psychologist, a psychiatrist, developmental pediatricians, sociologists, criminologists and juvenile justice/public policy representatives. The dialogue continued for subsequent months as project staff worked along with several symposium participants to develop and refine the screening instrument (interview questionnaire), risk and need instruments and implementation process.

Subsequent to the Symposium, a Project Advisory Committee was formed comprised of the following individuals:

Hon. Stephen Schaeffer, Presiding Judge, Family Part, Hudson County
Hon. George Seltzer, Presiding Judge, Family Part, Atlantic County
Cynthia Land, Family Division Manager, Hudson County Superior Court
Virginia Gormley, Family Division Manager, Atlantic County Superior Court
Stephen D. Gottfredson, Indiana University, *Project Consultant*
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Ty Hodanish, Executive Director, Juvenile Delinquency Commission
Michael F. Aloisi, Senior Research Associate, Juvenile Delinquency Commission
Samuel D. Conti, Assistant Director, Trial Court Support Operations, Administrative Office of the Courts
Harvey M. Goldstein, Assistant Director, Probation Services, Administrative Office of the Courts

The Advisory Committee was formed to provide additional insights and direction for project planning and implementation. The Advisory Committee addressed both practical and legal issues, including the fairness of the process regarding minority youth. A critical step in project planning

was acceptance by the New Jersey Supreme Court, the Administrative Office of the Courts and the two pilot counties of a quasi-experimental design utilizing random assignment of juveniles.

Devising an Early Intake Assessment Process

A central concern of the project was to identify potential chronic juvenile offenders **at an early stage.** During the planning process, general agreement was reached clarifying (and modifying somewhat) the specific population that the project would address. The project population would be (with a few exceptions) all juveniles who were in court on delinquency charges **for a second time.**

Second timers only were targeted for the study for a couple of reasons. Research in New Jersey and elsewhere suggests that most juveniles who appear in court do not return a second time (JDC, 1991; Snyder, 1988). The Juvenile Delinquency Commission's chronic offender analysis found that 65% of juveniles in court on delinquency charges did not return (over a period of up to five years).

Also, as Snyder's research suggests, juveniles who enter court a second time are **very likely to continue to return**, especially the younger juveniles. He found that 59% of the juveniles in for a second time returned for a third, while 71% of that group returned for a fourth time (Snyder, 1988). The figures were substantially higher for younger juveniles -- those with the most time "at risk" of returning.

Therefore, it is with this group, **second timers,** that a systematic enhanced court intake assessment process could potentially provide a substantial positive impact and a cost-effective response for the court. Positive results with this group, as part of the current research project, could also serve as a rationale for increasing and redirecting limited resources "up front," at this early point in the court process and in juveniles' court experience. An increase or redirection of court resources would clearly be required to collect the information required for meaningful assessments.

For purposes of the current project, the court intake assessment process involved interviewing the juvenile and the juvenile's parent/guardian separately subsequent to the court's decision to divert and prior to any official court action. Due to the time limitations of the project, the information collected was limited to the interview responses and additional information obtained through the

Family Automated Case Tracking System (FACTS). Ideally, several modifications could be made if the early identification/early intervention model is accepted by the court: 1) gathering information earlier in the process so that it could be utilized in the decision whether or not to divert; and 2) accessing additional information beyond that reported by the family (e.g., school and agency records). In addition, assessments would need to be updated in the event of subsequent court-involvement to ensure currency of information.

Project Instrumentation

Following a review of the research literature and of existing risk and needs assessments used in other states and the input received from symposium participants, consultants and the Advisory Committee, an extensive screening instrument (administered during interviews with the juvenile and parent/guardian), and risk and needs instrument and related scoring methodology were devised and refined.

All but one factor (age at first adjudication) in the risk assessment scale and all factors contained in the needs assessment instrument were derived from the juvenile and parent/guardian interviews. The 12 factors included in the risk scale were: early onset of delinquency; lack of parental supervision/control; criminality in the family; parental alcohol/drug history; poor school performance; school behavior problems; negative peer influence; neurological dysfunction; past physical/sexual abuse; lack of impulse control; substance abuse; and early onset of behavior problems.

RISK SCALE

The risk scale incorporates 12 factors to help identify those youths who are at high risk of repeated return to court, lacking early supportive intervention. It has a logical range of from 0 (lowest risk) to 14 (highest risk). For each factor, a score of zero can be interpreted as no indication of risk related to a problem or deficit in that area. A score of one can be interpreted as an indication of risk related to a problem or deficit in that area. For the final two factors, a score of two indicates a higher degree of associated risk than does a score of one.

BASED ON A TOTAL RISK SCORE OF ___ . THIS YOUTH HAS A RISK RATING OF:		
___ LOW RISK (0 to 4)	___ MEDIUM RISK (5 to 6)	___ HIGH RISK (7 to 14)

SCORING ON RISK SCALE:

Early Age of First Docketing, from FACTS (Score 0 or 1) ___

Docketing at age 13 or younger	= 1
Docketing at age 14 or older	= 0

Lack of Parental Supervision/Control (Score 0 or 1) ___

Parents sometimes/never know "where you are" and "who you are with"	= 1
Otherwise	= 0

Criminality in Family (Score 0 or 1) ___

One or more family members in trouble with law	= 1
No family member in trouble with the law	= 0

Parental/Household Adult Alcohol or Drug History (Score 0 or 1) ___

Any parent/household adult with drug or alcohol problem	= 1
No parent/household adult with drug or alcohol problem	= 0

Poor School Performance (Score 0 or 1) ___

One or more grades repeated OR	
Ds or Fs as typical grades	= 1
Neither of the above	= 0

School Behavior Problems (Score 0 or 1) ___

Trouble in school OR	
Expelled/Suspended/Sent home	= 1
None of the above	= 0

Negative Peer Influence (Score 0 or 1) ___

Half or more than half of friends in trouble OR	
All or most friends use drugs	= 1
Neither of the above	= 0

Neurological Dysfunction (Score 0 or 1) ___

Failed test measuring impulsivity OR	
Failed either test measuring reading/perceptive ability OR	
"Ever called hyperactive by teachers" OR	
"Ever take medication to help concentrate"	= 1
None of the above	= 0

Past Physical/Sexual Abuse (Score 0 or 1) ___

Cut or burned as punishment OR	
Bones broken/knocked dizzy OR	
Shaken physically/slapped hard (more than once or twice) OR	
Bruised (more than once or twice) OR	
Hit with various objects OR	
Had sex with someone much older OR	
Someone tried to have sex when child didn't want to	= 1
None of the above	= 0

Lack of Impulse Control (Score 0 or 1) ___

Frequently loses temper OR	
Always or usually "punches or fights with others or "punches or breaks things" when mad OR	
Always needs to be pulled away in a fight	= 1
None of the above	= 0

Substance Abuse (Score 0, 1 or 2) ___

10 or more drinks a week OR	
Marijuana use during last year	= 1
Any other drug use during last year	= 2
None of the above	= 0

Early Onset of Behavior Problems, by Age 9 (Score 0, 1 or 2) ___

0 to 1 problems	= 0
2 to 4 problems	= 1
5 or more problems	= 2

The screening interview instrument was also designed to elicit information about the juveniles' personal and social world for the purpose of needs assessment. In this research juveniles' needs were measured by assessing seven general areas of functioning seen as having a potential relationship to repeated delinquency. The seven general areas were: drug/alcohol use; family situation; neurological condition; past physical or sexual abuse; peer relationships; psychological adjustment and school situation. In most of these general need categories two or more specific need areas were assessed -- each with theoretical and/or empirically founded ties with delinquency.

NEEDS ASSESSMENT

For each of the seven categories of functioning, an "x" means that a need for intervention is indicated. for the juvenile or family, based on our interviews. The need areas within each category attempt to specify the nature of the need; an "x" is provided if there is an indication of need in that specific area.

___ I. FAMILY SITUATION

- ___ Lack of Parental Supervision/Control
- ___ Criminality in Family
- ___ Parental or Household Adult Alcohol/Drug History
- ___ Family Violence (i.e., between "spouses")
- ___ Lack of Attachment to Parent
- ___ Multiple Changes in Living Arrangement

___ II. SCHOOL SITUATION

- ___ Poor School Performance
- ___ School Behavior Problems
- ___ Lack of Attachment to School

___ III. PEER RELATIONSHIPS

- ___ Negative Peer Influence (Delinquent Peers)
- ___ Negative Peer Influence (Drug use by Peers)

___ IV. DRUGS/ALCOHOL

- ___ Substance Use or Abuse (Drugs)
- ___ Substance Use or Abuse (Alcohol)

___ V. NEUROLOGICAL CONDITION

- ___ Neurological Dysfunction (Attention Deficit Hypertensive Disorder and/or Learning Disability)

___ VI. PAST PHYSICAL/SEXUAL ABUSE

- ___ Experienced Abuse (Physical)
- ___ Experienced Abuse (Sexual)

___ VII. PSYCHOLOGICAL ADJUSTMENT

- ___ Early Onset of Behavior Problems
- ___ Lack of Impulse Control
- ___ Low Self-esteem
- ___ Lack of Sense of Mastery
- ___ Acceptability of Delinquent Offending

Unlike many risk instruments utilized for assessing adults or assessing juveniles at a later stage in the system (e.g., institutional custody and parole risk assessments), almost all of the factors included in the risk instrument were directly "needs oriented," indicating specific areas of personal and social/environmental problems and deficits. In fact, there was a substantial overlap in the factors contained in the risk and needs assessment instruments. This approach is consistent with the growing perspective noted earlier focusing on multiple risk factors and their role in serious and chronic offending (OJJDP, 1995).

New Jersey's probation officers determine risk by utilizing a needs assessment instrument containing the following nine need areas: emotional/psychological, alcohol/drug use, norm orientation/life style, family, peers, education, work, medical/nutrition, and spare time/leisure within the first 30 days of receipt of a case to assign the appropriate classification level of either maximum, medium or minimum. A case plan with the specific conditions for each juvenile to complete while under supervision, is also prepared and reviewed with the juvenile. This instrument is prepared on the automated system known as FACTS-Probation.

We should note that the risk instrument was not validated on the New Jersey court-involved population. Validation was not feasible since, in the typical case, almost none of the required information is gathered at this early point in the juvenile's court experience. As a result, the empirical results of this project will serve the important role of assisting in the revision of the current risk instrument.

While additional factors incorporated in the needs assessment instrument were not chosen for inclusion in the risk instrument, the empirical recidivism results of the project will determine whether any of these additional need factors (or other individual items or scales from the screening instrument) might effectively contribute to an assessment of risk.

Design and Implementation in Two Pilot Counties

This research and demonstration project utilized a quasi-experimental design with random assignment to develop and test an early risk assessment and early intervention approach to those juveniles identified as likely to return to court. The objectives of the study included testing the predictive efficacy of the risk assessment instrument; developing a modified risk assessment instrument based on the empirical recidivism results of the project; examining the extent and nature of personal and family problems and needs of court-involved juveniles at this early point in their court experience; determining the effectiveness of differential handling of juveniles identified as high risk; examining whether the experiment had an impact on how the court handled project juveniles; and examining whether the experiment resulted in an unanticipated impact (i.e., increased punitive/sanction response) on juveniles, with a special focus on minority juveniles.

Two New Jersey counties were selected to pilot the early identification/early intervention process, namely, Atlantic and Hudson. The managers in both counties showed great interest in the potential gains from the study for their county. These two counties were among the leaders in the State in the portion of their court-involved juveniles who were identified as chronic offenders in the JDC study. Finally, while FACTS was not operational statewide at the time of the study, FACTS had been in operation for several years in both of these counties.

Profile of Sample

The juvenile population in this research project was predominately male (78%), between the ages of 11-19, with 69% of the juveniles between the ages of 15-17 (at the time of the interview). The race of the juveniles was equally distributed among whites (30%), Blacks (35%) and Hispanics (32%), respectively.

Based on information provided in the Juvenile Interview, 90% of those interviewed were in grades 7-12, with nearly half (45%) being in grades 9 or 10.

By comparison, for juveniles with new complaints docketed during Court Year 94 in the two pilot counties, the following statistics have been obtained from FACTS:

- Predominately male (78%)
- Breakdown by race: White 25%, Black 44%, Hispanic 28%
- Sixty-five percent of the juveniles were between the ages of 15-18

All juveniles entering the Family Division of Atlantic and Hudson County Superior Courts for the second time on delinquency charges were to be identified to project staff by intake personnel. Juveniles who met the project criteria were identified to project staff between September, 1993 and April, 1994. Project staff (trained interviewers) assigned to the two counties scheduled families to appear for the project interviews. Juveniles and parent(s)/guardian(s) were advised through a formal letter on family court stationery (and telephone follow up where needed) of the voluntary nature of their cooperation but also of the importance of the project -- as an effort by the court to improve its ability to help youth avoid future involvement with delinquency. Again, the interviews were conducted prior to further court action (i.e., before appearing before diversion personnel or a judge).

A FLOWCHART DEPICTING THE IMPLEMENTATION PROCESS

Intake Screening (1)	→	Project Interview Scheduling (2)	→	Random Assignment (3)	→	Project Interviews (4)	→	Screening Report (5)	→	Court Response (6)

Activity:	Tasks:	Performed by:
(1)	Identification of all juveniles in court for a second time and forwarding of the names and court records to Project Staff	County Staff
(2)	Scheduling of interviews and notification of juvenile and parent/guardian of date and time of interview	County Staff or Project Staff
(3)	Random assignment of cases to experimental and control groups	Project Staff
(4)	Interviewing of all project juveniles and their parents/guardians	Project Staff
(5)	Transformation of interview data for the experimental group into a concise one page screening report	Project Staff
(6)	Utilization of screening report in case dispositions. For formal and informal court cases screening report is available only "post adjudication"	Intake Services Conference, Judges and Referees

The juvenile and parent/guardian were interviewed separately (in isolation from each other) for a total of from approximately 45 minutes to an hour. (During the planning stage, a pretest was undertaken to ensure that the screening instrument would not typically take longer than an hour, and to ensure clarity of the interview questions.)

Data analysis for this research project is based on a sample of 298 juveniles -- in which both the juvenile and parent/guardian interview was completed.

Random Assignment

Once a juvenile was identified for the project by court intake personnel, project staff randomly assigned the juveniles into the experimental and control group on the basis of the

computerized and handwritten lists provided by the court in the order in which they appeared. Upon completion of the interviews, the interviewer completed the risk and needs instruments. On the basis of the total risk score, each juvenile was rated as either high, medium or low risk. To help guard against the use of the interview information for purposes of making the decision to adjudicate rather than divert, the risk classification of juveniles (and assignment into experimental and control groups) did not occur until after the adjudication/diversion decision had been made. Data on the nature of the diversion intervention were not collected, however, so analysis of intervention effects is limited to the non-diverted sample (approximately half of the cases).

Experimental Group. The results of the risk and needs assessment, along with the completed screening instrument (interviews) were made available to the Intake Services Conference personnel in diverted cases, and to juvenile referees and judges in cases to be adjudicated (to be used post-adjudication). Juveniles of varying risk level were expected to receive differential handling. We anticipated that the high-risk group would be targeted for special response, while the medium and low risk groups would receive a standard response, with, perhaps, minimized intervention for the lowest risk juveniles.

Control Group. Neither the results of the interviews nor the risk and needs assessments were made known to court officials for juveniles in the control group -- nor were they to be subsequently available to court personnel. As a result, the expectation was that all juveniles in the control group would receive standard ("traditional") response by the court.

Follow Up and Evaluation

Each of the 298 juveniles in the analysis was followed up for at least 18 months to determine subsequent delinquency involvement in the family court (and criminal involvement in the criminal justice system for those who turned 18 during the follow up). Subsequent tracking for family court involvement was achieved by examining an extract file of downloaded court record information from FACTS. Subsequent criminal involvement was examined utilizing New Jersey's adult criminal history data bases, namely Promis/Gavel, and the New Jersey Criminal History database.

The court records were examined to determine the extent of reinvolvement with the court on delinquency charges, the timing, nature and seriousness of that reinvolvement, and the responses and dispositions of the court in order to assist in testing the effectiveness of the risk instrument in predicting subsequent court involvement. The FACTS Extract File also provided information on the timing and nature of prior court involvement, and the processing of the delinquency charges (including the court's disposition) which led to the juvenile being included in the current project.

III. METHODOLOGY, DATA ANALYSIS AND FINDINGS

Early Court Intervention Project Risk Scale: Predictive Validity

The Early Court Intervention Project (ECIP) twelve-item risk scale (See page 17) , consists of 12 items or factors on which each of the juveniles was evaluated, based on interviews with them and their parents/guardians. One point each was allotted all but two items, for which scores of "2" were possible. That is, individuals could score a maximum of "1" on 10 items, and "2" on two items (items #11 and #12). The range of observed scores is from zero to 12 -- no individual happened to score as high as 13 or 14, although such scores were possible).

The twelve-item risk scale was composed of items thought by several criminal justice experts to be likely predictors of future delinquent behavior. Since no recidivism data were available to develop an empirically-based risk assessment scale, an arbitrary scoring system of one or two points per item was used (following the Burgess scoring system, see Gottfredson, 1987). After the information on the 12 items was collected for each juvenile, cut-off points were established (somewhat arbitrarily based on the univariate frequency distribution) to define low-, medium-, and high-risk juveniles. (Note that the cut-off points in Atlantic County were changed because no juveniles were qualifying as high risk -- thus different cut-off points were used across the two counties. (This is relevant to the footnote in Table 2.) The classification and the 12-item summed score were made available to juvenile justice decision makers (e.g., judges, intake officers, etc.) for the juveniles in the experimental group, but withheld for the control group. It was unknown to the researchers until recidivism data were collected approximately two years after the juvenile's risk classification whether the risk items actually differentiated juveniles into risk categories. It should

be noted that it was not the intent of the research to incarcerate juveniles or provide punitive responses based on risk assessment. Moreover, those court personnel who saw the risk classifications of the experimental juveniles were told not to base incarceration/punitive decisions on the classification. Furthermore, the court intake officer had already decided whether to divert a case before the risk classification occurred. The risk classification (with an accompanying needs assessment sheet) were only to be used to base decisions of a non-custodial nature (e.g., should the juvenile receive treatment for alcohol, or drug problems). Since virtually none of the juveniles were incarcerated for the presenting offense, we believe that the risk classification and needs assessment did not result in any juvenile's incarceration.

