

# Research on Adolescent Development, Behavioral Health, and Criminal Offending: Why Does It Matter for Juvenile Justice Policy?

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# Today's Topics

- **Adolescent development**
- **Cessation of criminal activity (“desistance”)**
- **Designing an evidence-informed juvenile justice system**

**We are in the middle of a  
“sea change” in the  
orientation of juvenile  
justice**

# Developmental Science and Juvenile Justice

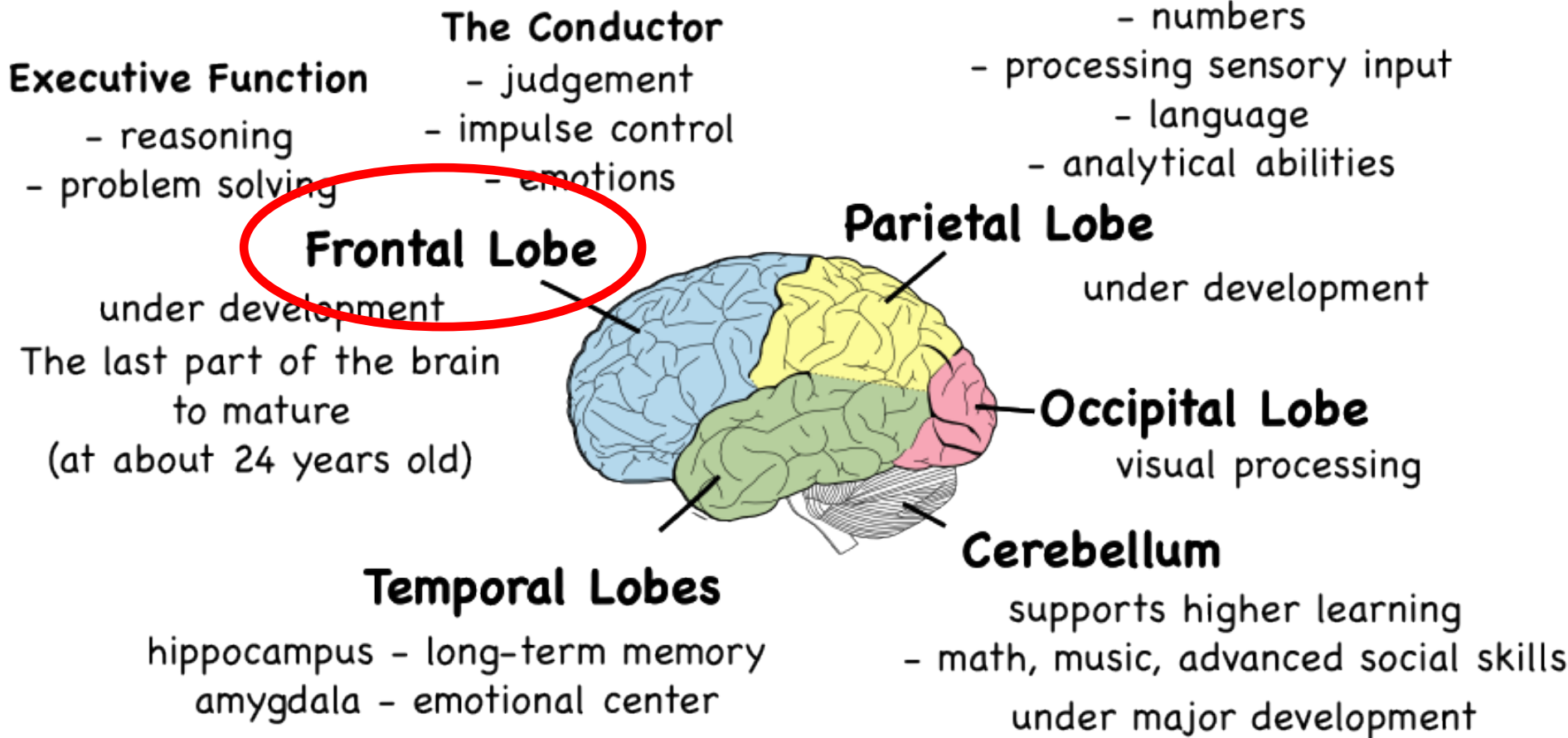
Neuroscience + Behavioral science



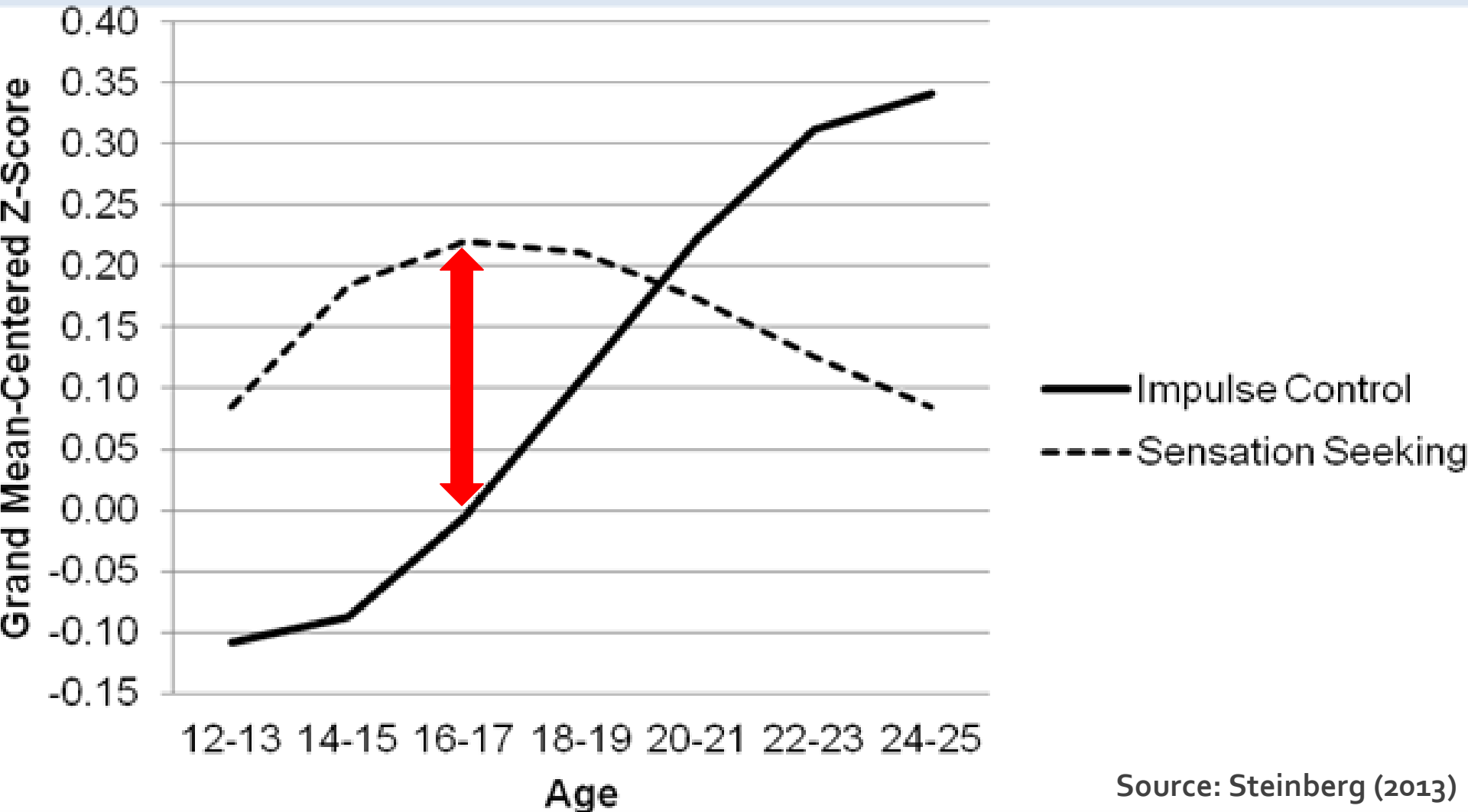
**Conclusion: there is an extended period of adolescence**

