

Testimony for the Crime Subcommittee of the House Judiciary Committee

Delbert S. Elliott, Ph.D.
University of Colorado
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Background

The demand for effective violence, drug, and crime prevention programs continues to grow. It is now common for Federal and State Agencies, private foundations and other funders to require or at least encourage the use of “evidenced based” programs. While this is an important new direction for current policy, the great majority of programs implemented in our schools and communities still have no credible research evidence for their effectiveness. In their national review of delinquency, drug and violence prevention/intervention programs, the Center for the Study and Prevention of Violence has identified over 600 programs that claim to prevent or deter violence, drug use or delinquent behavior and less than 20% have any rigorous evaluation. There are several reasons for this. First, the new evidence-based policy is typically only a guideline and is not mandated or enforced. The process for selecting programs remains largely informal, relying on local expertise and “old boy/girl networks,” and in many instances does not include scientific evidence of effectiveness as an important selection criterion. There is still a relatively strong aversion to “canned” programs developed outside the local area. Second, many of the lists of approved programs provided by funding agencies either have no scientific standard for selection or a very low standard. The scientific evidence for effectiveness is highly questionable for a significant number of lists. Third, few programs on these lists have the capacity to be delivered with fidelity on a wide scale. According to a recent national survey of school-based prevention programs, most programs being implemented were not evidence-based and even when they were, they were often being delivered with such poor fidelity that there is no reason to believe they could be effective in preventing violence, drug use or delinquency.¹ *The fact remains that most of the resources currently committed to the prevention and control of youth violence, drug use and delinquency, at both national and local levels, has been invested in unproven programs based on questionable assumptions and delivered with little consistency or quality control.*

Moreover, the vast majority of these untested programs continue to be implemented with no plans for evaluation. This means we will never know which (if any) of them have had some significant deterrent effect; we will learn nothing from our investment in these programs to improve our understanding of the causes of violence or to guide our future efforts to deter violence; and there is no meaningful accountability of the expenditures of scarce community resources. Worse yet, some of the most popular programs have actually been demonstrated in careful scientific studies to be *ineffective or even harmful*,² and yet we continue to invest huge sums of money in them for largely political reasons.

What accounts for this limited investment in the evaluation of our prevention programs? First, there is little political or program support for evaluation. Federal and state violence prevention initiatives often fail to provide any realistic funding for evaluation of the programs being implemented. Moreover, program directors argue that in the face of limited funding, every dollar available should go to the delivery of program services, i.e., to helping youth avoid involvement in violent or criminal behavior. The cost of conducting a rigorous outcome evaluation is prohibitive for most local programs, exceeding their entire annual operational budget in many cases. Without independent funding, they can not undertake a meaningful evaluation. Finally, many program developers believe they know *intuitively* that their programs work, and thus they do not think a rigorous evaluation is required to demonstrate this.

Unfortunately, this view is very shortsighted. When rigorous evaluations have been conducted, they often reveal that such programs are ineffective and can even be harmful.³ Indeed, many programs fail to address any of the known risk factors or underlying causes of violence. Rather, they involve simplistic “silver bullet” assumptions and allocate investments of time and resources that are far too small to counter the years of exposure to negative influences of the family, neighborhood, peer group, and the media. Violence, substance abuse and delinquency involve complex behavior patterns that involve both individual dispositions and social contexts in which these behaviors may be normative and rewarded. There is a tendency for programs to focus only on individual dispositions, with little or no attention to the reinforcements for criminal behavior in the social contexts where youth live. As a result, any positive changes in the individual’s behavior achieved in the treatment setting are quickly lost when the youth returns home to his or her family, neighborhood, and old friends. This failure to attend to the social context also accounts for the “deviance training” effect often resulting from putting at-risk youth into correctional settings or other “group” treatment settings which rely on individual treatment models and fail to properly consider the likelihood of emerging delinquent group norms and positive reinforcements for delinquent behavior.