Subsequent to the court docketing date of the presenting offense (the juveniles' second court docketing defined them as eligible for the study), and over an 18-month follow-up time frame, family court (FACTS) and adult arrest records (as reported in Promis/Gavel records and New Jersey Criminal History database) were examined to determine whether the juveniles had recidivated, and the extent and nature of the recidivism. Four recidivism criteria are utilized below to validate the original instrument: referral to juvenile court or arrest for an adult offense (a dummy variable); the number of court docketings as a juvenile, plus the number of arrests as an adult (within 18 months of the docketing date); the number of court docketed charges plus the number of adult charges; and the number of charges for violent offenses as a juvenile and as an adult. Table 1 shows that recidivism increases rather dramatically with risk score (on the 12-item, unvalidated risk scale), providing post hoc validation of the risk assessment instrument. The results show that as the risk scores increase, so does the proportion of juveniles subsequently referred to court or arrested as an adult. Those with a score of zero have no record of recidivism, while those with a score of 12 have a court referral or rearrest. Note, however, that the increases in the proportion who are recidivists are not monotonic. Some higher score values have fewer recidivism occurrences. A similar pattern of increases in recidivism with higher scale values is found across the other three recidivism criteria. Regardless of the recidivism criteria, the higher risk scores are associated with substantially more recidivistic acts than the lower scores (but the increases are not monotonic, and the number of observations in some rows are low).

Table 1. Recidivism Within 18 Months of Court Docketing By ECIP 12-Item Non-Verified Risk Scale (Means)

Risk Score	Proportion Referred to Juvenile Court/Arrest	Number of Juv. Court Docketings	Number of Counts as Juvenile or Adult	Number of Violence Counts As Juvenile	N of Cases
0	.000	.000	.000	.000	1
1	.363	.454	.636	.091	11
2	.454	.727	2.273	.909	11
3	.500	1.294	2.058	.559	34
4	.532	2.319	5.085	.787	47
5	.514	1.378	2.405	.576	37
6	.692	3.731	6.634	1.769	52
7	.581	3.774	7.452	2.000	31
8	.893	6.286	11.250	2.250	28
9	.933	3.400	7.733	1.600	15
10	.667	3.750	8.000	1.583	12
11	.000	.000	.000	.000	2
12	1.00	14.667	29.000	3.333	3
Base Rate	.613	2.972	5.715	1.261	N=284

Total Cases=298; Missing Cases=14

Table 2 shows the mean recidivism levels across the three-fold classification of juveniles, based on the aggregation of the 12-item risk score into three groupings (defined by using different cut-off points in the two counties). Those juveniles designated high risk are substantially more likely to recidivate than juveniles who are low risk: about a 50% increase in the probability of recidivating, and an approximately 3-fold increase in the frequency of delinquent/criminal activity. These results show clearly that it is possible to predict future criminal behavior quite well with a truly perspective, but ad hoc, risk assessment scale, such as utilized in this study. However, as will be shown below, better predictive validity may be achieved using an empirically-based approach. To demonstrate the importance of recidivism outcome criteria, and to provide comparative reference for the prediction

instruments discussed later in the report, the distribution of recidivism acros assessment is examined and alternative cut-off points were established to maximiz differences across categories. For example in Table 1 there is a large jump in the recidiv between scores of 3 and 4, and again between the scores of 7 and 8. These are potentially "natura cut-off points for defining low, medium and high risk categories of offenders.

Table 2. Recidivism Within 18 Months of Court Docketing By ECIP 3-Level Non-Verified Risk Classification (Means)

Risk Classification	Proportion Referred to Juvenile Court/Arrest	Number of Juv. Court Docketings	Number of Counts as Juvenile or Adult	Number of Violence Counts As Juvenile	N of Cases
Low Risk	.490	1.598	3.314	.657	102
Medium	.626	2.813	5.033	1.308	91
High Risk	.736	4.670	9.088	1.890	91
Base Rate	.613	2.972	5.715	1.261	N=284

Total Cases = 298; Missing cases= 14

* The N for the low, medium, and high groups are based on the choice of different cutoff points for Hudson and Atlantic Counties.

Table 3 shows that a greater differential in recidivism exists between low and high risk offenders using cut-off points selected on the basis of optimizing observed recidivism differences, rather than on the arbitrary cut-off points used in the original design. For example, in the low risk category of Table 3, 46% are referred/rearrested, compared to 83% in the high risk category. Similarly, recidivism prediction is superior in degree: the average number of recidivism events is five or six times greater in the high risk than in the low risk categories, compared to an approximately 3-fold differential in Table 2. For example, the average number of recidivistic counts is 10.23 in the high risk group, compared to only 1.79 in the low risk group (approximately a six-fold increase). (Note, however, that we have placed fewer juveniles in the high and low risk groups than did the original ECIP classification). Finally, it should be mentioned that although there is superior differentiation of juveniles in Table 3 compared to Table 2, the cut-off points used in Table 3 are not validated on an independent sample (and thus represent construction sample cut-off points). By examining recidivism levels across risk scores, we may be artificially "maximizing on chance": a

validation sample is necessary to determine whether such successful classification of offenders could be reproduced.

Table 3. Recidivism Within 18 Months of Court Docketing By Three-Level Risk Classification, Optimizing Cut-Off Points (Means)

Risk Classification	Proportion Referred to Juvenile Court/Arrest	Number of Juv. Court Docketings	Number of Counts as Juvenile or Adult	Number of Violence Counts As Juvenile	N of Cases
Low Risk	.456	1.00	1.790	.526	57
Medium	.587	2.820	5.431	1.270	167
High Risk	.833	5.267	10.23	1.933	60
Base Rate	.613	2.972	5.715	1.261	N=284

Total Cases=298; Missing Cases= 14

Early Court Intervention Project Needs Assessment: Does Need Predict Recidivism?

Juveniles in the ECIP study were not only classified according to risk, but also evaluated according to need. Yet, risk and need are not mutually exclusive. Indeed, most of the risk items seem to qualify as need items (we treated all but risk item #12 as indicating need). To clarify what was deemed need, a separate summary sheet of need (See page 28) was prepared for all the juveniles. Included on the need sheet were most of the risk items, plus some additional need items (for a total of 16 items). For the experimental group, this summary 16-item "need sheet" was made available to court personnel (the needs would presumably be used to help tailor an intervention for the juvenile). For the purposes of assessing the risk associated with need for the 5 need items that were not on the risk scale, an additive scale of need was created by assigning one point for each item of the 16 needs that were assessed. Juveniles found to have a need were coded "1", otherwise "0". Not surprisingly, the needs assessments predict recidivism as well as the original 12-item risk scale. Table 4 shows the results across the 16 score values. The proportion recidivating, as well as the degree of recidivating, increases with "need score."

Table 4. Recidivism Within 18 Months of Court Docketing By 16-Item Need Assessment Additive Scale (Means)

Need Assessment Score	Proportion Referred to Juvenile Court/Arrest	Number of Juv. Court Docketings	Number of Counts as Juvenile or Adult	Number of Violence Counts As Juvenile	N of Cases
0	.333	.667	.667	.000	3
1	.333	.444	.667	.111	9
2	.429	.667	1.191	.714	21
3	.546	2.682	4.727	1.000	22
4	.515	1.606	2.485	.546	33
5	.548	2.839	6.000	1.355	31
6	.688	3.375	6.562	2.094	32
7	.576	3.575	5.757	1.364	33
8	.704	2.667	5.889	1.370	27
9	.773	4.682	9.727	1.546	22
10	.778	4.333	7.944	1.444	18
11	.714	4.000	7.357	1.714	14
12	.857	4.429	8.429	1.571	7
13	1.00	3.600	10.000	1.600	5
14	.000	.000	.000	.000	2
15	1.00	5.75	10.750	.750	4
16	1.00	24.000	52.000	9.000	1
Base Rate	.616	2.997	5.736	1.275	284

Total Cases=298; Missing Cases= 14

Table 5 shows the results of aggregating need scores into three groups: low-, medium-, and high-need. The results look quite similar to what is reported for the arbitrary cut-off risk classification reported in Table 2. Between low and high risk groups there is approximately a 50% increase in the observed failure rate of proportion referred/rearrested, and approximately a tripling

in the degree of recidivistic involvement between low and high risk groups. It should also be noted that the needs instrument does not differentiate very well medium-and high-risk violence (means of 1.55 and 1.57, respectively). The original 12-item risk scale better differentiated medium and high-risk violence juveniles (e.g., 1.30 and 1.89 in Table 2).

Table 5. Recidivism Within 18 Months of Court Docketing By Three-Level Need Assessment Classification (from 16-Item Need Assessment Additive Scale (Means)

Need Assessment Classification	Proportion Referred to Juvenile Court/Arrest	Number of Juv. Court Docketings	Number of Counts as Juvenile or Adult	Number of Violence Counts As Juvenile	N of Cases
Low Need	0.477	1.500	2.489	.636	88
Medium	0.626	3.138	6.057	1.553	123
High Need	0.781	4.562	9.110	1.575	73
Base Rate	.620	2.997	5.687	1.275	284

Predicting Recidivism Using Risk and Need Criteria

Although risk and need items overlap, the two risk and needs scales nevertheless are somewhat different, and point to the question of whether combining all the items might result in improved prediction. (To achieve a parsimonious number of criteria, ordinary least squares regression was used to select those items from the pool of risk/ need items). The results of the analysis revealed that six items were statistically significant predictors (using a forward selection procedure in which only items found to be statistically significant at the .05 level were included in the equation). These six items are as follows: poor school performance, behavior problems at school, lack of parental control/supervision, negative peer influence, substance abuse/use of drugs, and lack of a sense of mastery. An additive scale of the six items (with weights of "2" assigned to the first three of the predictor items) was created, and the results are reported in Tables 6 and 7. The range of scores from 0 to 9 and recidivism means are reported in Table 6. The results show that we are more successful in differentiating juveniles based on these "best six" criteria than with the earlier prediction scales (risk or need).

Table 6. Recidivism Within 18 Months of Court Docketing By "Best" Six Items from ECIP Risk Assessment and Needs Assessment Items: Weighted Additive Scale (Means)

"Best Items" Scale Score	Proportion Referred to Juvenile Court/Arrest	Number of Juv. Court Docketings	Number of Counts as Juvenile or Adult	Number of Violence Counts As Juvenile	N of Cases
0	.429	.571	1.143	.000	7
1	.333	.333	.333	.000	3
2	.412	.676	1.382	.676	34
3	.333	.667	1.233	.133	30
4	.534	2.603	4.707	1.241	58
5	.745	3.691	7.000	1.764	55
6	.704	3.568	6.773	1.409	44
7	.731	5.654	10.231	1.962	26
8	.894	4.842	11.474	1.947	19
9	1.00	9.750	19.500	3.250	4
Base Rate	.611	2.993	5.754	1.275	280

Total Cases= 298; Missing Cases= 18

In Table 7 individuals are classified into three risk groups. The results confirm the superior prediction of our empirically derived risk assessment: the proportion recidivating in the high risk category is more than twice that of the low risk category. The degree of recidivism is approximately 10 times higher in the high than in the low risk categories (across the other recidivism criteria). Thus, we achieve superior predictive accuracy using the weighted prediction scale derived from the regression analysis than we do using the ad hoc additive risk and need scales discussed above. Although some shrinkage in prediction success would be expected on a validation sample, the extent of such shrinkage is not likely to reduce the accuracy to levels as low as the ad hoc scales presented above (Blumstein et al., 1986).

Table 7. Recidivism Within 18 Months of Court Docketing By Three-Level Classification Using "Best" Six Items from Weighted Additive Scale of ECIP Risk Assessment and Needs Assessment Items (Means)

"Best Items" Classification	Proportion Referred to Juvenile Court/Arrest	Number of Juv. Court Docketings	Number of Counts as Juvenile or Adult	Number of Violence Counts As Juvenile	N of Cases
Low Risk	.378	.554	1.125	.338	74
Medium	.656	3.210	6.089	1.471	157
High Risk	.816	5.674	11.469	2.061	49
Base Rate	.611	2.993	5.754	1.275	280

Total Cases= 298; Missing Cases= 18

In summary, we have shown that the original ECIP arbitrarily devised risk assessment instrument, for which no recidivism criteria were available at the time of implementation, nevertheless did well in predicting recidivism. The needs assessment items, when combined into an additive scale, predicted about as well as the original risk instrument. Using recidivism outcome criteria for optimizing cut-off points (Table 3) seems to improve the predictive strength of the risk items. Furthermore, using regression analysis to select the "best" items from the pool of risk and need items, we show that even greater predictive accuracy can be achieved, subject to the caveat that the relatively strong results may shrink somewhat in a validation sample.

The pool of 17 unique risk and need items represent many different factors thought to be relevant to the prediction of recidivism. Yet there are many additional factors, and many different ways items may be constructed, for the prediction of recidivism. The ECIP interview (screening instrument) with the juvenile and his/her parent(s) was designed to collect considerably more information than what is contained in the risk and need assessment forms. These data provide a larger pool of potential predictors of recidivism. We turn next to evaluating the predictive accuracy that can be achieved by drawing from this pool.

Using "All" Available Predictors

Table 8 lists the variables tested for predictiveness of the four recidivism criteria. The items have been classified into seven areas or domains, corresponding to various theoretical factors thought to be causes of recidivistic behavior. Note that the various items in these domains are not exhaustive of every datum collected, but are measures of factors hypothesized to be possible successful predictors. The classification is not for the purpose of testing one domain against another, but merely to help the reader organize the many predictors into a few categories. Note that some of the items seem to duplicate items used in the risk or needs assessment. Sometimes the "same" items are measured somewhat differently, so both measured versions of a variable are tested. (Using a "forward inclusion" strategy for the regression analysis usually resulted in only one of the "versions" of the items being included in the equation).

Table 8. Items Tested as Predictors of Recidivism

Education
Been suspended, expelled or sent home from school
Not currently in school
Held back two or more years
Been in a special education class
Been in trouble at school
Attitude: Grades not important
#Times played hooky
Risk Item 5 & Needs Assessment: Poor School Performance
Risk Item 6 & Needs Assessment: School Behavior Problems
Need Assessment: Lack of Attachment to School

Family
Parents know where child is and who child is with (& Risk Item 2 & Needs Assessment)
Family Bonds/ Lack of attachment to parent (Needs Assessment)
Criminality in the Family (Risk Item 3 & Needs Assessment)
Risk Item 4: Parental/household adult alcohol or drug history
Number of different places lived (Needs Assessment)
Consistency of parental discipline
Needs Assessment: Family violence
Father hits mother

Child's Behavioral Problems

Number of different behavioral problems child exhibits (parents report)
Has received alcohol treatment
Has received drug treatment
Number of different drugs used in past year
Always/usually have to be pulled away from a fight
Number of alcoholic drinks per week
Age of first arrest
Self reported hitting, cursing etc.
Count of drugs ever done
Needs Assessment: Alcohol abuse
Risk Item 11& Needs Assessment: substance abuse
Risk Item 12& Needs Assessment: early onset of behavioral problems

Neurological/Learning Problems

Failure on any of several tests indicating neurological problems
Slosson drawing test
correct circles of "LIF"
Comprehensive reading score
Oral reading score
Needs Assessment: neurological dysfunction (ADD (Attention Deficit Disorder) or learning disability)
Risk Item 8: neurological dysfunction

Self/Psychological Adjustment

Self-esteem (Needs Assessment: Low Self-Esteem)
(Needs Assessment: Lack of sense of mastery)
Risk Item 10& Need Assessment: lack of impulse control
Needs Assessment: Acceptability of delinquent offending
Belief in law

Peers

Friends been in trouble with law
Half of friends been in trouble with law
Needs Assessment: Negative peer influence
Needs Assessment: Negative peer drug influence
Risk Item 7: Negative peer influence

Child Abuse
Been knocked out
Been hospitalized from hit
Number of different objects hit with
Had sex with older person
Had forced sex
Risk Item 9: Past abuse
Needs Assessment: past physical abuse
Needs Assessment: past sexual abuse

Alternative Risk Instruments

Most risk assessment instruments are constructed around the past delinquent/criminal history of the offenders. Prior arrests/convictions is perhaps the single best predictive item of recidivism. In the design of the ECIP, where prior criminal history, as measured by prior court docketings, is a constant (one prior docketing defines the sample), it was thought that alternatives to criminal history variables could "substitute" for them and perform equally well or (hopefully) better in predicting recidivism. The seven theoretical "domains" above speak to the diversity of factors tested, and, as will be shown below, reasonably accurate predictions and classifications are the result.

It was thought that some domains of predictors could "substitute" for each other while retaining accuracy, and thereby provide us with flexibility to choose among predictor domains, as long as predictive accuracy was not attenuated. We approached the "substitutability" issue with three general types of risk instruments as goals: legal, neurological, and social/behavioral. We envisioned a possible "legal" risk instrument based on available characteristics of the child's past offense record (however few and theoretically weak we thought these measures to be): the type of presenting offense, the type of prior offense, and the count of charges. We refer to these factors as "legal" in that a risk instrument based on these factors could arguably be claimed to represent aspects of a "just deserts" rationale for non-custodial intervention (we discuss above that we had previously ruled out using the risk assessment for custodial interventions). For example, if juveniles committing serious crimes were found to be more likely to recidivate than others, and it was found that the presenting offense seriousness was predictive of recidivism, then the use of presenting offense seriousness might serve both a just deserts rationale for more severe forms of intervention (e.g., probation over diversion) and be justified on the basis of utility (the utility associated with the

concentration of juvenile justice resources on the child assessed to be of high risk). In addition, the legal model might have some advantages over a risk instrument based on social characteristics (educational and family characteristics) if it were found that the social characteristics correlated with other characteristics clearly undesirable as a basis for juvenile justice intervention (e.g., race, social class). Finally, a legal model may be inexpensive to administer, involving only the use of data already collected in FACTS.