- **U.S. Supreme Court decisions**
  - Roper (death penalty)
  - Graham (life without parole – homicide)
  - Miller (life without parole – nonhomicide)
  - Montgomery (retroactive)
- **Policy and practice changes**
  - Statutory changes in age boundaries for jurisdiction and services
  - Reduced number of adolescents entering the “front door” of the juvenile justice system
  - Reduced reliance on institutional care
  - Promotion of interventions that promote developmental progress

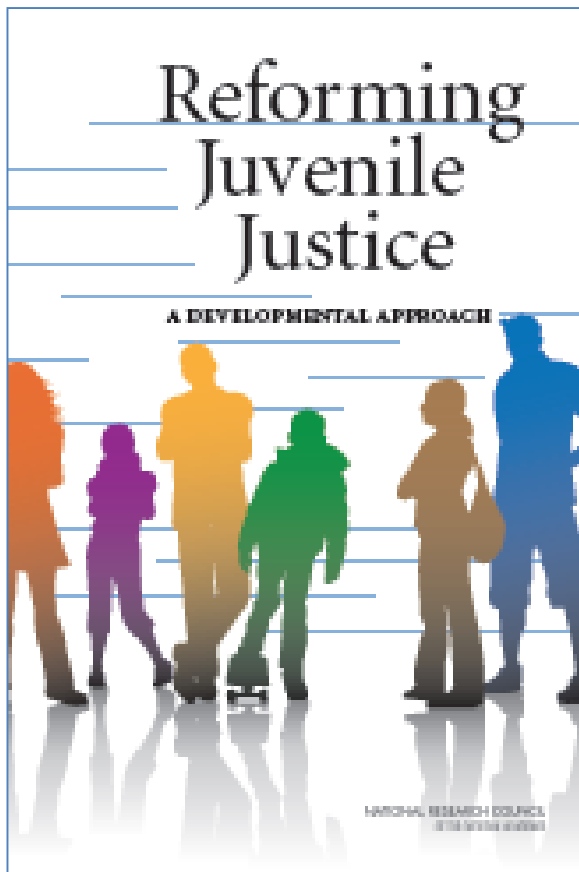
# Different Parts of the Brain Develop at Different Times



# Adolescence is a Time of Increased Sensation Seeking and Low Impulse Control



Source: Steinberg (2013)



## National Academy of Sciences

### *Reforming Juvenile Justice: A Developmental Approach*

Committee Charge: To assess the implications of advances in behavioral and neuroscience research for the field of juvenile justice and the implications of such knowledge for juvenile justice reform.

# National Academy of Sciences Panel on Juvenile Justice: Findings

- Findings from behavioral research line up with findings from brain scans in biological research
- Adolescents differ from adults and children in three important ways:
  - lack mature capacity for *self-regulation* in emotionally charged contexts
  - have a *heightened sensitivity* to proximal influences such as peer pressure and immediate incentives
  - show less ability to make judgments and decisions that require *future orientation*