On the positive side, we have a number of very effective violence prevention and intervention programs. We have a universal drug prevention program (Life Skills Training) that can reduce the onset of illicit drugs by 50-70 percent and alcohol and tobacco use by as much as 50 percent; an intervention program for adjudicated youth (Multisystemic Therapy) that reduces the probability of recidivism by as much as 75 percent; an early childhood program (Nurse Family Partnership) that reduces arrests by 59 percent. See Table A for a list of Blueprint Model Programs. We have the means to significantly reduce current levels of violence and substance abuse, but we are not implementing effective programs on a level that can have any significant effect on overall rates of violence and substance abuse in our communities

Specific Recommendations

1. The funding of unproven programs must include an evaluation.

Progress in our ability to effectively prevent and control crime requires evaluation to identify effective programs and a commitment to implement these programs with fidelity. Only those programs with demonstrated effectiveness and the capacity to be delivered with fidelity

should be implemented on a wide scale. We have a long history of pushing untested programs for political reasons only to discover later that they did not work (e.g., D.A.R.E., boot camps, shock probation, juvenile court transfers/waivers). A responsible accounting to the taxpayers, private foundations, or businesses funding these programs requires that we justify these expenditures with tangible results. No respectable business would invest millions of dollars in an enterprise without assessing its profit potential. No reputable physician would subject a patient to a medical treatment for which there was no evidence of its effectiveness (i.e., no clinical trials to establish its potential positive and negative effects). No program designer should be willing to deliver a program with no effort to determine if it is effective. Our continued failure to provide this type of evidence for prevention programs will seriously undermine public confidence in crime prevention efforts generally. It is at least partly responsible for the current public support for building more prisons and incapacitating youth -- the public knows they are receiving some protection for this expenditure, even if it is temporary.

The costs of a randomized control trial is quite high, well beyond the capacity of most programs. Federal funding for promising prevention/intervention programs is critical to advancing both the number of programs that can be certified as effective and the diversity of populations and conditions under which these programs work

2. Stop funding programs that don't work.

The available evidence indicates that a number of very popular crime prevention programs don't work and a few appear to be harmful.⁴ Some of the better known programs and strategies that appear not to work include: shock probation (e.g., Scared Straight), waivers of juveniles into the adult criminal court, traditional DARE, gun buyback programs, vocational programs, juvenile intensive parole supervision, reduced probation/parole caseloads, and STARS. Whether the accumulated evidence for these programs is conclusive depends on the standard we use to certify programs as effective or not effective, but there is clearly reason to be very cautious about continuing these programs until some positive evaluation outcomes are obtained.

3. Clarify what is meant by "evidence-based" and establish a national standard for certifying programs as "model" programs

There is a lot of confusion about what constitutes an evidence-based program. There are those who think that positive testimonials by clients is sufficient evidence to claim their program is evidence-based; to be certified as a model program in the Blueprints for Violence Prevention series, the program has to have two random control trials or very rigorous quasi-experimental trials that show positive effects plus evidence that the effect is sustained for at least one year after leaving the program. Most of the "lists" of Federal agencies require at least one RCT or quasi-experimental study. This is not a very demanding standard – one study, typically by the designer of the program in a specific location under ideal conditions. The standard for certifying a program as a model program, that is, a program that qualifies to be implemented on a statewide or national level, must have a very high probability of success. Should they fail, we will quickly lose build public support for funding them, not only for the program that failed, but for other programs that might be truly effective.

Unfortunately, our record for the success of programs that have been widely implemented (e.g., DARE) has not been very good and that is because we have not required a high scientific standard for programs being implemented on this scale.

There is a proposed standard that should be carefully considered. The Working Group of the Federal Collaboration on What Works was established in 2003 to explore how Federal agencies could advance evidence-based crime and substance abuse policy. The Working Group included officials from Department of Justice, Department of Health and Human Services, Department of Education and representatives from the Coalition for Evidence-Based Policy and the National Governor's Association. The Working Group has recommended an excellent standard and classification system for certifying a program's level of demonstrated effectiveness. If this standard was formally adopted, it would both clarify what "evidence-based" means and set a required scientific standard for programs that are considered ready for widespread dissemination.

4. *We should promote widespread implementation of cost effective evidence-based programs.* The implementation of evidence-based prevention and intervention programs will result in saved lives, more productive citizens, and significant reductions in crime and violence. The estimated cost for putting Life Skills Training, in every middle school in America has been estimated to be \$550M per year. This represents less than 2 percent of national spending on drug control (\$40B). The benefits of this program extended beyond the actual participants in the program to their associates and to a shrinking of the drug market allowing for more targeted and effective law enforcement. In this analysis, the effects of law enforcement and prevention/intervention were about the same. Clearly we need both. The Washington State Institute for Public Policy estimates that it would cost about \$60M a year to implement a portfolio of evidence-based crime and violence prevention/intervention programs. After four years, the savings associated with reductions in crime would equal the cost of the portfolio; in 10 years, the cost benefit would be \$180M; and in 20 years, the cost benefit would be close to \$400M for the \$60M investment in the evidence-based program portfolio.