A second line of reasoning pointed to possible advantages with a risk instrument centered on an assessment of neurological/learning impairment measures, such as could be diagnosed using the Slosson drawing test, reading comprehension tests, etc. We were hopeful that these items would constitute a strong predictive instrument. In part this hope was based on the fact that their predictive strength was unknown: traditional risk instruments have ignored these factors. At the same time the broader research literature on "causes of delinquency" suggested to us that the neurological and learning disability scores might be quite successful predictors, and even improve predictive accuracy beyond the levels achieved by a more traditional social/behavioral risk instrument (Lewis, 1988; Moffitt and Silva, 1988, Lewis, Lovely, Yeager and Della Femina, 1989). We were also mindful of the fact that a child who is diagnosed as having learning or neurological difficulties should warrant special treatment independent of whether or not he/she had participated in delinquent acts in the past, or would do so in the future. If learning/neurological factors were highly predictive of future delinquency/criminality, then scarce juvenile justice resources could be concentrated on these "truly needy" children. Moreover, scarce juvenile justice resources could be augmented with resources of the school and any special programs or funding that the learning impaired child might qualify to receive. Indeed, if the treatment of the neurologically impaired could be fully handled by non-juvenile justice resources, then the juvenile justice resources could be spent on those juveniles who are high risk but not learning/neurologically impaired.

The third "flavor" of risk assessment instrument that was envisioned relied on items that measured the child's adaptation in school, family situation, peers, psychological adjustment, behavioral tendencies, etc. Most of the items in Table 8 reflect the theoretical perspectives thought relevant to predicting future delinquent and criminal behavior. Since there are rather extensive literatures on the importance of each of these domains, we will not comment further on them here.

The results of the tests of the legal items in predicting recidivism were so discouraging that we quickly dropped presenting offense type and the counts of charges as a basis for a risk instrument. In regression analyses, all such factors combined failed to explain more than 2% of the variance of any of the outcome variables (while other models explained between 15 to 25% of the variances). Nor did any of the legal model variables attain statistical significance when tested in the same regression equations with the other predictor variables.

The results of the neurological/learning variables were somewhat better, especially in predicting subsequent violence. Table 9 summarizes the explained variances attributable to the following neurological/learning variables: neurologically impaired (as defined by having four or more errors on the sequential identification test or below 85 accuracy score on the Slosson diagram coordination test, or 4 or more errors on the Einstein reading test, or both answers incorrect on the comprehension test); the Slosson diagram coordination score; the number of correct sequential identifications; the reading comprehension score; and an oral reading score. (Note that the first variable mentioned, the summary diagnostic variable, is based on these same items, but is not highly correlated with any one of the individual items, nor with a linear combination of them, such that multicollinearity diagnostics were not problematic). We compared the explanatory power of the neurological/learning variables with that of a subset of all other variables, specifically the non-neurological variables from Table 10. (In Table 10 we list 15 variables found to be predictive of two or more criterion variables. This list constitutes our "working list" of variables for further analysis.)

Table 9. Unique and Total Variance Explained by Neurological/Learning Items and by Twelve Other Items*

Variable Type	Referred to Court or Arrested	# Court Docketings/ Arrests	# Counts	# Counts of Violence
Neurological/ Learning Impaired Items	.019 (.037)	.017 (.053)	.022 (.061)	.039 (.067)
Other Items (Non-Neurological from Table 10)	.140 (.158)	.222 (.259)	.222 (.260)	.122 (.149)

* First number in each cell is the unique variance explained. Second number is the total variance explained by each variable type without the other variables controlled.

Table 10. Subset of 15-Items Found to be Predictive of Two or More Recidivism Criteria

Education
Been suspended, expelled or sent home from school
Risk Item 5 & Needs Assessment: Poor School Performance

Family
Parents know where child is and who child is with (& Risk Item 2 & Needs Assessment)

Child's Behavioral Problems
Number of different behavioral problems child exhibits (parent's report)
Has received alcohol treatment
Number of different drugs used in past year
Always/usually have to be pulled away from a fight

Neurological/Learning Problems
Failure on any of several tests indicating neurological problems
Slosson drawing test
Comprehensive reading score

Self/Psychological Adjustment
Needs Assessment: Lack of sense of mastery
Needs Assessment: Acceptability of delinquent offending

Peers
Half of friends been in trouble with law

Child Abuse/Other
Been knocked out

We compared the strength of all the neurological/learning impaired variables with all the non-neurological/learning impaired variables from Table 10. Two types of explanatory variances were compared: unique explained variances (uniquely explained by either of the two types of variables (neurological or not), while controlling for the other type), and total variance explained (variance explained when only one type of variable is entered into the equation). Whether unique or total explanatory variances are compared, the non-neurological factors are far superior to the neurological. The total variance explained for the neurological never exceeds 7%, while the total variance explained for the other items is between 15% and 26%. Except for the number of violent offenses/counts, the neurological/learning impaired predictors do not uniquely explain more than 2%

of the variance of any of the outcome variables. However, the neurological items do uniquely explain .039 of the variance of the number of subsequent violent offenses (counts of charges for violent crimes), compared to .122 variance uniquely explained by twelve non-neurological items drawn from Table 10. Thus, when the neurological/learning variables are entered into regression equations, they do add to the explanation of violence. Even here, however, they explain less than a third of the variance that the other items uniquely explain.

We found this evidence on the predictiveness of the neurological/learning factors somewhat discouraging but also ambiguous with regard to the explanation of violence. We did not give up on the possibility of a neurological/learning risk instrument for violent offenses. We formed a risk instrument based on the predicted values (from an ordinary least squares regression equation) of the two neurological/learning impaired items that were statistically significant predictors of the number of violent charges: the dummy variable measuring neurological impairment (itself based on four indicators of neurological impairment -- see discussion above), and the reading comprehension score. The predicted values from the regression equation were trichotimized into low-, medium- and high risk categories. The results are presented in Table 11, using two different cut-off criteria. The results are somewhat encouraging to those who would advocate the neurological/learning impairment risk assessment approach: the classification is about as successful as that shown above in Table 7 for the "best" predictors from the pool of risk and need items. (Note that we are giving some advantage here to the neurological/learning impairment items because we used the predicted scores from the actual regression equation, while the "best six" scores are based on a weighting of the individual items that represents an approximation (rounding) of the regression weights (e.g., whole number weights of "2" or "1" are used). Our tentative conclusion is that we should not abandon all hope for the neurological risk assessment approach, but we need to assess the predictive accuracy of all the available items, and make some further comparisons.

Table 11. Neurological/ Learning Disability Prediction Classifications and Average Number of Violent Charges (Two-Item Scale)

	Neurological Classification #1	N	Neurological Classification #2	N	"Best Six" Items Classification	N
Low Risk	.80	85	.80	85	.338	74
Medium	1.20	190	1.05	136	1.47	157
High Risk	3.40	23	2.11	77	2.06	49

A General Risk Scale

Toward the goal of arriving at one empirically derived risk instrument representative of multiple causal domains and applicable to all four of the outcome criteria, regression analysis was done using all the predictor items in Table 10 (our "working list" of predictor variables) for each of the four outcome criterion variables. The three dependent variables that consist of numeric counts were first logged (unlogged counts are not as well predicted in OLS regression -- see Cohen and Cohen, 1983 for a discussion of the reasons for preferring logged dependent count variables). (Note that by "count variable" we are not referring to "counts" in the sense of charges, but the numeric count of the court docketings, charges, etc.). Note that excluded predictor variables were dropped if they failed statistical significance at the .10 level for two or more of the outcome variables (most variables were significantly different than zero at the .05 level or lower). (Additionally, if there were variables strongly predictive of only one of the outcome criteria, we would have retained it).

Technical Note: Results below are based on ordinary least squares (OLS) regression coefficients, but alternative regression models were used to determine if violations of the assumptions of ordinary least squares results in any substantively significant departures from the results shown below. Specifically, logistic regression results were examined for the dummy outcome variable, referral/rearrest within 18 months. The same variables emerged as the statistically significant predictors in the OLS and logistic equations. The weighting of the variables would be somewhat

different using logistic regression than OLS, but in general the results are quite comparable. As for three count criteria variables, Poisson and negative binomial models were examined and the regression coefficients and incident rate ratios examined. The results were somewhat different in that fewer variables reached statistical significance than with the OLS results. Nevertheless, the results were quite similar to the OLS results in that no new variables reached statistical significance, and assigning weights based on incident rate ratios from negative binomial regression would have resulted in large weights assigned to the same variables assigned large weights based on the OLS results (the models failed to be Poisson distributed, so negative binomial regression, or "general Poisson" was used). Nevertheless, different weights would have been the result if negative binomial regression were used to assign weights. It was decided that the OLS weights would be used because the weights assigned to a few variables based on the negative binomial regression seemed to be unacceptably high, relative to the weights assigned to other variables, thus making the instrument effectively dependent on three or four items instead of nine.

Also, note that the results presented below are based on a pool of predictor variables that may or may not be ideal for use in a field setting. Alternative measures may be found that could substitute for some of the items used. Some of the current items may be too costly, unreliable, or otherwise objectionable, such that alternative measures should be employed.

It should be further noted that multicollinearity diagnostics were done on OLS regressions, following procedures discussed by Belsley (1991). One variable, age at docketing, proved to be collinear with the constant in the equations, such that age was dropped from further analyses. Also, in some of the early equations a few variables reached statistical significance, but with effects opposite in sign from what was observed at the bivariate level of analysis (and opposite in sign from what was hypothesized). Due to the correlation among predictor items, this is not a surprising result. Nevertheless, since it is difficult to see the practical usefulness of such predictive items, they were dropped from further analysis.

Also, it should be noted that we followed procedures outlined by Cohen and Cohen (1983) as to handling missing values in the independent variables. Two simultaneous steps were taken for all the regression analyses: mean substitution of values when missing values were found in the predictor variables, and a dummy variable indicating missing values on the reading comprehension score (which had approximately 50 missing values). Other items had very few missing cases. Separate analysis using listwise deletion without means substitution or the dummy variable for missing data showed very similar findings.

The Results: Table 12 shows the items and their "average weight" (based on OLS regression) and range. By "average weight" we mean the average of the four weights assigned to each predictor item across the four outcome-specific risk scales. For example, the four outcome-specific weights assigned to the item "Been suspended, expelled or sent home from school" are 9, 11, 7, and 15 -- for an average of 10. (The individual weights, in turn, are based on unstandardized regression coefficients that have been transformed into a metric in which the smallest unstandardized coefficient is assigned a value of 1 and all other values are expressed proportionately.) We use this "averaging" approach because there is no single agreed upon criterion variable against which to evaluate risk. By using individual weights, we might enhance the prediction of one criterion variable, but diminish that of another. Averaging the weights is one way of "solving" the multiple-criterion problem. It should be noted that there is considerable consistency in the weights across criteria. Furthermore, using the "best weights" for one criterion to classify offenders on another criterion results in successful prediction almost equal to that attained when the second criterion's "best weights" are used. We think our approach is a more reasonable one than those based on one outcome criterion. The range of possible scores for the general risk assessment scale is from -10 to +59.

Table 12. General Risk Assessment Scale (Nine Items)

Item	Weight	Possible Values
1. Been suspended, expelled, or sent home from school	10	0-1
2. Poor School Performance (one or more grades repeated or Ds and Fs as typical grades	7	0-1
3. Number of different behavioral problems identified by a parent for the period of time around the presenting offense	1	0-16
4. Times in past year child self-reports using drugs	4	0-2(0=0) (1=1 thru 30)(2=31+)
5. Low Sense of Mastery (Strongly agree/agree to two of three statements: what will happen will happen, planning is useless, live for today .	6	0-1
6. Half of friends or more been in trouble with the law (self-report)	5	0-1
7. Reading Comprehension Score (# Correct Answers)	-5	0-2
8. Been knocked out (self-report)	5	0-1
9. Child always needs to be pulled away from fights (self-report) (1=sometimes need to be pulled away)(2=always need to be pulled away)	1	0-2

The 9-item "general" risk scale proves to be quite successful in predicting the four outcome variables. Figures 1 through 4 show the distribution of the four outcome criterion variables across the risk scores. (The values graphed are "smoothed" by taking the average of each risk score value with the score immediately before and after it -- thus reducing the "noise" of extreme values). The figures are useful for selecting cut-off points that define low-, medium-, and high-risk classifications. Cut-off points of the lowest value through 10, above 10 through 19, and greater than 19 appear to be candidates for defining low-, medium-, and high-risk for all three count dependent variables. For

violent offenses, a different cut-off point seems preferable for defining medium versus high risk (16). Although other cut-off points are possible, these result in a high degree of differentiation of individuals, as well as relatively large numbers of individuals in each classification.

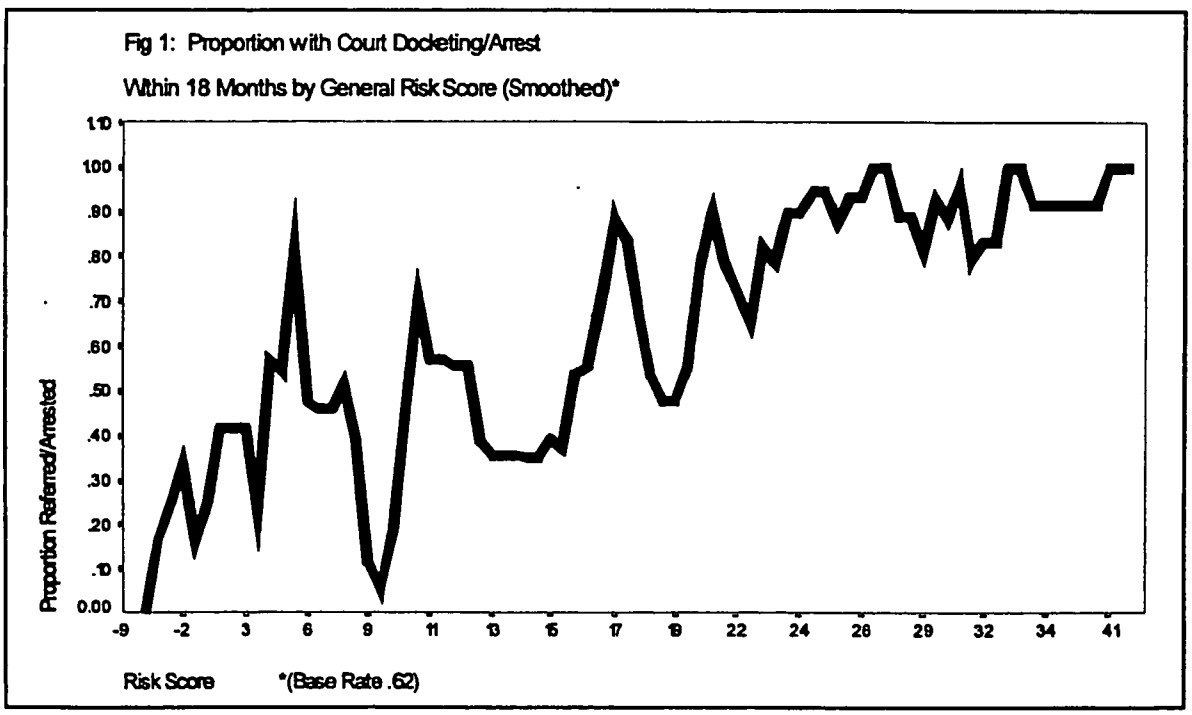
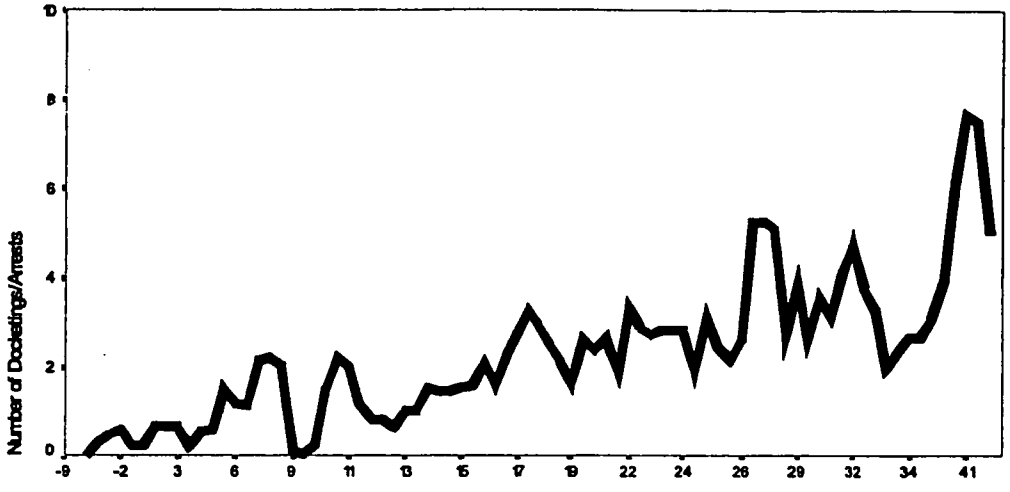