# Proposed Goals of the Juvenile Justice System

Promoting Accountability

Ensuring Fairness

Preventing Re-offending

# Other Key Research

## *Pathways to Desistance Study*

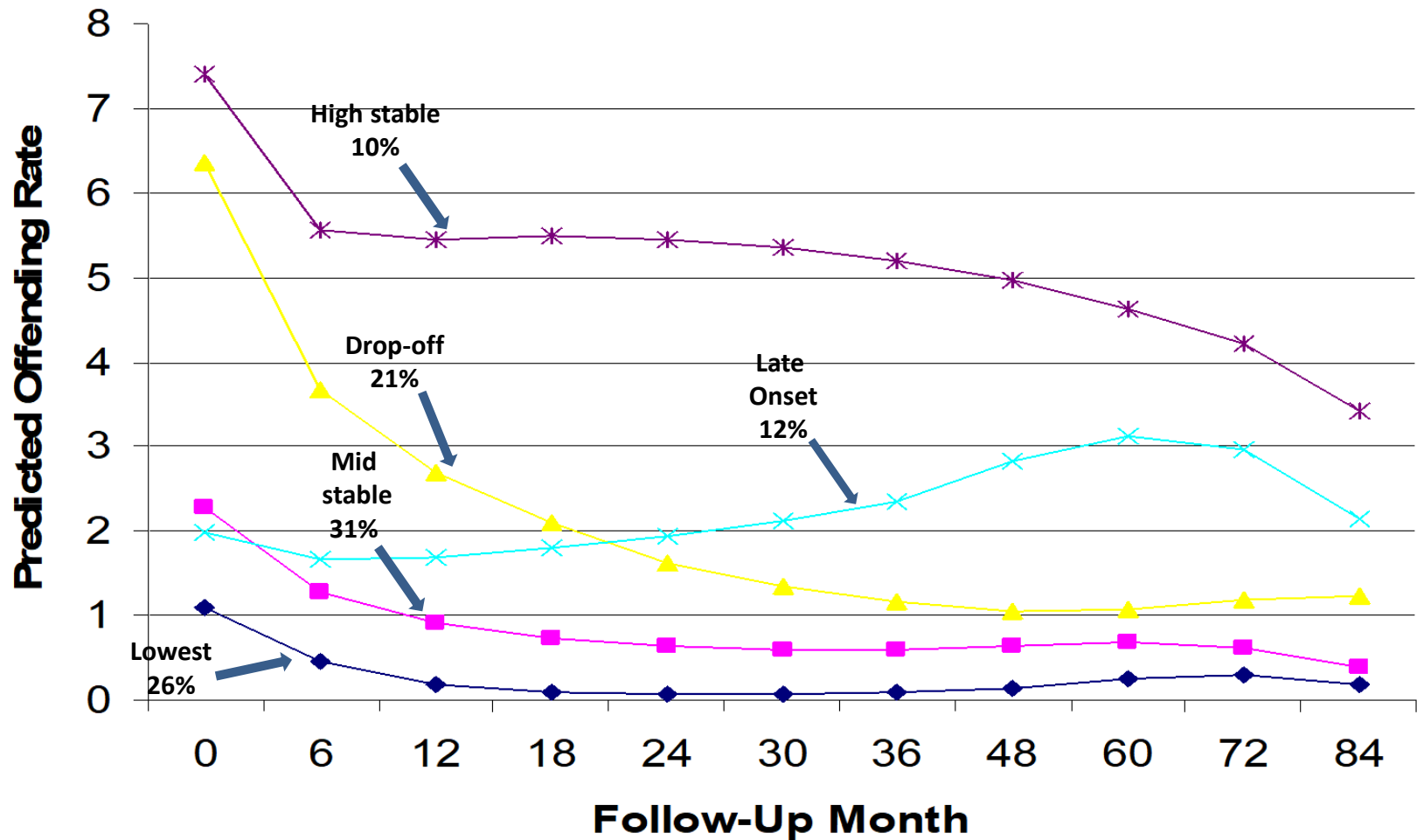
About the study: Multi-site, seven-year study that regularly interviewed 1,354 serious adolescent offenders as they transitioned to early adulthood.



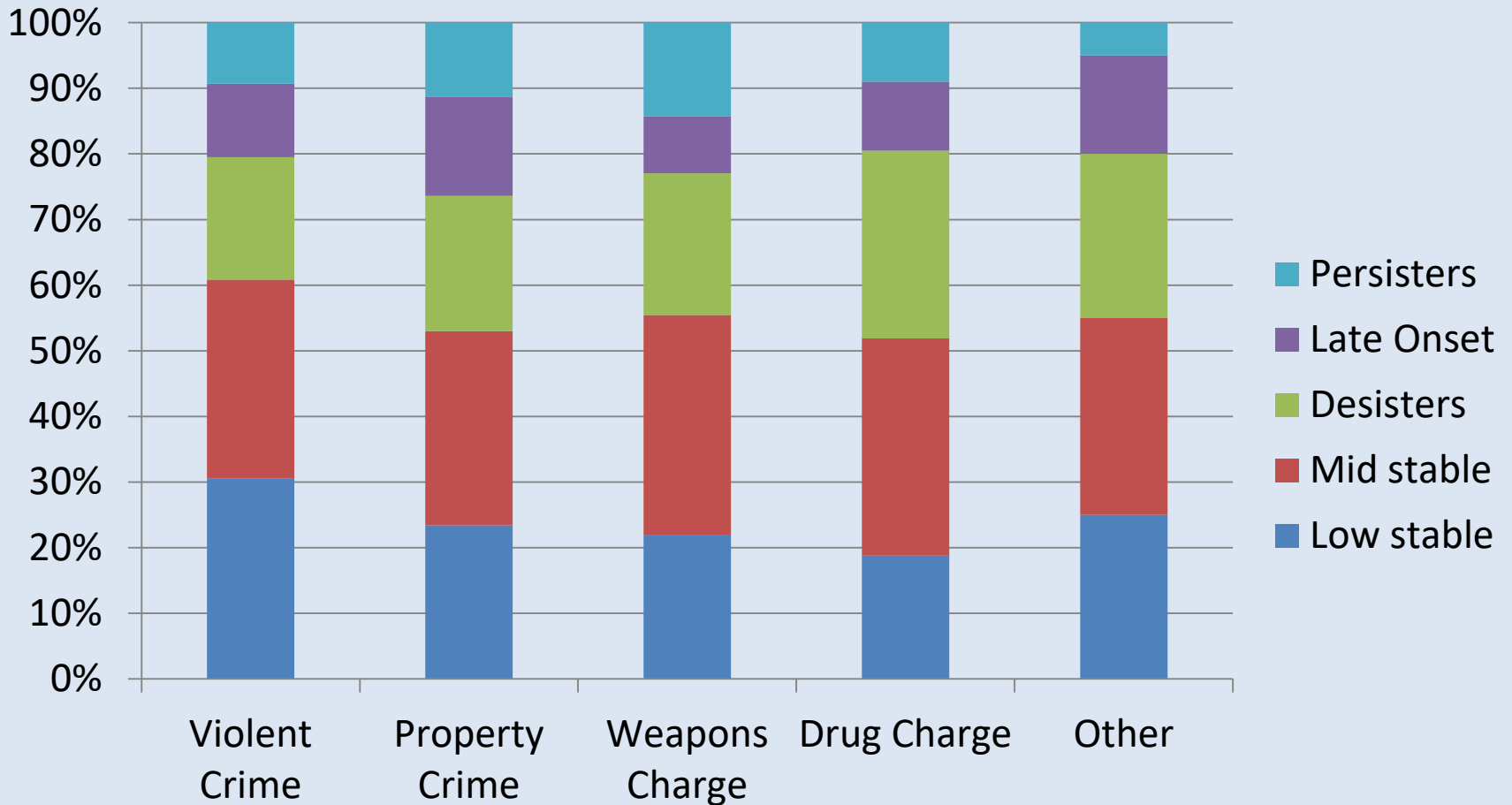
**The “natural course” for  
juvenile offenders is to  
commit less crime as time  
goes on**