Conclusion

Nationally, we are investing far more resources in building and maintaining prisons than in primary prevention or intervention programs.⁵ We have put more emphasis on reacting to criminal offenders after the fact and investing in prisons to remove these young people from our communities, than on preventing our children from becoming delinquent and violent offenders in the first place and retaining them in our communities as responsible, productive citizens. Of course, if we had no effective prevention strategies or programs, there is no choice. But we do have effective programs and investing in these programs and the development of additional effective programs is effective, both in terms of human resources and taxpayer savings. Prevention and intervention must be part of a balanced approach to crime reduction.

Table A. Blueprint Programs

PROJECT	TARGET POPULATION	PERCENT REDUCTION (EFFECT SIZE) ¹	REPLICATION	BENEFIT PER DOLLAR OF COST ²	SUSTAINED EFFECT	TYPE OF PROGRAM
Nurse Home Visitation (Dr. David Olds)	Pregnant women at risk of preterm delivery and low birth weight infant	Arrests = -.53	Yes	\$2.88	Through age 15	Prenatal and postpartum nurse home visitation
Bullying Prevention Program (Dr. Dan Olweus)	Elementary and middle/junior school (universal intervention)	Delinquency = -.34	Yes		2 years post-grant-supported treatment-Canada; Most evaluations have long-term data	School anti-bullying program to reduce victim/bully problems
Promoting Alternative Thinking Strategies (M. Greenberg/C. Kusche)	K-5 school children (universal intervention)	Externalizing = -.07 Conduct Prob. = -.12	Yes		2 years post-treatment	School-based program designed to promote social and emotional competence
Big Brothers Big Sisters of America	Youth 6 to 18 years of age from single-parent homes	Drug Use = -.50	Multisite Single Design, 8 sites	\$1.01	18 month post-test	Mentoring program
Towards No Drug Abuse (TND) (Dr. Steve Sussman)	Alternative & public high school youth	Drug Use = -.55 Victimization = -.14	Yes		Two years post-treatment	Drug use prevention and Intervention
Multisystemic Therapy (Dr. Scott Henggeler)	Serious, violent, or substance abusing juvenile offenders & their families	Delinquency = -.66 Drug Use = -.75 Arrests = -.70	Yes	\$2.64	4 years post-treatment	Family ecological systems approach
Functional Family Therapy (Dr. Jim Alexander)	At-risk, disadvantaged, Adjudicated youth	Arrests = -.78	Yes	\$13.25	30 months post-treatment	Behavioral systems family therapy
Midwestern Prevention Project (Dr. Mary Ann Pentz)	Junior/middle school	Drug Use = -.37	Yes		Through high school (some results through age 23)	Drug use prevention curriculum with sequential components that involve parents, media, and community
Life Skills Training (Dr. Gilbert Botvin)	Junior/middle school	Drug Use = -.44	Yes	\$25.61	Through high school	Drug use prevention (social skills and general life skills curriculum)
Multidimensional Treatment Foster Care (Dr. Patricia Chamberlain)	Adjudicated serious and chronic delinquents	Delinquency = -.56 Arrests = -.85	Yes	\$10.88	1-year post treatment	Temporary structured foster care with treatment

¹ Source: Huizinga and Mihalic, 2003. Effect sizes are taken from only one evaluation per program, thus across multiple program evaluations effect sizes could be higher or lower.

² Source: Washington State Institute for Public Policy, 2004

2 Source:

Endnotes

¹ Gottfredson, 2001.

² Sherman et al., 1997; Elliott and Tolan, 1999; Lipsey, 1992, 1997.

³ Lipsey, 1992, 1997; Sherman et al., 1997; and Tolan and Guerra, 1994.

⁴ See Sherman et al., 1998; Lipsey and Wilson, 1998; Aos et al., 2004.

⁵ Gottfredson, 1997.