Fig 2: Number of Court Docketings/Arrests

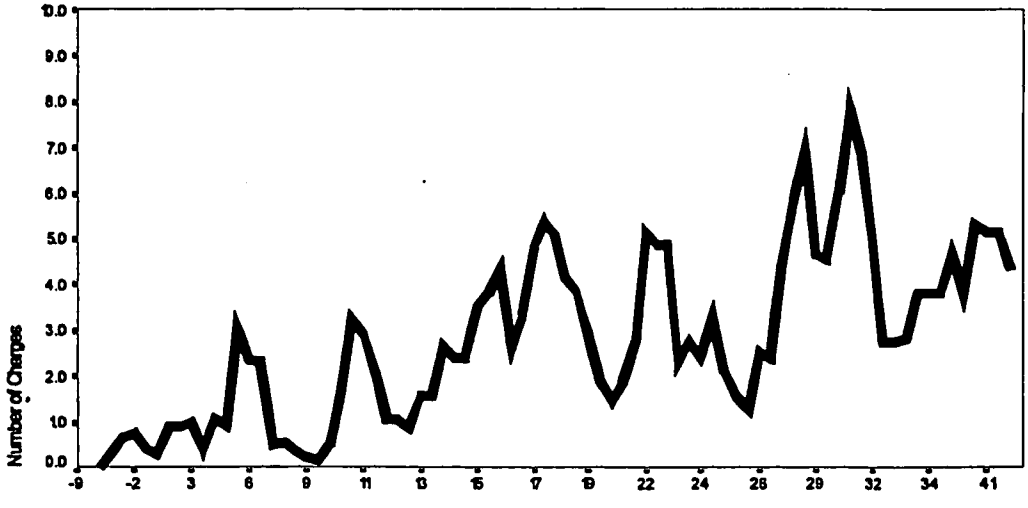
Within 18 Months by General Risk Score (Smoothed)*



*(Base Rate 3.0)

Fig. 3: Number of Charges as Juvenile or Adult

Within 18 Months by General Risk Score (Smoothed)*



*(Base Rate 5.74)

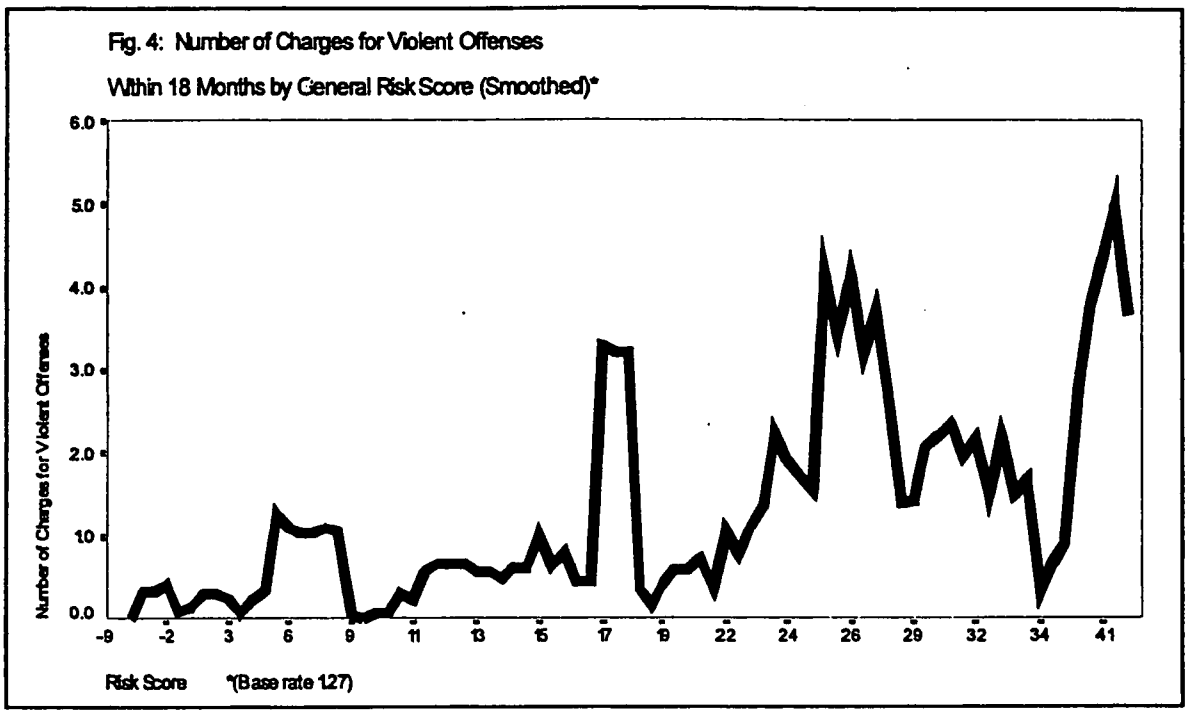


Table 13 shows the results of the classification of the scale into low-, medium-, and high risk categories. (Note that these results are based on a construction sample, and some accuracy in prediction would normally be lost in applying the scale to a validation sample.) Note that the classification of offenders into three categories is superior than that shown earlier. For example, the proportion of offenders referred to court/arrested is 37% in the low-risk category and 86% in the high-risk category. Although these percentages are similar to those found for the "best six items" as reported in Table 7, we are classifying 117 individuals as high risk, not 49. Thus, we are much more successful in identifying the high risk offenders using the general risk assessment scale based on the 9-items than we were with the "best six" risk and need items. Similarly, the mean number of court docketings/arrests are similar to those found earlier using the "best six" instrument. Again,

here we are classifying more offenders into both the low and high-risk categories. For the number of counts or charges, not only is there a ten-fold difference between the low and high categories, but over two thirds of the offenders fall into these two groups. A similar pattern is found for subsequent violent counts. Here the high to low ratio is about 5:1, but 79% of the offenders fall into these two categories. Thus, the classification of offenders based on the 9-item general risk assessment scale not only differentiates offenders, but differentiates a substantial proportion of offenders into high and low risk groups.

Table 13. Risk Classification of Offenders Using the General Risk Assessment Instrument

Risk Classification	Referred to Court or Arrested	# Court Docketings/ Arrests	# Counts	N for 1st 3 Cols	# Counts of Violence	N for Violence
Low Risk	0.369	0.631	1.036	84	0.357	84
Medium	0.567	2.165	4.041	97	0.984	62
High Risk	0.855	5.274	10.28	117	1.868	152
Base rate	0.624	2.954	5.644	298	1.258	298

It should be further noted that the 9-item risk assessment instrument is far superior to the neurological risk assessment instrument discussed above (Table 11). Although the mean number of counts of violence is similar across low-, medium-, and high classifications, far more individuals are classified in the low or high categories using the 9-item instrument. Thus we successfully differentiate far more individuals using the nine-item general risk assessment than we do using the neurological-only items. (Note, too, that the neurological items were tested against the other items, and were not found to reach statistical significance, except for the comprehensive reading test, item #7 of the 9-item general risk assessment score.

Finally, it is important to note that we have constructed a risk assessment instrument and not validated it. Subsequent applications of this risk assessment instrument on a new sample of offenders ("second timers" through the system) probably will not be predicted or classified as

accurately as the tables here show. Two reasons for this are that the regression analysis results tend to shrink on validation samples, and the cut-off points selected in our analysis are based on observed distributions that probably would not be duplicated in a new sample (the "valleys" are unlikely to occur in the same locations, as per Figures 1 through 4).

Reduced Model: Seven-Item Risk Assessment Model

Each of the items in the nine-item scale described above were discussed by various staff and researchers as to the practicality of using these items in large-scale risk assessment applications. Also of concern were issues of the validity of one of the items (what theoretically identifiable construct does "being knocked out" measure?), and whether cost efficiency considerations might lead to an alternate risk instrument that was more parsimonious than the nine-item scale. Some of the issues that were discussed include whether juveniles and parents would volunteer information of the type discussed if they knew that the juvenile justice system may focus its attention, albeit benignly, on the juvenile as a consequence of the interview(s). Although the possibility of deception (by juvenile or parent) cannot be ruled out, if information was withheld by juveniles or parents for the ECIP project, it was probably not widespread. The success of the prediction instrument itself speaks to the reliability of the measurement of the items. Furthermore, the diversity of "causal domains" included among the predictive items suggests a congruence between our empirical findings and a broad literature on the causes of criminal behavior. Other studies have shown that school performance and behavior in school, as well as peers, have a strong influence on subsequent delinquent behavior. To a lesser extent, intellectual ability, lack of sense of mastery (or self-esteem), and behavioral problems (as measured here by self-reported drug use, and the parents reporting on the behavioral problems of their child) have been shown elsewhere to predict subsequent delinquency. Thus, in general it was thought that most of the items in the nine-item risk scale were were strongly grounded in theoretical domains that previous research used for the prediction of subsequent behavior.

Brief clarification of the scale item "low sense of mastery" is in order. Persons with a strong sense of mastery are more likely to feel in control of their environment and expect that valued rewards will result from their efforts to attain them; a person with low sense of mastery will have

a more fatalistic approach. Sense of mastery is close to the concepts of perceived efficacy/self-efficacy (Easterbrook, 1978; Bandura, 1982) and competence (Smith, 1969) (see also Rotter's concept of locus of control, 1966; Mecca, Smelser and Vasconcellos, 1989).

Two of the items (#8 and #9), however, seemed questionable upon further reflection and analysis. The child's self-reported answer to "have you ever been knocked out?" posed a number of problems. For one, it was a rather skewed variable, with only about 14% of the sample answering in the affirmative. Such a skewed independent variable is unlikely to have a strong effect on any dependent variable due its distribution (Davis, 1971). Secondly, it was unclear as to what being knocked out measured. Abuse is one interpretation, and neurological impairment another (we were told by neurological experts that being knocked out, especially for a relatively long period of time, could result in neurological impairment). However, the variable "been knocked out" did not correlate with any of the abuse variables (except "have you ever had any of your bones broken, where the correlation was a weak .12) or neurological measures (none reached statistical significance). Also, the variable was found to be predictive of only two of the four outcome criteria (meeting our minimal criteria for inclusion in the regression analyses), and its statistical significance marginal. For all these reasons, we sought first to find a substitute for it (by omitting it from the regression equations, and allowing any of the available measures to enter the regression equation), and finally, to drop it (when no other items met the inclusion criteria).

The other item of questionable value was the ninth: self-reported "I need to be pulled away from fights". Having dropped the " I've been knocked out" variable, we found that the self-reported fighting variable was now only statistically significant for one outcome criterion: number of violent charges. Across the four outcome criteria, the impact (not statistically significant for the criteria) of the variable was the smallest, and was also relatively small in its impact on number of violent charges. Also, it is not clear what the item measured: did it measure a willingness to continue a fight or to initiate one? Both interpretations may be theoretically relevant to violence, but the measure may be confounding the two. For these reasons, we dropped the item from the scale. The exclusion of these two items and the failure of any other item from the pool of all possible predictor items to meet the criteria for inclusion into the regression equation, led us to a "final" seven-item scale. The weights associated with the seven-item scale are slightly different than was found for the nine-item

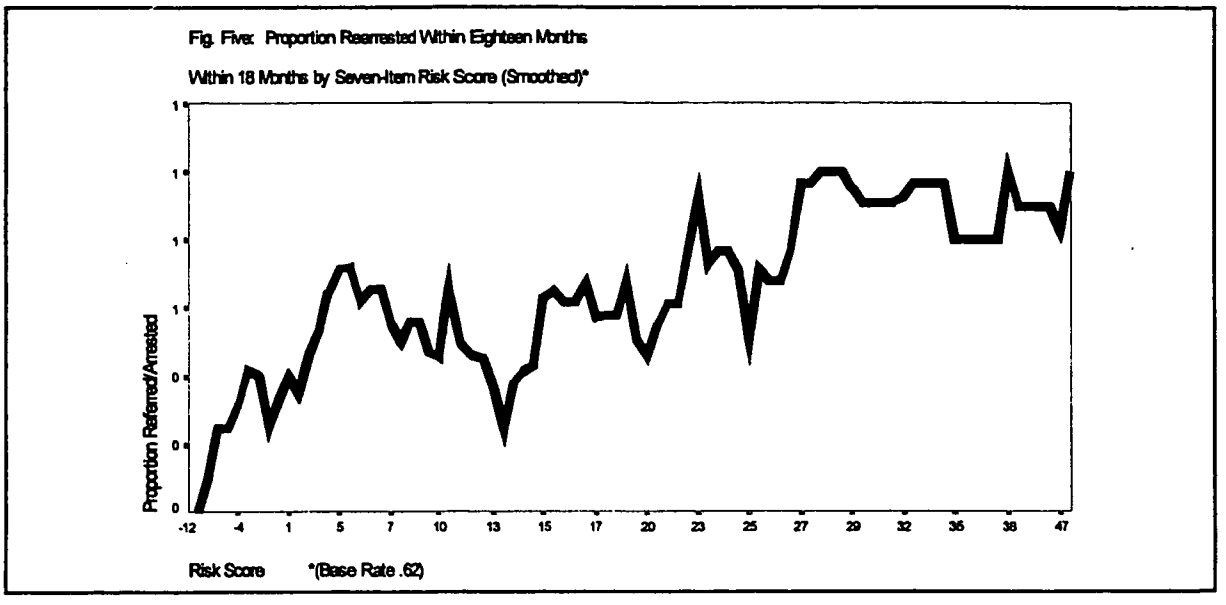
scale. Table 14 shows the scale and the weights (as for the nine-item risk scale, weights were first calculated for each of the four outcome criteria, and then averaged to get the general weights shown in the table).

Table 14. Seven-Item General Risk Scale

Item	Weights	Range	Weight Range
1. Been suspended, expelled, or sent home from school	12	0-1	0-12
2. Poor School Performance (one or more grades repeated or Ds and Fs as typical grades	8	0-1	0-8
3. Number of different behavioral problems identified by a parent for the period of time around the presenting offense	1	0-16	0-16
4. Times in past year child self-reports using drugs	5	0-2	0-10
5. Low Sense of Mastery (Strongly agree/agree to two of three statements: what will happen will happen, planning is useless, live for today	8	0-1	0-8
6. Half of friends or more been in trouble with the law (self-report)	6	0-1	0-6
7. Reading Comprehension Score (# Correct Answers)	-6	0-2	0 to -12

Figures 5 through 8 show how well the seven-item scale predicts each of the four outcome criteria: referral/arrest, number of court docketings/arrests, number of charges, number of charges for violent offenses, respectively. Optimal cut-off points for low-, medium-, and high-risk groups vary across the figures. In Figure 5 the optimal cut-off points are approximately 13 and 25; for Figure 6, they seem to be 7 and 20; for Figure 7, 13 and 20; and for Figure 8 they are 13 and 18.

(Note that the recidivism levels charted in Figures 5 through 8 are "smoothed" by averaging the recidivism of the two values before and after an observed value. This reduces some of the "noise" in the variation of the line across scale values).



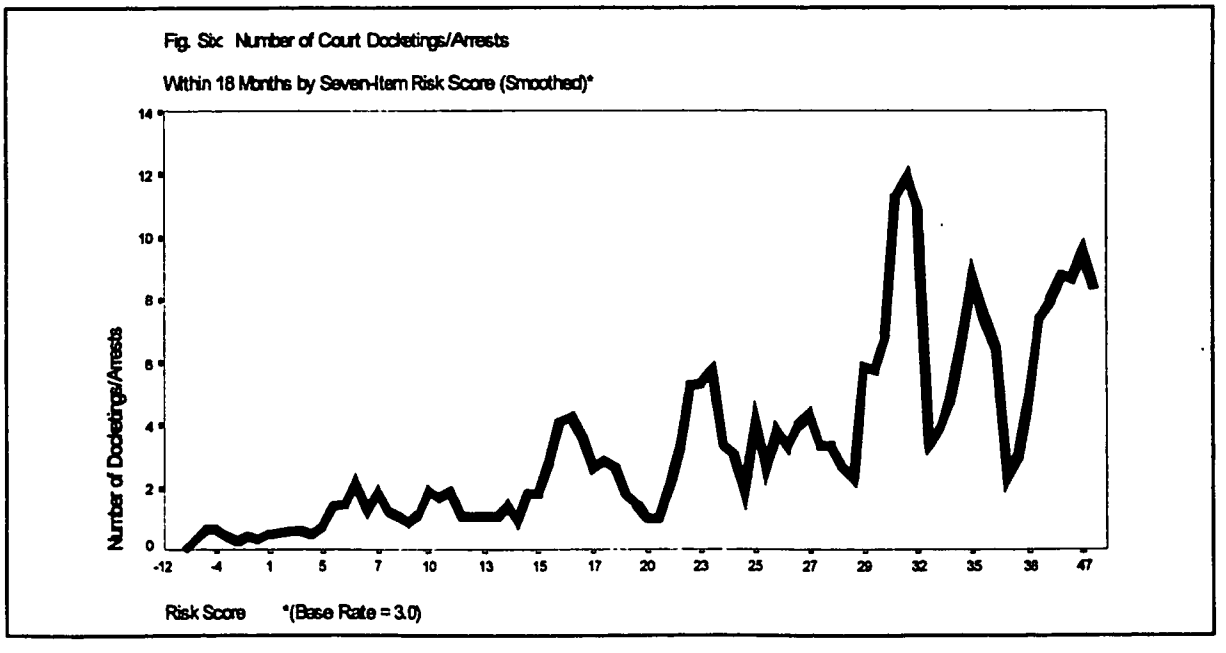
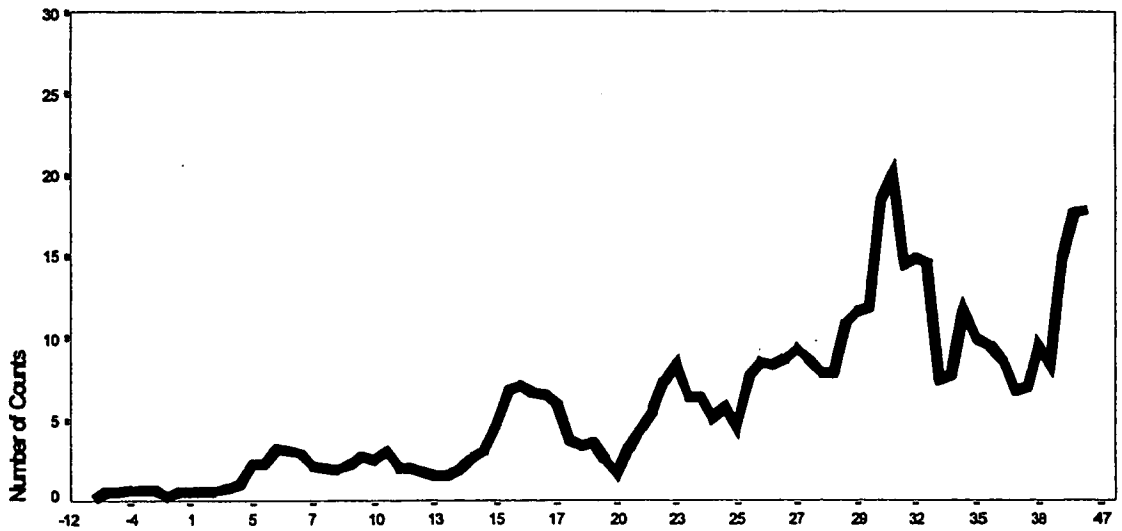