# Self-Reported Offending Over 7 Years

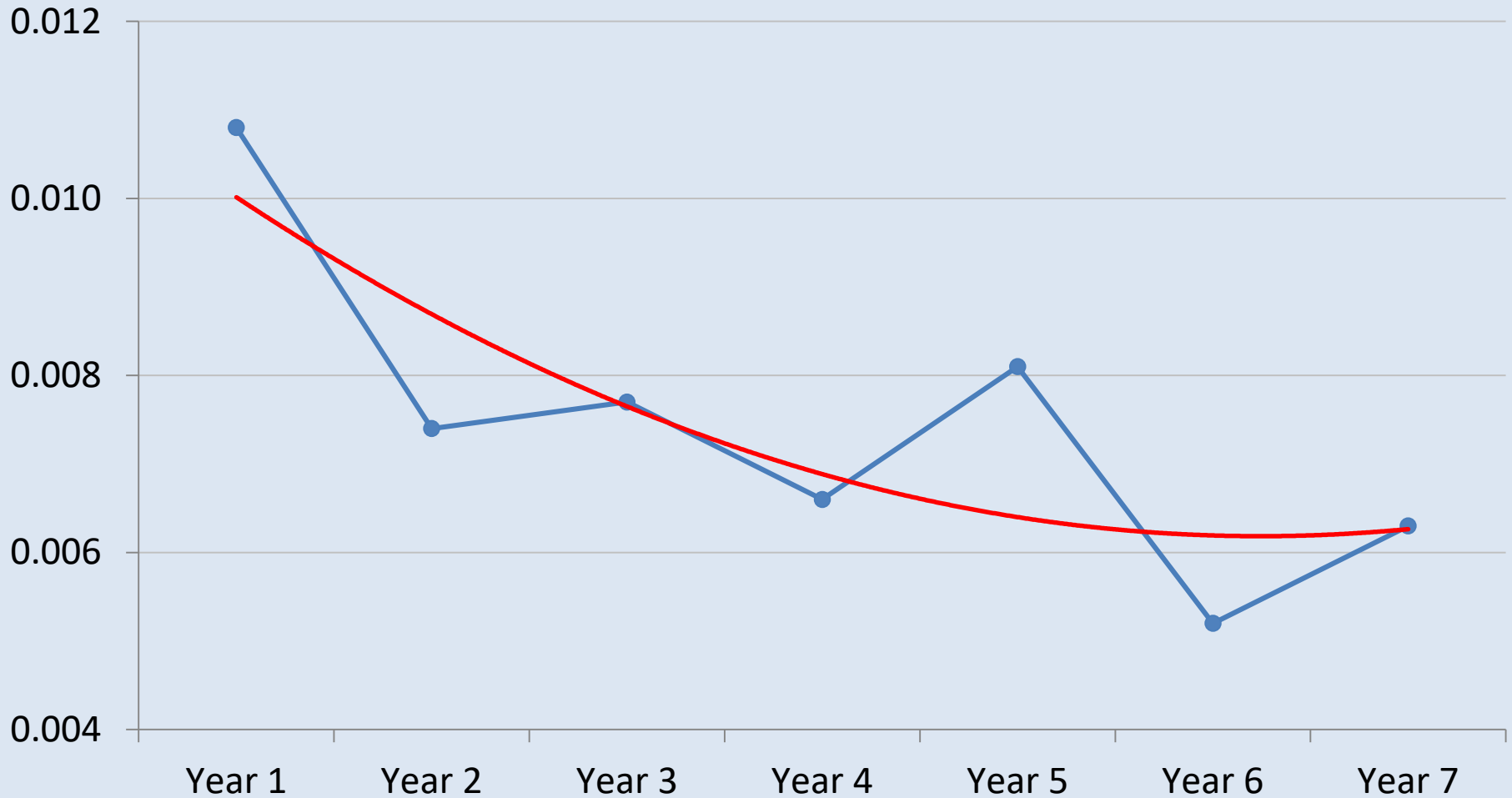
## Drop in offending within first year



# Proportion of Each Offending Pattern Type in Each Crime Group



# Average Rate of Re-Arrests By Year



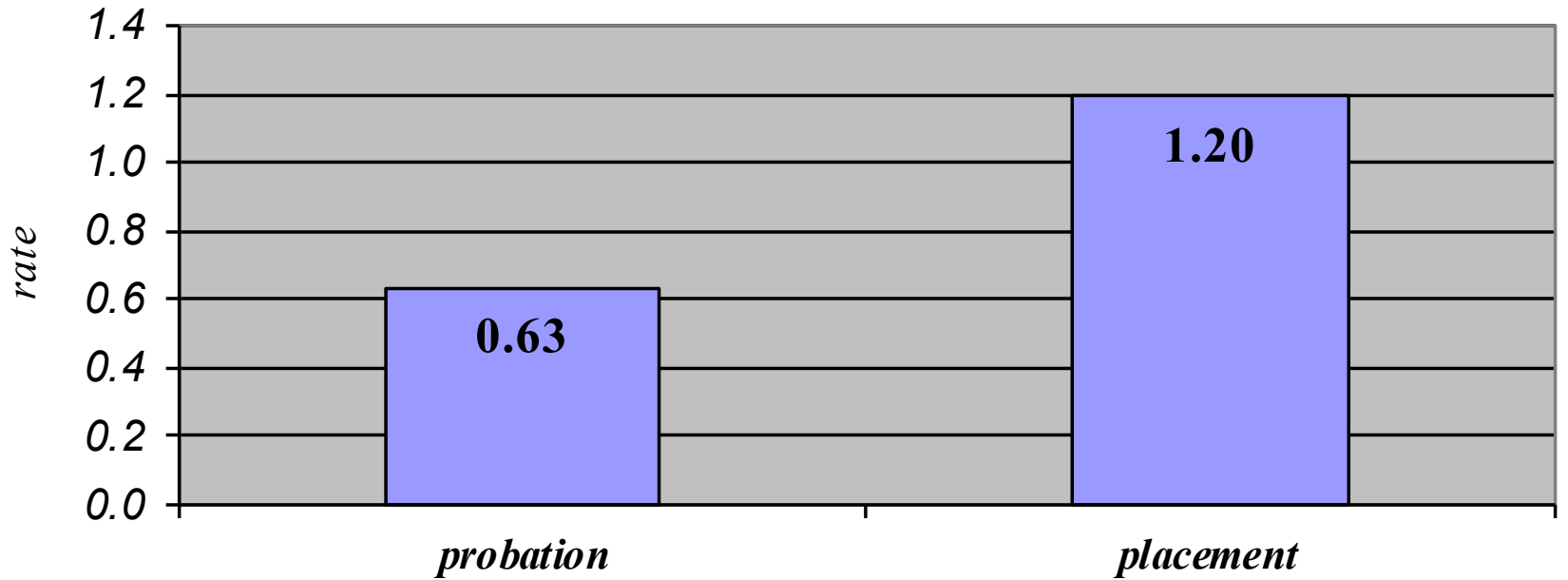
Number of arrests per days in the community (e.g., 1 arrest in 121 days in community = .008, 1 arrest in 65 days in the community = .015, 3 arrests in 183 days in community = .016)

**Institutional stays in secure  
facilities do little, if  
anything, to reduce future  
criminal offending**

# Probation vs. Placement in Secure Facility

Unadjusted comparison of re-arrest rate

**Mean Yearly Rate of Re-Arrest,  
by Placement Status**

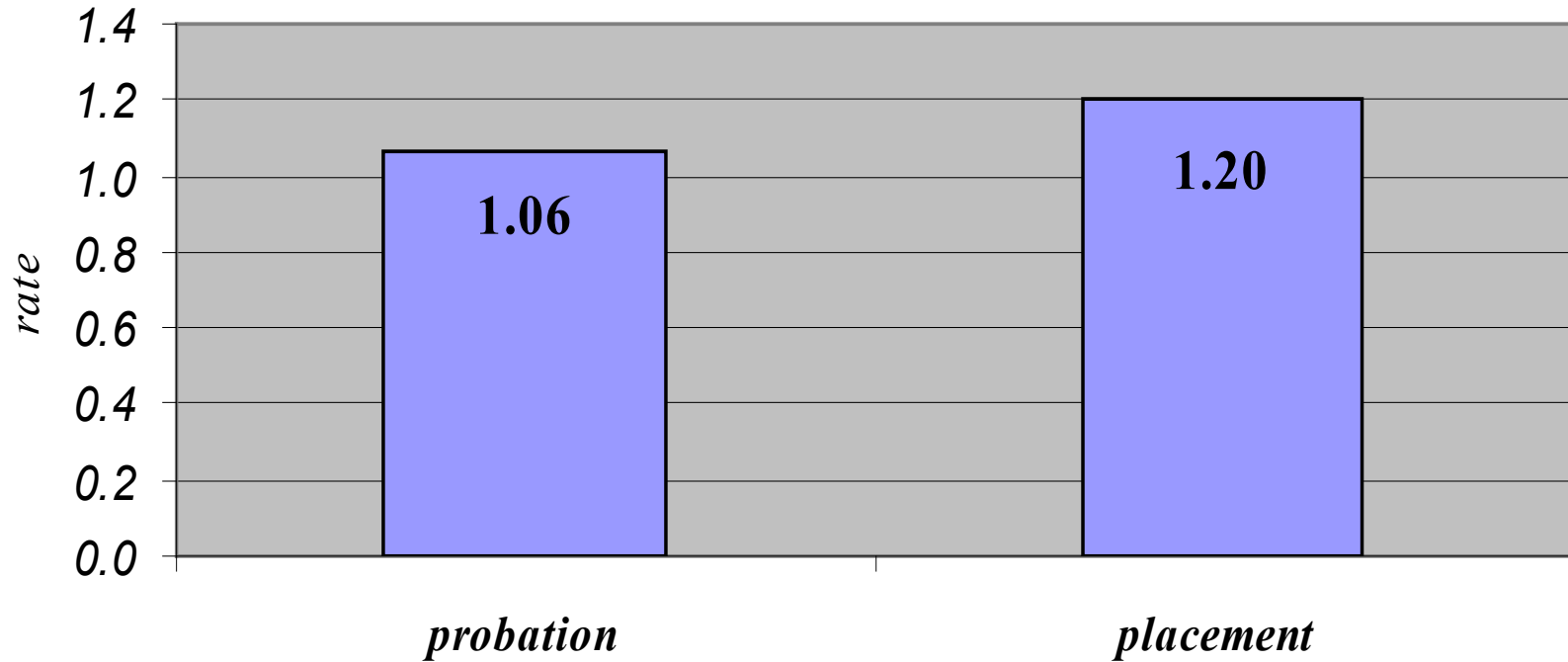




# Probation vs. Placement in Secure Facility

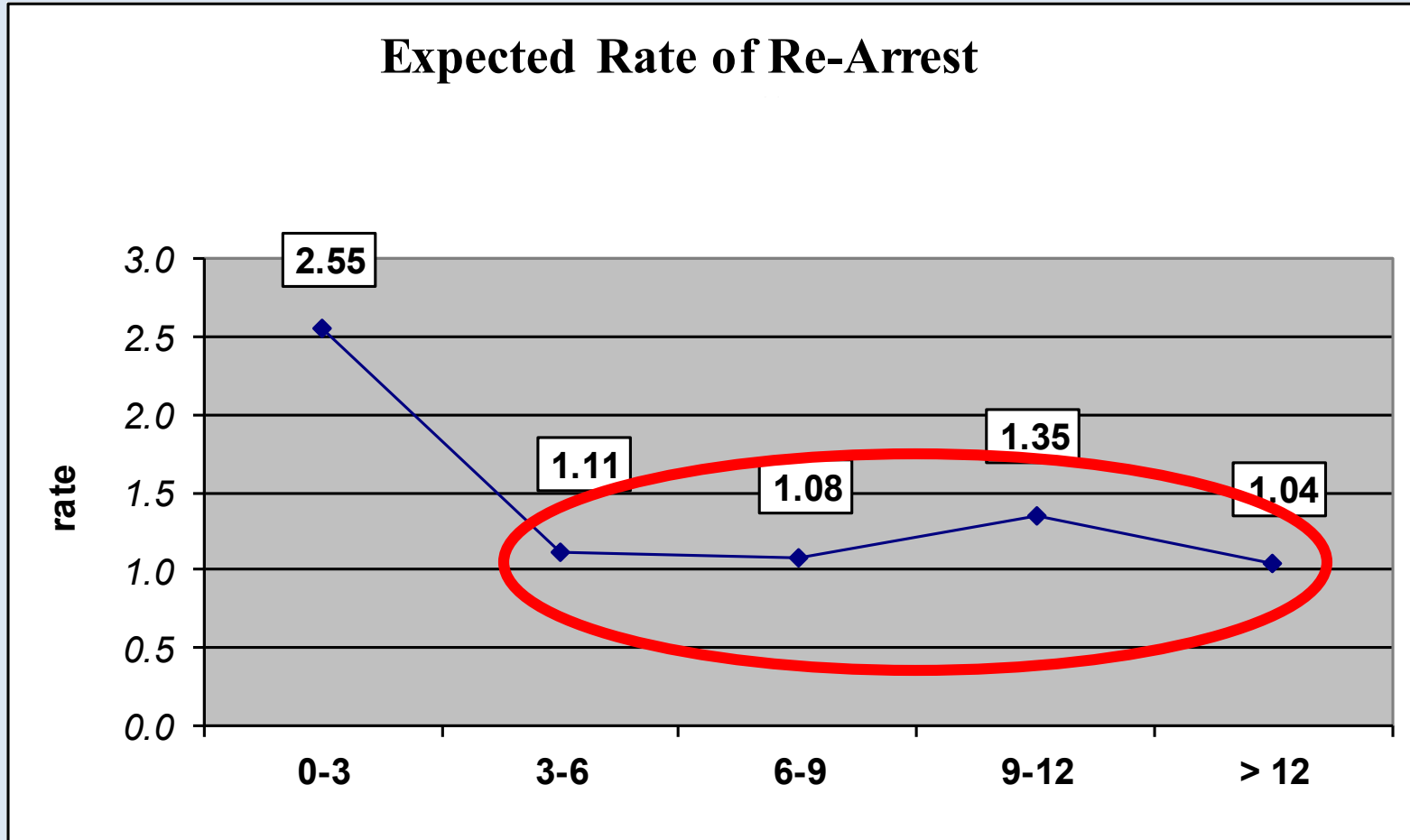
## Matched groups comparison of re-arrest rate