Fig. Seven: Number of Charges as Juvenile or Adult,

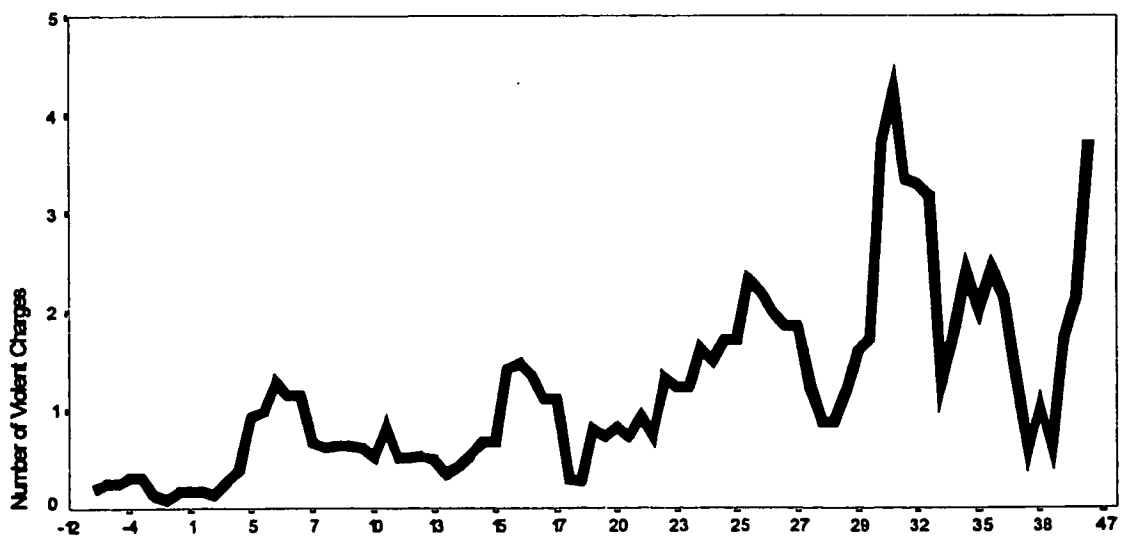
Within 18 Months by Seven-Item Risk Score (Smoothed)*



*(Base Rate=5.74)

Fig. Eight: Number of Violent Charges

Within 18 Months by Seven-Item Risk Score (Smoothed)*



*(Base Rate 1.27)

In Table 15 we summarize the results of the classification of juveniles into three groups by the seven-item scale. For the outcome dummy variable "referred to court or arrested", the high risk group has a 90% chance of recidivism within 18 months (N of 72), while the low-risk group has a 44% chance of recidivism (N of 113). Thus, the seven-item scale results in the classification of fewer individuals into the high-risk group, but at a higher level of failure (90% versus 86%) than observed for the nine-item scale (Table 13). Conversely, more individuals are classified into the low-risk seven-item group than for the nine-item low risk group (113 versus 84), but at a higher level of recidivistic prevalence (.44 versus .37).

Table 15. Risk Classification of Juveniles by Seven-Item Scale

Risk	Referred to Juvenile Court/ Arrested	N	# Court Docketings /Arrests	N	# Counts	N	# Counts of Violence	N
Low Risk	.443	113	.708	65	1.858	113	.539	113
Medium	.628	113	1.908	119	4.155	71	.941	51
High Risk	.903	72	5.325	114	10.325	114	1.985	134
Base Rate/N	.624	298	2.953	298	5.644	298	1.258	298

As for the number of subsequent docketings/arrests, Table 15 shows that the optimal cut-off points result in a classification of offenders in which 114 juveniles are classified as high-risk, with an average of over seven times as many docketings/arrests as the low-risk group (however, with an N of only 65). On the criterion number of subsequent counts, there are 10.3 counts in the high risk group, compared to 1.9 in the low risk group (approximately a five to one ratio), with 76% of the cases differentiated into these two categories. Finally, the number of violence charges are classified, with 83% of the cases falling into the low- or high-risk classifications, and an approximately 4 to 1 ratio in the number of counts for violent offenses between high- and low-risk groups.

In summary, the results from the classification of offenders using the seven-item scale, with varying optimized cut-off points, reveals results similar to that achieved by the nine-item scale. Since the cut-off points were allowed to be different across the four outcome criteria, it is difficult to "see" the accuracy of the classifications, as the number of juveniles vary from criterion to criterion. We chose the cut-off points that are optimal across more of the criteria than any other cut-off points: 13 and 20. All four criteria are classified by these cut-off points in Table 16. Seventy-six percent of the juveniles are classified into high- or low-risk groups. (Sixty-seven percent were classified into these two groups in Table 13 using the nine-item scale). The dummy variable "referred to juvenile court/arrested" almost doubles the chance of recidivism across low-to high categories. A ratio of five to one differentiates the high- and low-risk groups on counts of court docketings and offense charges. As for high-risk violent juveniles, they have about four times as many violent offenses on average than the low risk group. In summary, the seven-item scale differentiates offender quite well, and allows for the classification of over three quarters of the juveniles into low- and high-risk groups. On the basis of parsimony, we choose the seven-item scale over the nine.

Table 16. Risk Classification of Juveniles Using Same Cut-Off Points Across Criteria

Risk	Referred to Juvenile Court/ Arrested	# Court Docketings/ Arrests	# Counts	# Counts of Violence	N
Low Risk	.443	1.035	1.858	0.540	113 (38%)
Medium	.578	2.197	4.144	0.887	71 (24%)
High Risk	.833	5.325	10.325	2.202	114 (38%)
Base Rate/N	.624	2.953	5.644	1.258	298

The Neurologically Impaired

We now return to consider the relationship between the predictions based on the seven-item scale and neurological/learning impairment. Table 17 shows a cross classification of the neurological/learning disability prediction classification used in Table 11 (the second set of cut-off

points) with the seven item classification. There are two interesting findings from this table. One, the diagonal of the table reveals that most cases classified by the seven-item scale are classified into a different grouping by the neurological/learning impaired scale. This suggests that the neurologically/learning impaired scale classifies juveniles quite differently than the seven-item risk scale. Two, 42.1 percent of those juveniles classified as "high risk" by the seven-item scale are also classified as high risk by the neurologically/learning impaired scale. Thus, on the one hand, there are more errors than "hits" when comparing the two scales, yet, on the other hand, there are a substantial number of juveniles who are classified high risk by both scales. Thus, there is support for the general idea that risk offenders suffer from neurological/learning disabilities. To more directly assess this, our general measure of neurological impairment (55.5% of the sample were deemed neurologically impaired/learning disabled by this criterion) was cross-tabulated with the seven-item risk scale. 75% of the high risk group (see bottom row of Table 17) were found to be neurologically/learning impaired, compared to only 40% of the low risk group (55.5% of the sample were deemed neurologically impaired/learning disabled by this criterion). While our general measure of neurologically/learning impaired may be too liberal (too many "false positives", possibly due to the juveniles' failure to take the test seriously, or to other administrative problems), it seems clear that high-risk youth suffer more often from neurological/learning impairment than low risk youth.

Table 17. Cross-Classification: Neurological Impairment Risk Classification By Seven-Item Risk Classification

Neurological Impairment Risk	Seven Item: Low	Seven Item: Medium	Seven Item: High
Low	48 (.425)	24 (.338)	13 (.114)
Medium	52 (.460)	31 (.437)	53 (.465)
High	13 (.115)	16 (.225)	48 (.421)
Impaired?	.398	.479	.754

By implication, policy directed at treating the high risk juveniles who have neurological/learning disabilities would seem to hold considerable promise. If educational intervention tactics were successful in helping the impaired student to learn, it is conceivable that some of the motivation to commit delinquent acts could be lessened. Moreover, providing treatment for the neurologically/learning impaired would seem desirable independent of any considerations of delinquency. While the juvenile justice system may choose to do more than meet the neurological/learning needs of the high risk juvenile, meeting those needs would seem to be a good starting point.

Race and Gender

If juveniles are given court dispositions based on risk of future behavior, there is concern that the risk classifications could effectively result in some groups of people being targeted for "treatment" while other groups are not. Even if the interventions are benign, there is concern that characteristics such as race, ethnicity and gender might be used as a basis for the disposition of a case. Toward the goal of assessing the impact of the risk classification (based on the seven item scale) for race, ethnicity and sex, we present Table 18. As can be seen, there is no strong concentration of blacks, whites, or Hispanics in any of the three risk groups, although minority status is more prevalent in the medium and high risk categories. Similarly, males are more likely to be found in the higher risk classifications; yet females are not excluded from the high risk designation -- 12% of the high risk group is made up of females (21.9% of the sample are female). Thus females are well represented in the high risk groups (e.g., 22% of all the females are in the high risk category).

Table 18. Race, Ethnicity, and Gender by the Seven-Item Risk Classification*

Risk	White	African American	Hispanic	Male
Low Risk	37.2%	24.8%	29.2%	63.7%
Medium	18.3%	42.3%	36.6%	78.9%
High Risk	21.0%	39.5%	37.7%	87.7%

*Percentages are based on row marginals and do not sum to 100 due to some other race and missing values.

RESPONSE OF THE FAMILY COURT TO THE ECIP RISK CLASSIFICATION

We now turn to the question of whether the ECIP risk classification made any difference as to how the family court intervened, and whether that intervention had any impact on subsequent recidivism. We begin by discussing some technical aspects of defining the first and second court appearances, and then describe how the experimental and control cases elicited different court responses for the non-diverted cases. Finally, we address the question of whether the general type of intervention had any discernable impact on recidivism.

Prior Record of the Sampled Juveniles

According to the design of the study, juveniles were selected for inclusion in the sample if they had one prior juvenile court appearance. While this may seem like a simple way to define the sample, available record information, data, and complexities of court processing made this difficult to define accurately in practice. The primary source of difficulty is that a juvenile's second court appearance may be concurrent with "another matter" (some other charge) that comes before the court, or is in the process of being dealt with by the court. That "other matter" may be combined with the presenting offense or handled separately. (N.B. a "court appearance" is not the same criterion as "second offense" or "second charge" or second referral to court.). Also, the FACTS data base was used to define a second court appearance at the time the sample was defined, and ECIP study data were collected subsequently on prior and subsequent court docketings. Data entries into FACTS were made, however, between those two points in time. That is, subsequent to inclusion in the sample some juveniles had their FACTS records updated to show a second court docketing occurring before the docketing for the presenting offense that made them eligible for the sample.

We were concerned at the time of the data analysis that the designated second court appearance was not really the second court appearance, but a third or fourth court appearance. This would challenge the external validity of the study: the sample would not be representative of "second timers" but some mix of them and more chronic juvenile offenders. In looking at the FACTS data approximately two years after the sample was defined, we found that some juveniles had more than one prior court appearance. We defined a "second court appearance" as follows. The docket number recorded in the juvenile's interview data base defined the initial juvenile's presenting offense docketing. That single docket number was often processed by the court with other docket

numbers with the same offense date or same case filing date. We treated all such associated docket numbers as part of the presenting offense, and recorded all dispositions associated with such dockets as a disposition of the presenting offense(s). Crime incidents that occurred before the presenting offense were considered prior docketings, unless the date case filing was the same as for the docket number that was recorded originally when the juvenile's interview was completed. In that case the docketing was not counted as a prior court appearance. By this standard, 48 juveniles had two or more prior docketings, of 290 with complete date information (sample N is 298). Of these 48, 38 had two prior court appearances, and 9 had 3 or 4 (one had 7). Of these 48, 33 had a disposition for at least one charge that was subsequent to the presenting offense docketing, such that these 33 could be considered "concurrent" rather than strictly "prior" court docketings. Thus, by this count only 15 cases could be considered inappropriately included in the sample, or approximately 5%. Taking a somewhat conservative approach, we excluded the 48 cases which resulted in regression beta coefficients very similar to that achieved with the 48 cases in the analysis. For the criterion variable number of subsequent docketings/arrests, a weighted nine-item scale based on the smaller N (dropping the 48) results in the same weights as when all the cases are included. Thus, the weights are not affected for one criterion. Some small differences were found across other criterion, but they were deemed to small to be change the classification of very many juveniles. We decided that the handful of cases that were truly inappropriate were inconsequential to the weights used in the final scale.

Characteristics of the Presenting Offense

Having defined the presenting offenses using FACTS, and the prior court appearances, we look at whether the presenting offense characteristics across experimental and control groups are similar (Table 19). Although the experimental group more often has a larceny charge than does the control group, we conclude that the experimental and control groups are quite similar. (Note that the percentages do not sum to 100 because the juveniles are frequently charged with more than one type of offense).

Table 19. Presenting Offense Characteristics of Experimental and Control Groups (%s)

Presenting Offense(s)	Experimental	Control
Serious Violent Offense	19.9	16.4
Violent Offense (all types)	42.4	44.5
Burglary	14.6	13.0
Drugs	13.9	12.3
Inchoate	4.9	6.8
Theft	29.2	17.1
Weapons	16.0	14.4

The Court's Response to the Juveniles in the Experimental and Control Groups

In implementing the study design, concern over the possible misuse of the risk classification led to the decision to assess risk after the intake officer made the decision whether or not to divert the case. We did not want the intake officer to use (albeit unintentionally) risk information to make the decision to send the juvenile to court for possible adjudication as a delinquent, and possible incarceration. The data collection plan was to ascertain the substantive nature of the intervention for the non-diverted cases from the FACTS data base, and for the diverted-cases from the file folders of the juveniles in Atlantic and Hudson counties. Because of a lack of time, the latter data collection was never done. Thus, only "dispositional" data on the non-diverted cases can be meaningfully assessed as to what interventions the child received for the presenting offense. We simply do not know what happened to the diverted juveniles, other than that they were diverted. The discussion below pertains to only those juveniles that we were able to determine from FACTS to have <u>not</u> been diverted (this was defined as not having a "intake services conference" or "Juvenile Conference Committee" outcome). Exactly 50% of the sample was diverted (some juveniles received a "diversion" for at least one of the presenting offense charges, but not for (at least) one other charge, and they are counted as "not diverted"); the other half went to the court for possible adjudication before a judge.

The response of the court to the non-diverted juveniles in the experimental and control groups is displayed in Table 20. (Note that the "dispositions" are not mutually exclusive: individuals may have one charge dismissed, and be given probation on another. Thus, the percentages do not sum to 100.) The results show that there are seemingly few differences between the experimental and control groups in how non-diverted juveniles were treated. Controls were more likely to receive a "probation continued" disposition (thus, controls were probably more likely to be on probation at the time of the presenting offense). Controls are less likely to have to pay restitution, more likely to have community service as a disposition, and more likely to receive a referral to intake services conference for at least one of the presenting offense charges. There does not seem to be a pattern to these dispositions.

Table 20. Dispositions of Charges for Experimental and Control Groups -- Non-Diverted Cases Only (N=149) (%s)

Disposition	Experimental Group	Control Group
Held in Detention	0	2.8
Community Service	30.4	38.9
Conditional Discharge	2.9	0
Write Paper	1.4	0
Treatment alch/drugs	5.8	9.7
Shoplifting Program	2.9	1.4
Tour of Jamesburg	0	0
Urine Monitoring	2.9	1.4
Nonresidential Programs	4.3	1.4
Vocational Training	0	0
School NonResidential	7.2	8.3
Alcoholic/Narcotics Anonymous	.7	0
Evaluation (Psych)	2.9	1.4
Employment	8.7	6.9
Intake Services Conf.	10.1	26.4
Crisis Intervention Unit	0	0
Juvenile Conference Comm.	1.4	11.1
Restitution	18.8	12.5
Incarceration	4.3	4.2
Probation	39.1	41.7
Continued Probation	18.8	38.9
Pre-Disposition Report	13.3	8.3
Dismissed	68.1	65.2
Waiver to Adult Court	1.4	0
Bench Warrant	5.8	1.4

Juveniles in the experimental group had their risk classification (as determined by the original ad hoc risk classification) made known to the court. One would hypothesize that those designated "high risk" who were experimentals would receive "more intervention" than those who were high risk controls. The high risk juveniles had more "need" than other juveniles, and judges would be expected to try to meet those needs by referring the youth to appropriate "treatment". Table 21 shows the detailed breakdown of the interventions. Because of the low number of cases, caution should be exercised in interpreting the table (e.g., five percent is one observation). With so few observations, and so many disposition categories, one cannot claim that the two groups differ. There does not seem to be any general patterning of results to support the hypothesis stated above. Making juveniles known to be at "high risk" does not seem to result in any systematic or identifiable difference in the disposition of the adjudicated cases (we do not have data on the dispositions of the diverted cases). But it is hard to tell if there is any pattern: there are too many categories and too few youth in the sample.