Mean Yearly Rate of Re-Arrest,  
by Placement Status After Matching



**Finding:** When youth with similar characteristics were matched and compared, there were no significant differences in their rates of re-arrest.

# Effect of Length of Stay on Re-arrest



**Finding:** For intermediate lengths of stay (i.e., 3-13 months), holding youth for an additional 3 months does not appear to reduce re-arrest.

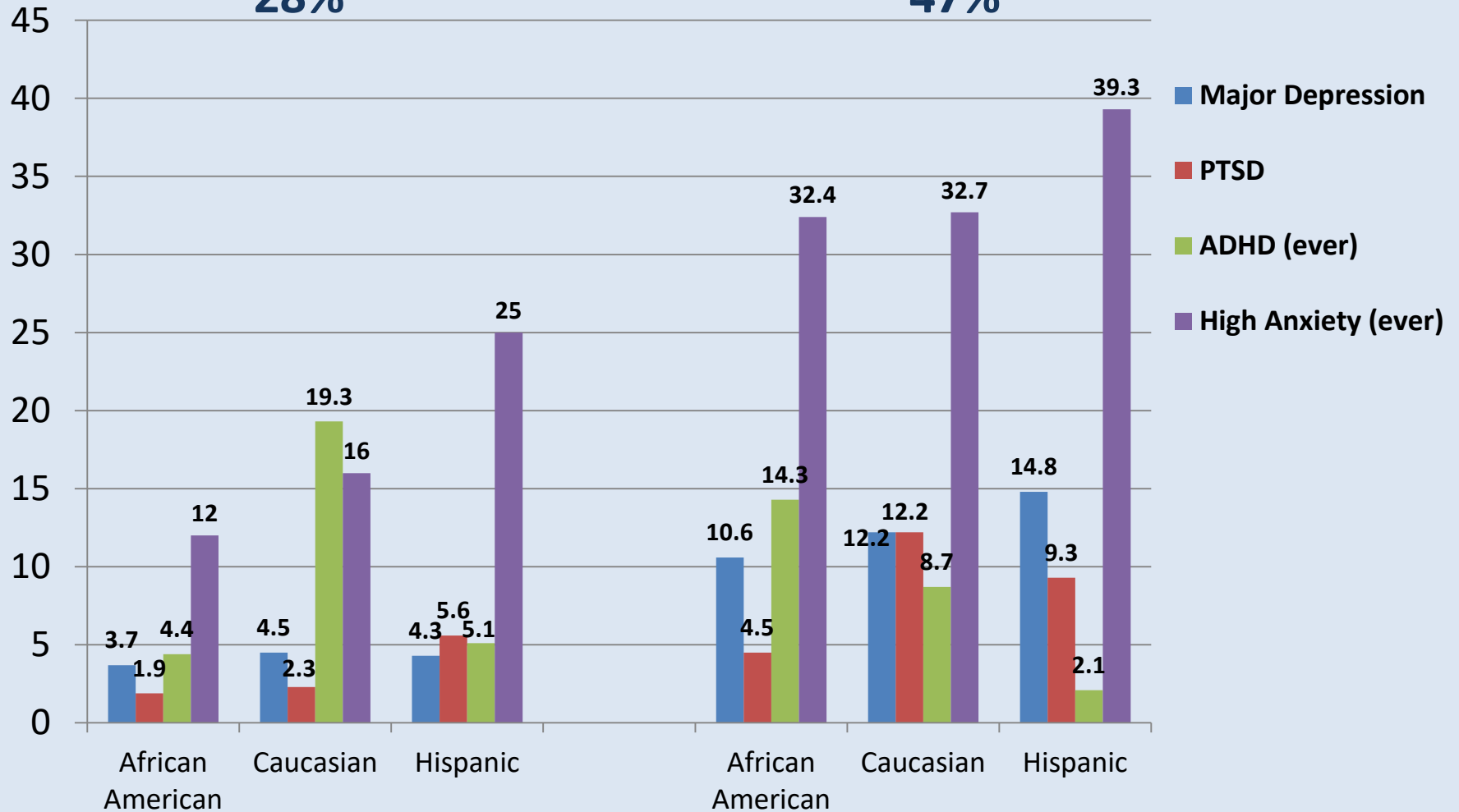
**A large proportion of serious  
adolescent offenders do not  
receive appropriate  
community-based services**

# Rates of Mental Health Disorders

## Past Year

**Males**  
**28%**

**Females**  
**47%**



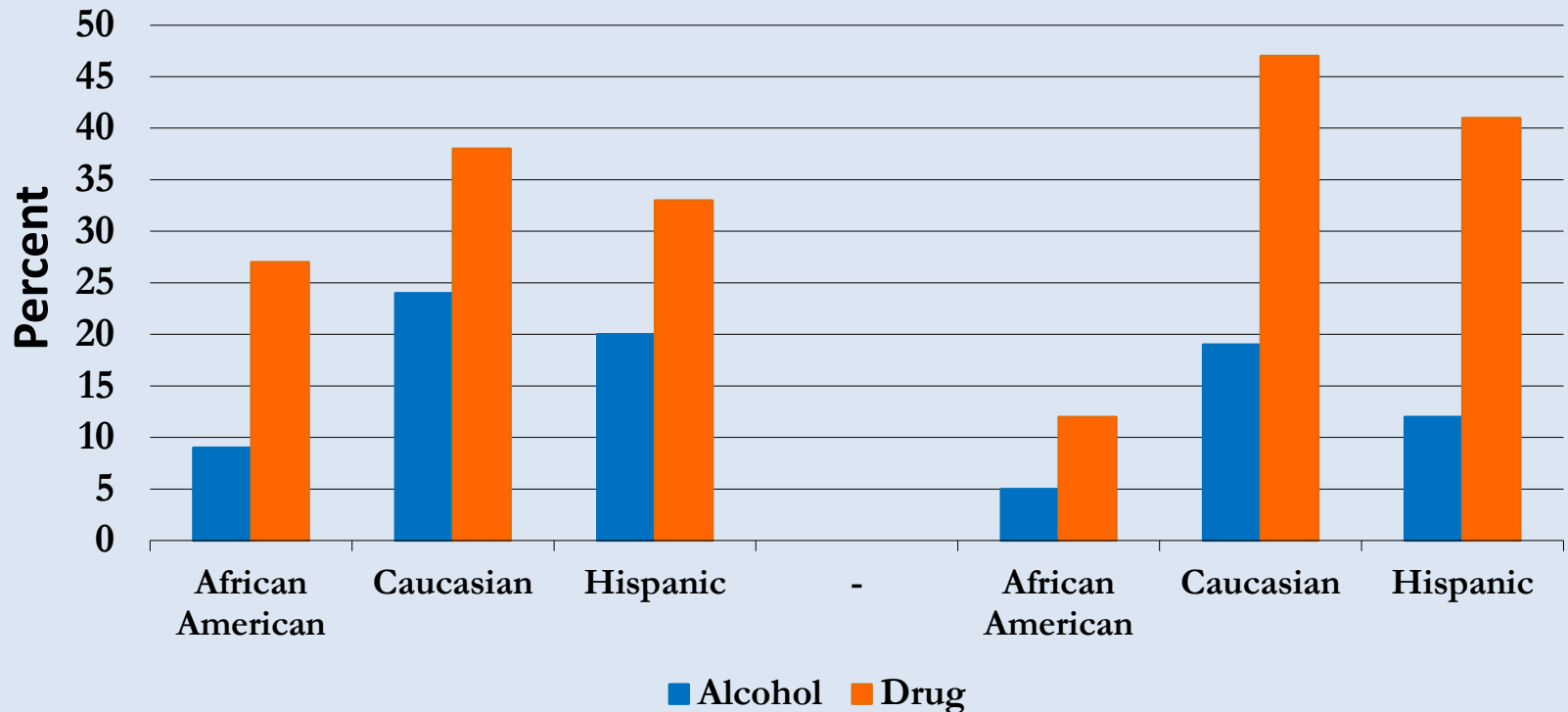
# High Rates of Substance Use Disorders

## Past Year Diagnoses

Some  
substance use  
diagnosis:

**Males**  
**37%**

**Females**  
**35%**



# Link between Mental Health and Offending

- Youth offenders *do* have a higher rate of mental health and substance use problems compared to the general youth population.
- However, mental health problems rarely *cause* crime. They can *interfere* with rehabilitation.
- Mental health treatment alone is unlikely to have a strong effect on crime. It needs to be integrated with treatment for risk factors (e.g., substance use disorders) and support other needs (e.g., job training, education completion).

# Are serious youth offenders with a diagnosed substance use problem getting services?

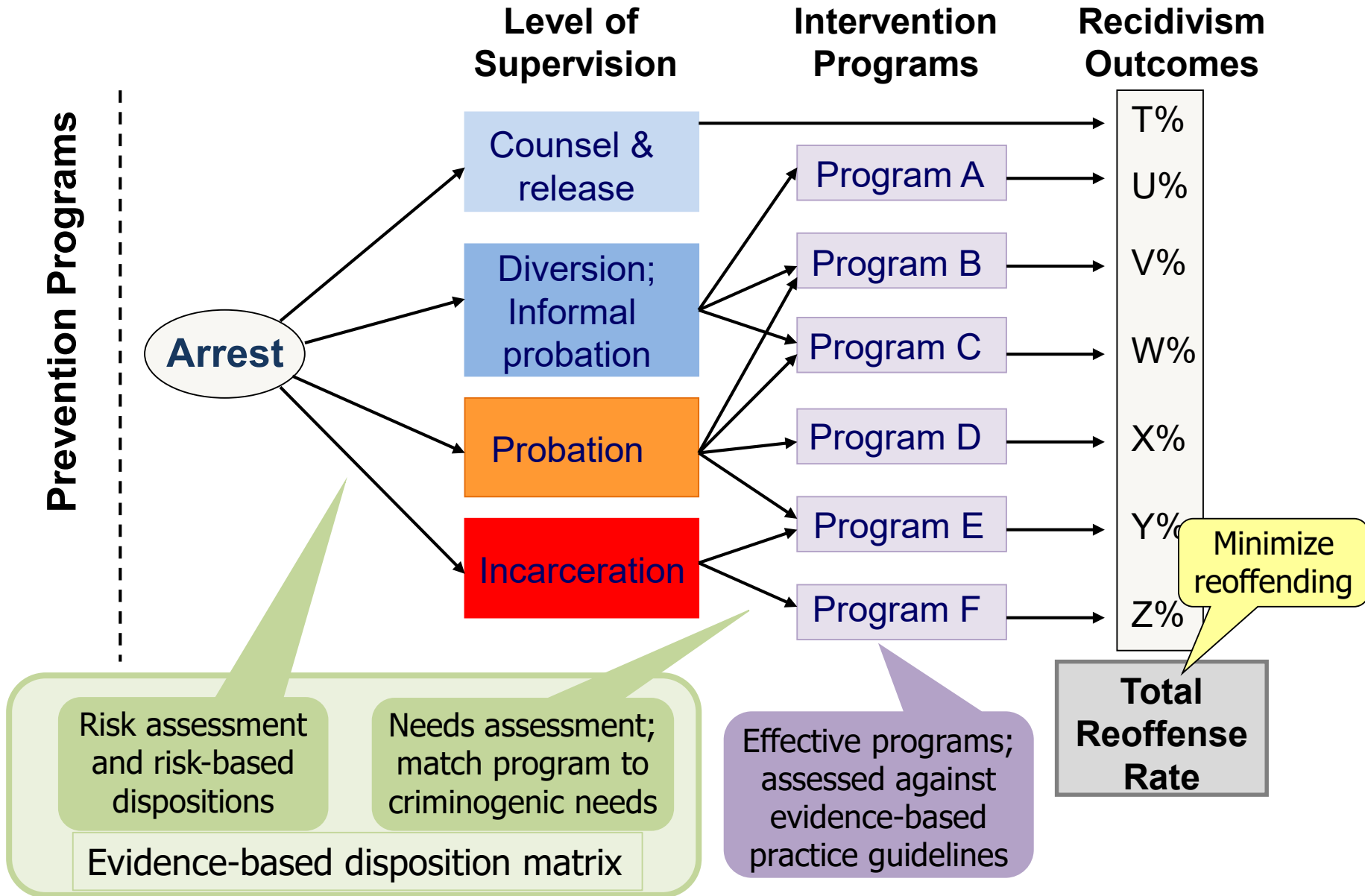
	Adult Institution Setting	Juvenile Institution Setting	Community
% receiving service	55%	61%	30%
Average intensity of sessions	1 every 13 days	1 every 3 days	1 every 47 days