Table 21. High Risk Control and Experimental Juveniles (%s)

Disposition	High Risk Experimentals (N=20)	High Risk Controls (N=21)
Held in Detention	0	5
Community Service	40.0	50.0
Conditional Discharge	5.0	0
Write Paper	0	0
Treatment alch/drugs	15.0	0
Shoplifting Program	0	0
Tour of Jamesburg	0	0
Urine Monitoring	0	5
Nonresidential Programs	0	5
Vocational Training	0	0
School NonResidential	10	15.0
Alcoholic/Narcotics Anonymous	0	0
Evaluation (Psych)	5	0
Employment	5	20
Intake Services Conf.	15	35
Crisis Intervention U	0	0
Juvenile Conference Comm.	0	10
Restitution	10	15
Incarceration	10	5
Probation	40	35
Continued Probation	20	55
Pre-Disposition Report	15	5.0
Dismissed	75	80.0
Waiver to Adult Court	0	0
Bench Warrant	5.0	0

Classifying the Dispositional Categories

Because of the low number of observations, we tried another tact at determining whether the classification of juveniles into low-, medium- and high-risk offenders had any consequence for the disposition of the case. We imposed a hierarchy on the dispositional categories such that only one disposition would be attached to each case. Table 22 shows the dispositions classified into two broad categories: 1) what we call "traditional" juvenile justice responses (involving no record of court-directed "treatment"), including probation (without further dispositional specifications), restitution, community service, employment, urine monitoring, and house arrest or detention and, 2) "treatment", which includes non-residential school, shoplifting programs, various non-residential programs, writing an essay, and other treatment programs (alcohol or drugs). Note that this classification of interventions is broad and the classification of specific interventions into one group or the other would not be agreed upon by all observers. While this dichotomous classification has its deficiencies, within the limits of the small number of cases, it does allow us to look at how the system responded to the knowledge that some juveniles were high risk and thus deserving of more treatment. Table 22 provides support for the hypothesis that judges responded to the experimentals differently than the controls by specifying "treatment" more often. Note that this interpretation must be tempered by the realization that there are very few cases in each cell of the table (no cell has more than 28 observations). As expected, low risk juveniles were responded to quite similarly whether in the control or experimental group. Medium and high risk experimentals were more likely to receive "treatment" than were the comparable controls. Thus, it is possible that judges attempted to "do more" for the juveniles whom they were told were medium or high risk. Interestingly, the control group medium and high risk juveniles received the least "treatment." Without the help of the ECIP classification judges apparently did not identify these youth as deserving of a "treatment" intervention.

Table 22. Percent Receiving "Treatment" for Presenting Offense by Risk Classification and Group (Non-Diverted Cases Only)*

Risk Classification	Experimental	Control
Low Risk	52.0% (25)	50.0% (22)
Medium	63.6% (22)	42.9% (28)
High Risk	60.0% (22)	42.9% (21)

*(Number in parenthesis is number of observations that the percentage is based on.)

Although there is some increased likelihood of a "treatment" intervention for the medium and high risk youth, it should also be noted that the difference between the low and medium percentages is quite small, and only a handful of cases differentiates the categories. These are hardly robust findings in support of the hypothesis that judges used the risk classification to assign treatment interventions. The shifting of only a few observations across cells would negate the results.

Intervention Effects on Recidivism

We next address the question of whether the experimental group, for which risk classifications were made known to judges, and for whom we have some evidence judges were more likely to give a "treatment" disposition, recidivated more or less than the controls (many of whom received the same type of court dispositions). The experimental and control groups were randomly assigned, but differences in the two samples will nevertheless occur. We chose an analysis of covariance design to test the hypothesis that juveniles assigned to the experimental group recidivated less than controls, and secondly that juveniles receiving "treatment" recidivated less than juveniles receiving other juvenile justice interventions. Table 23 shows the results of the analysis of covariance and multiple classification analysis, using the seven predictor items (as in the seven-item risk scale above) as covariates. The numbers in Table 23 can be interpreted as follows: experimentals have on average .03 more referrals/arrests than average, controls .03 fewer. Controlling for the items known to predict recidivism, the experimentals have only .02 more referrals/arrests (since the control group is the only other group, its effects must be reciprocal to that of the experimentals -- a negative sign for one requires a positive sign for the other). As for the

number of docketings/arrests, the experimental group has .04 more (logged) docketings/arrests than the average. Controlling for the risk items, the effect drops to .01. Each of the other criteria can be interpreted similarly. None of the effects reported in Table 23, however, are statistically significant (as determined from a F-test in the analysis of covariance). Thus, there seem to be no differences in recidivism between experimental and control groups. The interventions that occurred for the two groups did not seem to impact subsequent behavior of the juveniles in the two groups. However, since within each group there was a diversity of interventions, the effects of successful interventions could be undermined by the failures of other interventions. Thus, there is heterogeneity in the types of interventions that each group (experimental and control) experienced, and we only have evidence that "overall" the two groups recidivate similarly.

Table 23. Recidivism of Experimental and Control Groups, Controlling for Seven Risk Items (Deviation Scores from Grand Mean)*

Group	Referral/Arrest	Number of Docketings/ Arrests (Logged)	Number of Charges (Logged)	Number of Charges for Violent Offenses (Logged)
Experimental	.03 (.02)	.04 (.01)	.05 (.01)	-.02 (-.03)
Control	-.03 (-.02)	-.04 (-.01)	-.05 (-.01)	.02 (.03)

* In parentheses are the deviations from the grand mean adjusted for the covariates

We decided to classify the dispositions provided the full sample into a small number of meaningful categories. Table 24 presents the results of the analysis of covariance (multiple classification analysis) for the following five types of intervention: diversion, community service/restitution, probation, detainment (including house arrest), and various treatment programs (combined, since there are too few cases to separate them). Note that, since there is no random assignment of juveniles into these five groups, and also because the seven covariates do not control for every possible factor that could be influencing recidivism, the results should be interpreted with caution. In general diversions and probation dispositions resulted in less recidivism, while community service, detainment, and treatment had above average recidivism levels (whether

covariates were controlled for or not). Whether the diversion or probation "caused" less recidivism is unknown. Selection effects cannot be ruled out: "better" juveniles may be selected for diversion or probation than the other interventions. To the extent that the seven control variables do not control adequately for that selection (and we do not think it likely that they do), the effects of intervention cannot be known. The results consistently show, however, that there are statistically significant negative signs associated with diversion and probation. As for the "treatment" interventions, after adjusting for the covariates, there is little effect on recidivism: there is one negative effect, one at zero, and two small positive effects. However, it should be remembered that many of the juveniles who were given treatment dispositions were "high" or "medium" risk, as shown above. In fact, it was "expected" of judges that they would require "treatment" of the higher risk juveniles in the experimental group. Although we are controlling for risk factors here, it is possible that judges selected juveniles for "treatment" dispositions who they saw as more serious offenders or presenting "tougher" cases than other juveniles (whether or not judges used the ECIP classification to determine risk). The high levels of recidivism found for the "treated" youth may simply reflect that selection artifact. Nevertheless, consistent beneficial treatment effects are clearly not apparent. The reasons for this are not clear. We should not interpret the results as indicating "nothing works" when only 37 juveniles received "treatment." Certainly, the data suggest that the typical treatment response was limited. In the face of multiple (and numerous) needs that appear to go unaddressed in most cases, the lack of measurable impact should not be surprising. Also, it should be noted that many of the juveniles who were diverted (represented in the first row of Table 24), also received "treatment" but we do not know the specific nature of that intervention. It is possible that diverted, but treated, youth yield lower recidivism levels.

Table 24. Recidivism by Six Types of Intervention, Multiple Classification Analysis

Type of Intervention	Referral/Arrest	Number of Docketings/ Arrests (Logged)	Number of Charges (Logged)	Number of Charges for Violent Offenses (Logged)
Diversion (N=138)	-.09 (-.07)	-.17 (-.13)	-.19 (-.13)	-.09 (-.08)
Community Service/Restitution (N=42)	.16 (.14)	.21 (.17)	.19 (.14)	.05 (.03)
Probation (N=22)	-.12 (-.09)	-.13 (-.06)	-.22 (-.13)	-.05 (.00)
Detainment (N=10)	.18 (.06)	.51 (.21)	.66 (.27)	.08 (.01)
Treatment (N=37)	.00 (-.03)	.08 (.02)	.06 (.00)	.10 (.07)
Dismissed (N=41)	.16 (.15)	.24 (.22)	.34 (.31)	.16 (.18)

Finally, we look at intervention effects for the non-diverted cases only (Table 25). Interpretationally, it is important to note that the effects of each of the interventions in Table 25 are relative to the "grand mean" of all the non-diverted cases, and that this mean is not the same as in Table 24 where all the cases are analyzed. If one intervention is associated with an adjusted deviation score below the mean, another intervention (or combination) must have a score above the mean. The results show some consistency and some inconsistencies across outcome criteria. Probation consistently is associated with lower recidivism rates. Treatment effects, on the other hand, are better than observed above in the analyses where diverted cases were included. Here, one effect is positive (higher recidivism), while three are negative (lower recidivism). Community service/restitution generally shows higher than average effects (but not for the number of violent charges). Detainment effects are similar. Dismissed cases result in the highest recidivism levels. In short, there are few consistencies in the results, other than that probation is associated with lower

recidivism, and dismissed cases with higher recidivism. There are some beneficial effects of treatment, but they do not seem to include less violence. Nevertheless, among the non-diverted juveniles, the negative effects observed for probation and treatment interventions is encouraging to those who argue that "structured" interventions are better than community service and "doing nothing" (dismissals).

Table 25. Recidivism by Four Types of Intervention, Multiple Classification Analysis, Non-Diverted Juveniles Only

Type of Intervention	Referral/Arrest	Number of Docketings/ Arrests (Logged)	Number of Charges (Logged)	Number of Charges for Violent Offenses (Logged)
Community Service/Restitution (N=41)	.09 (.07)	.07 (.08)	.03 (.05)	-.03 (-.02)
Probation (N=21)	-.20 (-.17)	-.27 (-.22)	-.36 (-.30)	-.15 (-.14)
Detainment (N=10)	.10 (.03)	.35 (.04)	.48 (.05)	-.01 (-.15)
Treatment (N=29)	-.14 (-.12)	-.14 (-.12)	-.19 (-.14)	.04 (.03)
Dismissed (N=41)	.09 (.09)	.08 (.10)	.16 (.18)	.08 (.10)

In general, one can conclude from the analysis of the impact of intervention on recidivism, (controlling for risk items) that probation, diversion, and possibly treatment interventions are associated with lower recidivism. Less structured interventions, such as dismissals and community service, fare poorly in the comparative analyses.

We have little information to go on to explain these results. The number of observations is small, and the intervention design is not experimental. Many possible interpretations are possible. Selection of different types of youth for different interventions is a plausible alternative explanation

to intervention effects. Thus, for example, while it may be that probation provides more of a "structured" intervention over the 18 month follow up period than some of the other interventions, it may also be the case that juveniles receiving probation dispositions are less chronic offenders prior to receiving probation (and we do not capture their latent chronicity with the seven covariates). If there are "intervention effects" for probation, we have no evidence in the present study as to the mechanism by which it is "working" -- juveniles may fear violating probation rules, and the possibility of detainment, or they may be benefitting from the guidance of the probation officer, or from the "attention" of probationary status. As for treatment interventions, since judges referred many of the high risk juveniles to them, they may not have met the challenge these youth presented. Selection effects seem the more likely explanation of recidivism among detained youth: they may simply have been chronic offenders that judges (and others) correctly identified as such (yet the detainment did not deter them from further offending). Community service/restitution may have sent the wrong message to the youth that they could "get away" with misbehavior. These, and more interpretations are plausible.

In summary, the design of the study does not permit us to make strong claims as to the impact of the interventions studied here. Nevertheless, they are somewhat encouraging to those who claim that treatment and probation interventions reduce the chances of recidivism. At the same time, we can point to the successes associated with diversion: youth diverted from possible court adjudication recidivate less than the average youth who passes through the juvenile court the second time. Although we cannot discount selection effects as explaining diversion, treatment, and probation success (non-random selection of youth into these dispositions), it should not be forgotten that our analysis of covariance results control statistically for seven items that have been demonstrated to be moderately strong predictors of recidivism (as evident in Tables 15 and 16). Thus, it is plausible that the relatively low recidivism for diversion, treatment, and probation interventions may be due to some component (unmeasured) of these interventions (and not due to selection). Finally, it should not be forgotten that the diversion intervention was not the final disposition of the case: subsequent actions by intake service conferences and juvenile conference committees could have led to "treatment" of these youth, and that such treatment may be accounting for the lower than average recidivism among diverted youth. Further data collection and research are necessary to determine if youth were in fact exposed to such treatment, and if that exposure led to less recidivism than expected, given the characteristics of the offender identified with the seven predictor items.

IV. IMPLICATIONS

In general we have shown that although our ad hoc prospective risk scale differentiates youth moderately well into risk groups, our empirically based seven-item risk scale holds more promise as to its predictive accuracy. We have demonstrated that it is possible to "predict" recidivistic behavior quite well for a sample of youth who are "second timers" through the juvenile justice system. We are successfully identifying chronic offenders before they become so -- a remarkable predictive feat in the literature on risk assessment. Although our seven item scale awaits validation on an independent sample, we think that there are grounds for optimism for early court identification of "latent" chronic delinquency. Additionally, it can be said that risk assessment based on neurological/learning impaired diagnosis does not fare well in its predictive accuracy. Nevertheless, and without contradiction, there is evidence that high risk youth frequently test positive for neurological/learning disabilities. In that educational resources can be focused on high risk youth, and that such resources can help the learning impaired to adapt, it is possible that recidivism can be avoided or reduced from what it would be without such resources. The absence of treatment for the neurologically and learning impaired would almost certainly facilitate failure in school, and other maladaptations. Such failure itself has detrimental effects (it is not coincidental that the first two items in our seven-item risk scale measure who fails and misbehaves in school). The prospects of addressing the needs of the neurologically/learning impaired and the hope that such treatment will succeed in reducing the likelihood recidivism is a potentially important implication of our research.

Whether the juvenile justice system can meet the challenge of risk and need identification is a separate issue. While we found some evidence of increased treatment of medium and high risk juveniles, we were struck by the fact that utilization of specific types of treatment intervention is quite rare. For example, a very small percentage of youth going through the court the second time are referred to non-residential treatment programs.

The following additional implications can be derived from our research:

- The Superior Court, Family Division should consider requiring Intake staff to interview juveniles and their parent(s) prior to the decision to divert and prior to disposition utilizing the empirically derived seven-item risk scale or a further refinement of the scale developed through further research suggested below.
- Even taking into consideration any concerns about the accuracy of self-reported information, this study clearly supports the effectiveness of the screening instrument (interview) in providing information on risk and the likelihood of recidivism which is critical to the court and probation in terms of diversion, disposition and classification decisions. Even so, the Family Division and probation might consider examining additional sources (e.g., school/agency information) to help evaluate the validity of portions of the information attained through the interview and subsequently used in the risk assessment.
- The total costs of incarcerating high risk juvenile offenders is substantial ($47,000 - $90,000). In times of scarce and declining resources, these monies should be more appropriately targeted on high risk juveniles early on in their court careers, rather than at the end of an extensive delinquent, violent career.
- The effects of targeting resources on high-risk juveniles will improve the cost-benefit ratio to the court and the community.
- Goals of the Code of Juvenile Justice and the new juvenile justice legislation include early identification and protection of the community. The identification of high risk offenders coupled with the provision of resources and services to these juveniles can assist in the furthering of these goals.
- Preliminary results of this research support the use of the risk assessment in New Jersey to predict early on those juveniles who are likely to recidivate repeatedly.
- The case management process in New Jersey should incorporate the variables of this risk instrument with current needs assessment in order to better predict risk of re-offending.

- The recommended seven-item risk scale should be validated with data from an independent sample. Further research is necessary to determine if the scale predicts as well on a validation sample. Whether it does as well or not, continued evaluation of factors that may predict recidivism should be conducted.
- The findings suggest that diversion, probation, and treatment dispositions reduced the chances of recidivism. If such dispositions are working, we need to determine through further research the mechanisms by which they are working.

The current research documents a not totally surprising fact about the juveniles in this study. Despite the fact that the juveniles in the sample have limited court experience (they are "second timers"), the analysis (see Table 4) identifies a large share as having multiple -- even numerous -- needs. Of the 16 specific needs areas incorporated in the needs assessment instrument, over two-thirds (69%) of the juveniles were assessed with at least five separate needs; over one-third (35%) with at least eight; and nearly one-fifth (18%) with 10 or more different needs. The average number of specific needs identified per juvenile was 6.4.

The extensive needs of this group were also documented in an earlier preliminary analysis of needs, incorporating 270 of the sample in the analysis (Bureau of Juvenile Justice, 1994). In that analysis, just under half (49%) of the juveniles were identified as having problems in at least five of the seven areas. The average number of needs identified per juvenile was 4.4.

Most of the need areas incorporated in the needs assessment instrument are clearly accessible to service intervention. With an increased capacity to identify high risk juveniles and their array of needs, early on, the family court would have an opportunity to substantially impact the subsequent offense histories of many juveniles -- especially those most likely to continue offending repeatedly.

This is not likely to occur, however, if the needed programs and services are not made available (and truly accessible) to court-involved juveniles. As noted earlier, the norm in many jurisdictions in New Jersey and in other states, is a lack of viable options available to judges and other decision makers. Without a ready supply of dispositional options and community resources, identification of risk and need will be of very limited value.

Further Research

If policy makers decide that the seven-item risk instrument may be useful for widespread utilization within the family court system, it will be necessary to validate the risk instrument on an independent sample of youth. It would be wise to collect additional information (beyond the seven items) in the event that the instrument does not validate well, and in the ongoing search for useful predictor items. Because of the wide confidence intervals for the regression estimates that constituted the seven-item risk instrument, a sample of minimally 800 cases would be necessary to validate the seven-item risk instrument, and explore improvements to it.

A number of additional items examined in the current research should be included in this further exploration. Among those to be included (beyond the seven-item scale):

- All items that were found to be statistically significant predictors in the empirically derived scales; this would include lack of parental control/supervision incorporated in the "best six" scale derived from the original risk and need instruments and the two items subsequently dropped from the nine-item scale (ever been knocked out; always needs to be pulled away from fights). The potential usefulness and interpretation of the latter two should be further explored to see if one or both items (or related items) prove to be valuable.
- Any item found to have a strong bivariate correlation with the recidivism criteria.
- Any additional items that would facilitate an examination of the usefulness of a diverse set of theoretical domains.
- Any other items included in the original risk and need instruments.