*\*Diagnosed at baseline as having substance use problem in the past year*

# Meeting the Juvenile Justice Challenge



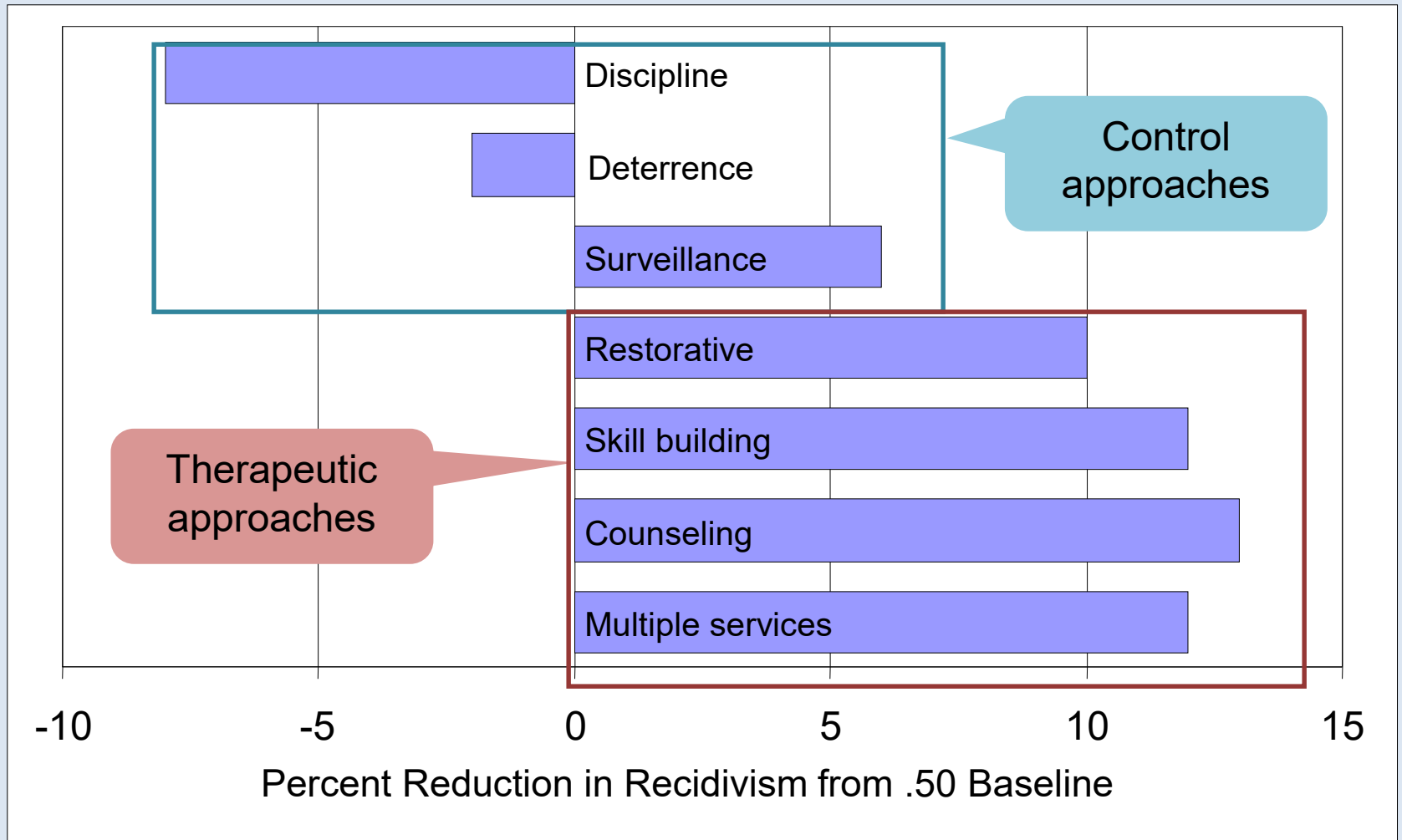
# The Evidence-Based Juvenile Justice System



**The essential platform for use  
of these tools:**

**Well-developed data systems  
that track juvenile  
characteristics, service, and  
outcomes**

# Program Types and Average Reduction in Recidivism



# Keys for Effective Programming

- Use a “therapeutic” approach aimed at internalized behavior change (vs. external control, deterrence)
- Recognize that within a therapeutic category, some program types are more effective than others (e.g., Cognitive Behavioral Therapy, mentoring, family therapy)
- Deliver services in adequate amounts and quality (proper dose)
- Have an explicit treatment protocol and procedures for monitoring adherence

Effects are largest for high-risk offenders

# Thank You

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