One area which we think would improve overall predictive ability is the introduction of social ecological variables (type of neighborhood the juvenile lives in) to the risk assessment scale. Recent interest and research in this area leads us to believe that risk prediction can be improved with items measuring characteristics of the juvenile's neighborhood (Bursik and Grasmick, 1993).

Consistent with this research, our preliminary analysis supports the importance of "community context" (Bureau of Juvenile Justice, 1994). In the initial examination of the study data, a very large share of the juveniles were from urban areas with high levels of poverty. According to U.S. Census data, the five municipalities (of the 35 comprising Atlantic and Hudson counties) with

the highest proportions of families living in poverty accounted for 63% of the sample juveniles. This relationship was even greater when we focused solely on those juveniles who were identified as having the greatest number of needs (i.e., those typically at greatest risk of subsequent court involvement) -- more than eight in every 10 (82%) were from these five areas.

Also, based on feedback from interviewers, we think that improvements could be made in the administering of the items that measure neurological/learning impairment. Juveniles who fail to take the tests seriously are probably under performing, and resulting in "false positives" on the neurological assessment. Additionally, refinements in the measurement of some of the items seems like a useful direction. For example, the "number of problems" that the parent identifies as relevant to the juvenile (a component of the seven-item scale) may be improved upon by eliminating seldom identified problems, or adding other problems (other items might be improved upon also).

It is further recommended that more be done to inform court decision makers on the merits of the risk assessment process, and invite their reactions and suggestions for improvement. Unless the risk assessment is utilized meaningfully, the assessment itself is an academic exercise. Relatedly, the intervention that follows the risk assessment should be tailored to the needs of the juvenile. The availability of programs to address those needs itself requires further study. If there are too few meaningful treatment programs available, the family court will probably fail to prevent high risk (and high need) youth from further delinquent behaviors.

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THE EARLY COURT INTERVENTION PROJECT

SCREENING REPORT MATERIALS

TABLE OF CONTENTS

RISK SCALE

RISK SCALE

The risk scale incorporates 12 factors to help identify those youths who are at high risk of repeated return to court, lacking early supportive intervention. It has a logical range of from 0 (lowest risk) to 14 (highest risk). For each factor, a score of zero can be interpreted as no indication of risk related to a problem or deficit in that area. A score of one can be interpreted as an indication of risk related to a problem or deficit in that area. For the final two factors, a score of two indicates a higher degree of associated risk than does a score of one.

BASED ON A TOTAL RISK SCORE OF ____ , THIS YOUTH HAS A RISK RATING OF:

____ LOW RISK (0 to 4) **____ MEDIUM RISK (5 to 6)** **____ HIGH RISK (7 to 14)**

SCORING ON RISK SCALE:

Early Age of First Docketing, from FACTS (Score 0 or 1) ____

Docketing at age 13 or younger = 1
Docketing at age 14 or older = 0

Lack of Parental Supervision/Control (Score 0 or 1) ____

Parents sometimes/never know "where you are" and "who you are with" = 1
Otherwise = 0

Criminality in Family (Score 0 or 1) ____

One or more family members in trouble with law = 1
No family member in trouble with the law = 0

Parental/Household Adult Alcohol or Drug History (Score 0 or 1) ____

Any parent/household adult with drug or alcohol problem = 1
No parent/household adult with drug or alcohol problem = 0

Poor School Performance (Score 0 or 1) ____

One or more grades repeated OR
Ds or Fs as typical grades = 1
Neither of the above = 0

School Behavior Problems (Score 0 or 1) ____

Trouble in school OR
Expelled/Suspended/Sent home = 1
None of the above = 0

Negative Peer Influence (Score 0 or 1) ____

Half or more than half of friends in trouble OR
All or most friends use drugs = 1
Neither of the above = 0

Neurological Dysfunction (Score 0 or 1) ____

Failed test measuring impulsivity OR
Failed either test measuring reading/perceptive ability OR
"Ever called hyperactive by teachers" OR
"Ever take medication to help concentrate" = 1
None of the above = 0

Past Physical/Sexual Abuse (Score 0 or 1) ____

Cut or burned as punishment OR
Bones broken/knocked dizzy OR
Shaken physically/slapped hard (more than once or twice) OR
Bruised (more than once or twice) OR
Hit with various objects OR
Had sex with someone much older OR
Someone tried to have sex when child didn't want to = 1
None of the above = 0

Lack of Impulse Control (Score 0 or 1) ____

Frequently loses temper OR
Always or usually "punches or fights with others or "punches or breaks things" when mad OR
Always needs to be pulled away in a fight = 1
None of the above = 0

Substance Abuse (Score 0 , 1 or 2) ____

10 or more drinks a week OR
Marijuana use during last year = 1
Any other drug use during last year = 2
None of the above = 0

Early Onset of Behavior Problems, by Age 9 (Score 0, 1 or 2) ____

0 to 1 problems = 0
2 to 4 problems = 1
5 or more problems = 2

NEEDS ASSESSMENT

NEEDS ASSESSMENT

For each of the seven categories of functioning, an "x" means that a need for intervention is **indicated**, for the juvenile or family, based on our interviews. The need areas within each category attempt to specify the nature of the need; an "x" is provided if there is an **indication** of need in that specific area.

____ **I. FAMILY SITUATION**

- ____ Lack of Parental Supervision/Control
- ____ Criminality in Family
- ____ Parental or Household Adult Alcohol/Drug History
- ____ Family Violence (i.e., between "spouses")
- ____ Lack of Attachment to Parent
- ____ Multiple Changes in Living Arrangement

____ **III. SCHOOL SITUATION**

- ____ Poor School Performance
- ____ School Behavior Problems
- ____ Lack of Attachment to School

____ **II. PEER RELATIONSHIPS**

- ____ Negative Peer Influence (Delinquent Peers)
- ____ Negative Peer Influence (Drug use by Peers)

____ **IV. DRUGS/ALCOHOL**

- ____ Substance Use or Abuse (Drugs)
- ____ Substance Use or Abuse (Alcohol)

____ **VI. NEUROLOGICAL CONDITION**

- ____ Neurological Dysfunction (Attention Deficit Hypertensive Disorder and/or Learning Disability)

____ **VII. PAST PHYSICAL/SEXUAL ABUSE**

- ____ Experienced Abuse (Physical)
- ____ Experienced Abuse (Sexual)

____ **V. PSYCHOLOGICAL ADJUSTMENT**

- ____ Early Onset of Behavior Problems
- ____ Lack of Impulse Control
- ____ Low Self-esteem
- ____ Lack of Sense of Mastery
- ____ Acceptability of Delinquent Offending

INTERVIEW INSTRUMENT

JUVENILE

RECORD 1

THE EARLY COURT INTERVENTION PROJECT
JUVENILE INTERVIEW

1 (County)
2-4 (Case #)

Fill in the following information prior to meeting with the family

Child's Name *(as it appears on court record)*:

FIRST _____ 5-16

MIDDLE (if any) _____ 17-28

LAST _____ 29-48

JUVENILE'S FACTS PARTY ID NUMBER: _____ 49-56

DATE OF DOCKETING: _____ 57-62

JUVENILE'S AGE AT DOCKETING: _____ 63-64

CURRENT DOCKET NUMBER(S): _____ 65-72

_____ 73-80

RECORD 2

1-8
9-16

DATE OF INTERVIEW: _____ 17-22

TIME OF INTERVIEW: _____ 23-26

COUNTY: _____ 27

INTERVIEWED BY: _____ 28

RECORD 2

We'll begin this interview with a question about the first time you were ever arrested or taken into custody by police.

J-1. How old were you when you were arrested for the first time? _____ 29-30

J-2. When you were arrested for the first time, what offense or offenses were you arrested for? _____ 31-33 34-36 37-39

Now, I have a few questions about your experiences with school.

J-3. Were you enrolled in school this past Spring semester? [For interviews during Fall semester: Are you enrolled in school now?]

1) YES 2) NO 40

J-4. What grade were you in this past Spring? [For interviews during Fall semester: What grade are you currently in?]

_____ 41-42

J-5. Did you ever have to repeat a grade in school?

1) YES 2) NO 43

If yes,

J-6. What is the total number of grades you have ever had to repeat?

_____ 44

J-7. I'd like to know how well you do in school. What kind of grades do you generally get?

1) A's 2) B's 3) C's 4) D's 5) F's 45

J-8. Were you ever placed in a special education class in school?

1) YES 2) NO 46

J-9. Beginning with 6th grade, have you been in trouble in school?

1) FREQUENTLY 2) ONCE IN A WHILE 3) NEVER 47

J-10 Beginning with 6th grade, have you ever been suspended or expelled from school?

1) YES 2) NO 48

J-11. Beginning with 6th grade, were you ever sent home from school for something you had done? 49

1) YES 2) NO

J-12. How important is (was) getting good grades to you personally? 50

1) VERY IMPORTANT 2) SOMEWHAT IMPORTANT 3) NOT IMPORTANT AT ALL

J-13. On the average, how much time do (did) you spend doing homework, not counting during school hours? 51

1) 3 OR MORE HOURS A DAY
2) ABOUT 2 HOURS A DAY
3) ABOUT 1 HOUR A DAY
4) ABOUT 1/2 HOUR A DAY
5) LESS THAN 1/2 HOUR A DAY
6) NONE
7) **WE ARE/WERE NOT GIVEN HOMEWORK (circle this answer if child notes no homework given)**

J-14. During the last year, did you ever stay away from school just because you had other things you wanted to do? 52

1) YES 2) NO

J-15. How many times? 53-55

_____

I'd like to spend a few minutes with you asking about some of your experiences with your family.

J-16. How often do your parents know where you are when you are away from home? 56

1) MOST OF THE TIME 2) SOMETIMES 3) NEVER

J-17. How often do your parents know who you are with when you are away from home? 57

1) MOST OF THE TIME 2) SOMETIMES 3) NEVER

J-18. What time do your parents want you home at night when you go out during the week? 58-59

_____ TIME or ____ they don't tell me when to come home/whenever I want

J-19/20 And what time do you usually come home at night during the week?

(If child communicates "whenever I want to" check that below, and ask again for time).

_____ TIME _____ WHENEVER I WANT TO 60-61 62

J-21. Who else in your family has ever gotten in trouble with the law? (Was arrested for breaking the law and had to go to court)?

1) SOMEONE 2) NO ONE 63

J-22/26 Person(s) identified: (relationship to child) **(If someone mentioned, ask)** Anyone else? 64 65 66 67 68

The next few questions are about your relationship with your mother/stepmother. Your answer for each of these questions should be one of the following: always, usually, sometimes or never.

	Always	Usually	Sometimes	Never	
J-27. Does your mother/stepmother seem to understand you?	1	2	3	4	69
J-28. Do you share your thoughts and feelings with your mother/stepmother?	1	2	3	4	70
J-29. How often do you feel unwanted by your mother/stepmother?	1	2	3	4	71
J-30. Do you feel you would like to be the kind of person your mother/stepmother is?	1	2	3	4	72
J-31. Would your mother/stepmother stick by you if you got into really bad trouble?	1	2	3	4	73

Okay, good, let's go on.

J-32. Now, thinking about the last five years, were there any occasions that you can remember when your (father/stepfather) hit your (mother/stepmother) or threw something at her?

1) YES 2) NO 3) [DON'T KNOW] 4) [REFUSED] — 74

J-33. On how many different occasions did that happen?

_____ — 75-76

J-34. What about your (mother/stepmother) hitting your (father/stepfather)? Over the last five years, were there occasions that you can remember when that happened?

1) YES 2) NO 3) [DON'T KNOW] 4) [REFUSED] — 77

J-35. On how many different occasions did that happen?

_____ — 78-79

Now, I'd like to know about different places where you have lived. Don't say yes if you only have spent vacation time there. — 80 (blank)

J-36-41 Did you ever live at, or do you now live at: **(For each, if yes, ask: On how many different occasions have you lived there.**

____ 36	the home of your relatives	1
____ 37	the home of friends of the family	2
____ 38	a foster home	3
____ 39	a group home	4
____ 40	a residential treatment center or hospital	5
____ 41	a detention center or correctional facility	6

I have some questions, now, about your friends.

J-42. Have any of your close friends been in trouble with the law?

1) YES 2) NO — 7

If yes, ask:

J-43. Is that more than half of your close friends, about half or less than half of your close friends who have gotten in trouble with the law?

1) MORE THAN HALF 2) ABOUT HALF 3) LESS THAN HALF — 8

J-44-48 Would you say that all of your close friends, most of them, some or none of your close friends use:

	ALL	MOST	SOME	NONE	
(44) marijuana	1	2	3	4	9
(45) crack or cocaine	1	2	3	4	10
(46) heroin	1	2	3	4	11
(47) sniff glue or use inhalants (like amyl nitrite, whipits)	1	2	3	4	12
(48) other drugs	1	2	3	4	13

Now, I'd like to ask you some questions about your health.

J-49. How many drinks a week do you have? A drink is defined as a 12 ounce beer, one ounce of liquor; or six ounces of wine.

_____ 14-15

J-50/59 Tell me, what kinds of drugs have you used?

_____ 50 marijuana (pot, weed, reefer) 16
_____ 51 cocaine 17
_____ 52 crack 18
_____ 53 heroin 19
_____ 54 hallucinogen (such as PCP, angel dust, LSD, acid, Mescaline, Psilocybin 20 21
_____ 55 barbiturates (such as downers, Quaaludes, Seconals) 22
_____ 56 amphetamines (such as uppers, bennies, speed) 23
_____ 57 tranquilizers (such as Librium, Valium, V's, Ativan) 24
_____ 58 sniffed glue 25
_____ 59 used inhalants (amyl nitrite, butyl nitrite, whipits, nitrous oxide, carbona, rush)

J-60/69 On how many different occasions have you used any of these drugs during the past year? **[Repeat only those reported above as having used]**

_____ 60 marijuana (pot, weed, reefer) 26
_____ 61 cocaine 27
_____ 62 crack 28
_____ 63 heroin 29
_____ 64 hallucinogen 30
_____ 65 barbituates 31
_____ 66 amphetamines 32
_____ 67 tranquilizers 33
_____ 68 sniffed glue 34 35
_____ 69 used inhalants

J-70. Have you ever received help for alcohol problems?

1) YES 2) NO 36

If yes,

J-71. What kind of help?

37

_____

J-72. Have you ever received help for drug problems?

1) YES 2) NO 38

If yes,

J-73. What kind of help?

39

_____

Also concerning your health:

J-74. Have you ever been knocked unconscious or "knocked out cold"?

1) YES 2) NO 40

If yes,

J-75. For how long?

41

_____

J-76. Did you ever have to be hospitalized because of a hit on the head?

1) YES 2) NO 42

To help me understand how you learn, I have three short tasks for you to do. Together the three of them should take about 10 to 15 minutes. And then we will have a few more minutes of questions before we're done.

We will begin with something called the Sequential Identification Test. As you can see on the paper I've given you, the page is filled with groups of letters. Each group has three letters in it. At the top of the page there is one group of three letters -- LIF. When I tell you to begin, please make a circle around the group of letters each time you come across the letters LIF on the page. Do as good a job as you can because you will not be able to erase. I will be timing you to see how long you take. Now, start circling the LIFs.

(Record the length of time (in minutes and seconds) the juvenile takes to complete the exercise. Record the number of circles the juvenile makes.

J-77. Time (minutes and seconds) juvenile took to complete the Sequential Identification Test. 43-45

_____

J-78. Letters were circled the following number of times. 46-47

_____

Next, we have a drawing test. Your performance on this test gives some indication of your mental and perceptive ability as well as you hand coordination. You are to copy each figure three times. Copy as many figures as you are years of age. For example, if you are 12 years of age, you would copy figures one through twelve. If you are older than 12, copy all twelve figures. Here is a pencil to use.

Try to copy the lines, curves and angles just the way you see them without making mistakes as you are not allowed to use an eraser. If you should make mistakes, don't erase but draw heavy lines to show corrections. There is no time limit so don't feel hurried. But don't waste time. Start now by filling in your name and address; and then beginning with number one, make your drawings carefully.

J-79. Accuracy Score on Slosson Drawing Test: 48-49

_____

And, finally, we have a reading test. (Point to the ORAL READING selection and say): I'd like you to read this story out loud. **(If the child mispronounces, misreads, or omits a word while reading, say the word but mark it as incorrect by crossing it out. If the child makes 12 or more errors within the first four lines, discontinue and say to the child):** OK, let's stop here. **If discontinued, skip the READING COMPREHENSION section.**

J-80. ORAL READING SCORE on Einstein Assessment: 50-51

_____

J-81. COMPREHENSION SCORE on Einstein Assessment: 52

_____

RECORD

I have a few more questions about your family.

J-82. Does anyone in your family or anyone living at home have a drinking problem? 53

1) YES 2) NO

If yes,

J-83/87 Who is it that has the problem? **(If someone mentioned, ask):** Anyone else? 54 55 56 57 58
Person(s) identified: (relationship to child)

_____

J-88. Does anyone in your family or anyone living at home have a drug problem? 59

1) YES 2) NO

If yes,

J-89-93 Who is it that has the problem? **(If someone mentioned, ask):** Anyone else? 60 61 62 63 64
Person(s) identified: (relationship to child)

_____

Now, I'd like to ask you a few questions about some things that you may have experienced.

J-94. What is the worst physical punishment you ever had? 65

_____

J-95. Have you ever been cut or burned as punishment? 66

1) YES 2) NO

J-96 Have you ever had your bones broken or been knocked dizzy as punishment? 67

1) YES 2) NO

J-97 Have you ever been shaken physically or slapped hard as punishment? 68

1) YES 2) NO

J-98. Thinking about the last five years, how often has that happened? 69

_____

RECORD 3

J-99. Have you ever been bruised as punishment? 70

1) YES 2) NO

J-100. Thinking about the last five years, how often has that happened? 71

_____

Also, have you ever been hit, as punishment:

J-101.	with a leather belt	___ YES	___ NO	72
J-102.	with a belt buckle	___ YES	___ NO	73
J-103.	with an extension cord	___ YES	___ NO	74
J-104.	with a board or a stick	___ YES	___ NO	75
J-105.	with a shoe or hanger	___ YES	___ NO	76
J-106.	anything else? _____			77
J-107.	anything else? _____			78

79-80 (blank)

J-108. Have you ever had sex with someone much older than you?

RECORD 4

1) YES 2) NO 1

(If answers yes, ask the following two questions):

J-109. How much older than you was the other person? 2

_____

J-110. How old were you at the time? 3

_____

J-111. Has anyone tried to have sex with you when you didn't want to? 4

1) YES 2) NO

Now, I'm going to ask you a series of questions about yourself.

J-112. How is your temper? Would you say that you frequently, sometimes, rarely or never lose your temper? 5

1) FREQUENTLY 2) SOMETIMES 3) RARELY 4) NEVER

J-113/120 What do you do when you get mad? -- answer always, usually, sometimes or never for each of the following.

		Always	Usually	Sometimes	Never	
J-113.	I get aggressive with other people -- punch or fight with others.	1	2	3	4	6
J-114.	I punch or break things.	1	2	3	4	7
J-115.	I yell or curse at other people.	1	2	3	4	8
J-116.	I yell or curse at nothing in particular.	1	2	3	4	9
J-117.	I do something to annoy or spite another person.	1	2	3	4	10
J-118.	I mope around or feel depressed.	1	2	3	4	11
J-119.	I control myself	1	2	3	4	12
J-120.	Do you do anything else? _____	1	2	3	4	13

J-121. When you get into a fight, can you always stop if you want or do you need to be pulled away? Would you say:

1) YOU CAN ALWAYS STOP
2) YOU SOMETIMES NEED TO BE PULLED AWAY
3) YOU ALWAYS NEED TO BE PULLED AWAY
4) **NEVER GETS INTO FIGHTS [If child states that he/she never fights, Circle answer 4]**

14

We're almost done now. I am going to ask you a short series of questions about yourself and how you feel about certain things. For each of the questions you should answer one of the following -- strongly agree, agree, disagree, strongly disagree.

	Strongly Agree	Agree	Disagree	Strongly Disagree	
J-122. What is going to happen to me will happen, no matter what i do.	1	2	3	4	15
J-123. It is alright to get around the law if you can get away with it.	1	2	3	4	16
J-124. I wish I could have more respect for myself.	1	2	3	4	17
J-125. I usually know how my parents will react when I do something wrong.	1	2	3	4	18
J-126. A person should live for today and let tomorrow take care of itself.	1	2	3	4	19
J-127. There is never a good reason to break the law.	1	2	3	4	20
J-128. Generally, I'm satisfied with myself.	1	2	3	4	21
J-129. Planning is useless since one's plans hardly ever work out.	1	2	3	4	22
J-130. I don't feel I have much to be proud of.	1	2	3	4	23
J-131. You should always obey the law, even if it keeps you from getting ahead in life.	1	2	3	4	24
J-132. My parent(s) seem to change the rules on me from day to day.	1	2	3	4	25
J-133. I certainly feel useless at times.	1	2	3	4	26
J-134. I think before I act	1	2	3	4	27
J-135. I am able to do things as well as most people.	1	2	3	4	28

SEQUENTIAL IDENTIFICATION TEST

LIF

LOC	LIV	LON	LIQ	LOV	LOC	LON	LOS	LIQ	LIV
LIF	LIK	LOS	LON	LIS	LIM	LIK	LIS	LIF	LOS
LOS	LON	LIK	LIM	LIV	LON	LOV	LOC	LOV	LIK
LIS	LOC	LIF	LOV	LOS	LIF	LIV	LIK	LIM	LIF
LIM	LOV	LOV	LIS	LIM	LIQ	LOS	LON	LIK	LIS
LIK	LIQ	LIS	LOS	LOC	LIK	LOC	LOV	LIM	LIV
LIF	LIV	LOC	LIQ	LIV	LOV	LIF	LIQ	LIS	LON
LOS	LON	LON	LIF	LON	LOS	LOS	LIC	LON	LIV
LIM	LIV	LOV	LIK	LIQ	LIF	LIM	LON	LIK	LIQ
LIS	LOS	LIF	LIQ	LOC	LIV	LOS	LIS	LOV	LIS
LIK	LIQ	LIM	LOV	LIM	LOV	LIC	LIQ	LIF	LIV
LOC	LIM	LIK	LIS	LIF	LIQ	LIS	LIV	LIK	LIM
LIV	LON	LOS	LIK	LOC	LIM	LOS	LIF	LON	LIS
LIQ	LOC	LIS	LIV	LOV	LIF	LIQ	LOV	LIM	LOC

NORMS: (age)	6-7	8-9	10-11	12-13
Mean Time	153.9	93.2	73.9	53.7
S.D.	57.8	26.4	25.4	12.8
Mean Errors	3	1	.8	.8
S.D.	2-3	2-3	2-3	2-3

Slosson Drawing Coordination Test (SDCT)

for

CHILDREN AND ADULTS

NAME _____ (LAST) (FIRST)

ADDRESS _____

_____

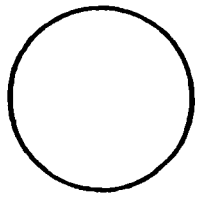
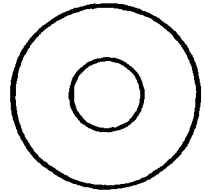
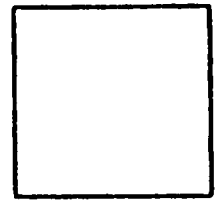
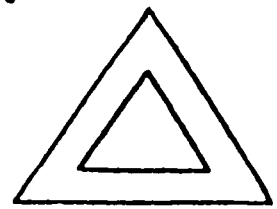
EXAMINER

SCORE _____

ERRORS _____

DATE _____ AGE _____

EAR GLASSES DURING TEST? YES_____ NO_____ SCHOOL_____ GRADE _____

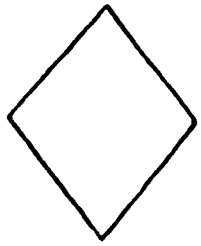
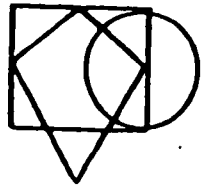
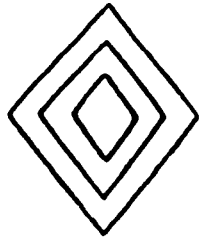
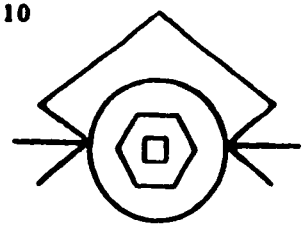
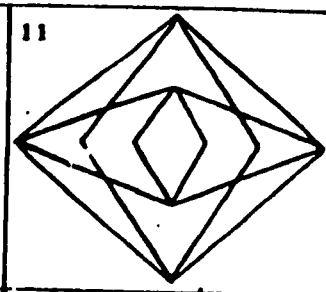
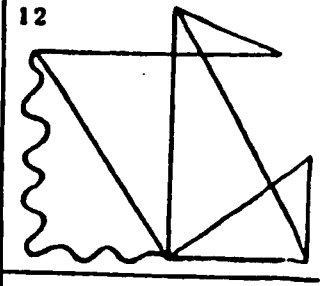
1 	2	3 	4 	5 	6 
1a	2a	3a	4a	5a	6a
1b	2b	3b	4b	5b	6b
1c	2c	3c	4c	5c	6c

_____

Copy as many figures as you are years of age. For example, if you are 9 years of age, copy figures one through nine. If you are 12 years of age or older, copy all 12 figures. Copy each figure <u>three</u> times in the boxes marked a, b, and c. Use pencil and not ink. Don't use ruler, compass or other aids.

"Try to copy the lines, curves and angles just the way you see them without making mistakes as you are <u>not</u> allowed to use an eraser. If you should make mistakes, don't erase but draw heavy lines to show corrections. There is no time limit so don't feel hurried. But don't waste time. Start now with number one and make your drawings carefully."

(Children five years of age or younger, may use crayon and should be given a demonstration on blackboard or separate sheet of paper, showing how the drawings are to be made.)

	8 	9 	10 	11 	12 
	8a	9a	10a	11a	12a
	8b	9b	10b	11b	12b
	8c	9c	10c	11c	12c

ORAL READING

The helicopter is a most unusual aircraft. It can rise straight up, descend straight down, fly forward, or fly backward. It can also fly very slowly and even remain in one place while still in midair.

These special flying features of the helicopter make it valuable in search and rescue missions, as it has the ability to take off and land in a small amount of space.

Helicopters are also used for fire and police patrols, crop dusting, and for passenger transportation. They range in size from one-person models to those which can carry more than fifty people.

ORAL READING

Directions: Point to the ORAL READING selection on page 2 of the Test Booklet and say: I'd like you to read this story out loud. If the child mispronounces, misreads, or omits a word while reading, say the word but mark it as incorrect by crossing it out. If the child makes 12 or more errors within the first four lines, discontinue and say to the child: OK, let's stop here. Skip READING COMPREHENSION and proceed to AUDITORY MEMORY.

The helicopter is a most unusual aircraft. It can rise straight up, descend straight down, fly forward, or fly backward. It can also fly very slowly and even remain in one place while still in midair.

These special flying features of the helicopter make it valuable in search and rescue missions, as it has the ability to take off and land in a small amount of space.

Helicopters are also used for fire and police patrols, crop dusting, and for passenger transportation. They range in size from one-person models to those which can carry more than fifty people.*

*Permission granted by John Peters, M.D., author Psychiatric Milestone Screening for M.R.D., 1971

Score 1 for each word mispronounced or omitted. Score 12+ if the child did not read beyond the fourth line.

TOTAL ORAL-READING SCORE: ☐

READING COMPREHENSION

Directions: Ask the child the following questions and record the entire response in the space provided. It is permissible for the child to look back at the story when answering the questions.

Score 1 if correct or 0 if incorrect. **Score**

1. What are the special features of a helicopter? _____ 1. ____

2. In what kinds of situations would you use a helicopter? _____ 2. ____

SCORING CRITERIA

	Examples of **correct** responses:	Examples of **incorrect** responses:
1. **What are the special features of a helicopter?**	*any two features;* go straight up and down; fly forward and backward; stay still in midair or fly slowly	most unusual aircraft; *one featu only*
2. **In what kinds of situations would you use a helicopter?**	*any two situations;* search and rescue missions; crop dusting; fire and police patrols; passenger transportation	to fly; to take people somewher *one situation only*

Score 0 if the child did not read beyond the fourth line

TOTAL READING-COMPREHENSION SCORE: ☐

INTERVIEW INSTRUMENT

PARENT/GUARDIAN

RECORD 4

THE EARLY COURT INTERVENTION PROJECT

INITIAL QUESTIONS FOR PARENT/GUARDIAN

PLEASE ANSWER THE FOLLOWING QUESTIONS WHILE YOU ARE WAITING FOR YOUR CHILD'S INTERVIEW TO BE COMPLETED. WHEN YHOUR CHILD'S INTERVIEW IS FINISHED, THE INTERVIEWER WILL ASSIST YOU IN ANSWERING ANY PARTICULAR QUESTIONS BELOW THAT MIGHT REQUIRE AN EXPLANATION.

P-1. Child's Name: _____ 29-31 (Municipali

P-2. Child's Home Address: _____ 32-40 (Zip Code)

P-3. Name of Parent/Guardian being interviewed: _____

P-4 Relationship of Parent/Guardian to Child: 41-42

____	natural mother	____	stepmother
____	natural father	____	stepfather
____	foster mother	____	foster father
____	other relative (specify): _____		
____	other (specify): _____		

P-5. Child's Date of Birth: _____/_____/_____ 43-48 49-50 (age)
mo. day yr.

P-6 Child's Gender _____ Male _____ Female 51

P-7 Child's Race/Ethnicity: 52

____ African American
____ Hispanic
____ White
____ Asian/Oriental
____ Other (specify) _____

P-8 '10 Name and Address of Juvenile's Current (or latest) School Attended:

(8) Name _____ 53-72

(9) Address _____ 73-75 (Municipali

(10) City/Town _____

RECORD 4

P-11. Current Grade in School: _____ 76-77

P-12 If no longer in school, LAST grade completed: _____ 78-79

P-13. Reason child is no longer in school: _____ 80

_____

RECORD 5

P-14/40 For all persons currently living with the child, list their relationship to the child, their age and their gender:

		Gender (circle)		
Relationship to Child	Age	Male	Female	
P-14/16		M	F	1 2-3 4 5 6-7 8 9 10-11 12 13 14-15 16 17 18-19 20 21 22-23 24 25 26-27 28 29 30-31 32 33 34-35 36 37-38 (family situation 39-40 (blank)
P-17/19		M	F	
P-20/22		M	F	
P-23/25		M	F	
P-26/28		M	F	
P-29/31		M	F	
P-32/34		M	F	
P-35/37		M	F	
P-38/40		M	F	

MORE ON NEXT PAGE

P-41/112. Please indicate below whether your child has had the following behavior problems or difficulties and when each has occurred: (For each behavior: If it has never been a problem don't make any checks. If there has been a problem, check all the boxes that indicate the periods of time during which it occurred.)

Behavior Checklist		Before Age 5	Between Ages 5 to 9	Between Ages 10 to 14	Between Ages 15 to 17	Record 5
(P-41/44)	disciplinary problems in school	☐	☐	☐	☐	41-44
(P-45/48)	failing grades in school	☐	☐	☐	☐	45-48
(P-49-52)	staying away from school	☐	☐	☐	☐	49-52
(P-53-56)	misbehavior and disobedience at home	☐	☐	☐	☐	53-56
(P-57/60)	physical fights with kids who live in your house	☐	☐	☐	☐	57-60
(P-61/64)	physical fights with adults who live in your house	☐	☐	☐	☐	61-64
(P-65/68)	physical fights with kids who don't live in your house	☐	☐	☐	☐	65-68
(P-69/72)	physical fights with adults who don't live in your house	☐	☐	☐	☐	69-72
(P-73/76)	stealing money or other things	☐	☐	☐	☐	73-76
(P-77/80)	destroying property or setting fires	☐	☐	☐	☐	77-80
						Record 6
(P-81/84)	loss of temper	☐	☐	☐	☐	1-4
(P-85/88)	lying	☐	☐	☐	☐	5-8
(P-89/92)	being cruel to animals	☐	☐	☐	☐	9-12
(P-93/96)	running away from home	☐	☐	☐	☐	13-16
(P-97/100)	drinking	☐	☐	☐	☐	17-20
(P-101/104)	using drugs	☐	☐	☐	☐	21-24
(P-105/108)	got arrested for something	☐	☐	☐	☐	25-28
(P-109/112)	involvement in sexual activity	☐	☐	☐	☐	29-32

THE EARLY COURT INTERVENTION PROJECT

PARENT/GUARDIAN INTERVIEW

LET ME TAKE A LOOK AT THE INFORMATION I ASKED YOU TO FILL OUT EARLIER. (SCAN TO DETERMINE ANY SPECIFIC PROBLEMS IN COMPLETING THE ITEMS, AND ASK): WERE YOU ABLE TO COMPLETE ALL OF THE ITEMS? DO YOU HAVE ANY QUESTIONS ABOUT WHAT WAS ASKED?

OKAY, I'M GOING TO ASK YOU A FEW QUESTIONS THAT SHOULD TAKE ONLY ABOUT 5 MINUTES. WE'LL START WITH [THE CHILD'S] EXPERIENCES IN SCHOOL. (SUBSTITUTE FOR "THE CHILD," CHILD'S FIRST NAME HERE AND BELOW).

P-113. What kind of grades does [the child] generally get in school? Does he/she mostly get:

1) A's 2) B's 3) C's 4) D's 5) F's 33

P-114. Did [the child] ever have to repeat a grade in school?

1) YES 2) NO 34

If yes,

P-115. What is the total number of grades he/she ever had to repeat?

_____ 35

P-116. Was [the child] ever placed in a special education class in school?

1) YES 2) NO 36

P-117. Was [the child] ever called hyperactive or "hyper" in school by teachers?

1) YES 2) NO 37

P-118. Did he/she ever have to take medication to help him/her concentrate or sit still?

1) YES 2) NO 38

P-119. Beginning with 6th grade, has [the child] ever gotten into trouble in school?

1) YES 2) NO 39

If yes,

P-120. Would you say he/she has been in trouble:

1) FREQUENTLY 2) ONCE IN A WHILE 3) NEVER 40

P-121. Beginning with 6th grade, was he/she ever suspended or expelled from school?

1) YES 2) NO 41

P-122. Beginning with 6th grade, was he/she ever sent home from for something he/she had done?

1) YES 2) NO 42

NOW, I'D LIKE TO ASK YOU A FEW QUESTIONS ABOUT MEMBERS OF THE FAMILY AND THE CHILD'S HOUSEHOLD.

P-123. Who else in the immediate family has ever gotten in trouble with the law? (By that I mean was anyone else ever arrested for breaking the law and had to go to court).

1) SOMEONE 2) NO ONE 43

If someone named, continue to ask as needed: Anyone else?

P-124/
128. Persons identified (relationship to child): 44 45 46 47 48

P-129. Does anyone in [the child's] family or anyone living at home have a drinking problem?

1) YES 2) NO 49

If someone named, continue to ask as needed: Anyone else?

P-130/ Who is it that has the problem? 50
134. Person(s) identified (relationship to child): 51 52 53 54

P-135. Does anyone in [the child's] family or anyone living at home have a drug problem?

1) YES 2) NO

55

If someone named, continue to ask as needed: Anyone else?

P-136/ 140 Who is it that has the problem?
Person(s) identified (relationship [to child]):

56
57
58
59
60

P-141. Did you **[if not the natural mother, ask "did [the child's] nature mother" do the following]** drink or take illegal drugs while you were pregnant with [this child]?

1) YES, DRANK FREQUENTLY
2) YES, TOOK DRUGS
3) YES, BOTH
4) NO
5) DON'T KNOW

61