

RESEARCH ARTICLE

EARLY INTERVENTION BETWEEN SCHOOLS AND LAW ENFORCEMENT

Getting the Law Involved

A Quasi-Experiment in Early Intervention Involving Collaboration Between Schools and the District Attorney's Office

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Criminological evidence has breathed new interest into early intervention programs for at least three reasons. First, numerous studies have found that early misbehavior is a substantive predictor of later misbehavior (Beaver and Wright, 2007; Campbell, Shaw, and Gilliom, 2000; Caspi, Roberts, and Shiner, 2005). Evidence garnered from multiple samples, age periods, and cultures shows remarkable levels of cross-time and cross-situation continuity in problem behaviors, especially when associated with an early age of onset (DeLisi, Beaver, Wright, and Vaughn, 2008; Mazerolle, Brame, Paternoster, Piquero, and Dean, 2000; Tremblay et al., 1999). Second, the early manifestation of problem behaviors is frequently comorbid with a host of other risk factors, including

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academic deficiencies, truancy, and general noncompliance (Gottfredson and Hirschi, 1990). Indeed, research evidence indicates that factors once thought to be of minor predictive importance, such as truancy, are usually substantive indicators of behavioral maladjustment or of problematic home environments of young children (Kokko, Tremblay, Lacourse, Nagin, and Vitaro, 2006). Third, early conduct problems seem to set in motion a series of cascading negative responses, some of which may exacerbate or entrench behavioral problems. Children, for example, who are behaviorally disruptive in school are substantially more likely to be suspended or expelled (Duchesne, Larose, Guay, Vitaro, and Tremblay, 2005). These negative chains of events can, in certain instances, further isolate behaviorally disruptive children from prosocial models, can negatively stigmatize and label the child, and can substantiate an antisocial worldview for the child.

Children who demonstrate age-inappropriate behavioral problems are thus at an increased risk of living a life marred by educational failure, by involvement in crime and drug use, by poor quality adult relationships, and by limited employment opportunities (Farrington and West, 1990; Nagin and Farrington, 1992). For these reasons, and more, focus has turned to intervening increasingly earlier in the lifecourse. However, the early manifestation of problem behavior poses a problem for the justice system. As noted by the Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Study Group on Young Offenders, indicators of problem behavior generally emerge years prior to involvement in the juvenile justice system (Wasserman et al., 2003). The jurisdiction of the juvenile court, although broad, has historically not been extended to address early onset problem behaviors in children. Juvenile courts, moreover, are leery to move in the direction of expanded responsibility, especially for childhood behaviors that are not violent or do not involve substantial loss of property. Although the risk factors for involvement in crime and disrepute sometimes seem to begin at very young ages, justice system responses have been reserved primarily for adolescents and adults.

Justice professionals have therefore been placed in a position of "waiting" for a child to reach an age where officials believe involvement of the juvenile court to be appropriate, or they "wait" for the youth to commit a crime serious enough to trigger justice system intervention. This is not to say that intervention efforts to assist children are unavailable. Many jurisdictions have at their disposal a variety of intervention programs offered through local schools, social service agencies, and private and religious organizations. Early intervention programs, however, have not traditionally been offered through the criminal or juvenile justice systems (Wasserman et al., 2003).

Yet we have reason to believe that a focused justice system response may bring benefits not attached to traditional methods of service delivery. In this article, we cite three possible benefits. First, the most obvious possible benefit from a justice system response to early misbehavior comes in the form of the message it sends to parents and their children. Having the justice system involved may send parents a message that their cooperation is expected and that they will be held accountable for their behavior and the behavior of their

children. Second, the involvement of the legal system may provide the leverage necessary to address the problems associated with noncompliant parents. Many, but not all, parents of behaviorally difficult children are antisocial or lack the motivation to carry through with the expectations set out by schools and social service providers (Farrington, 2005). Third, the involvement of the justice system may increase the range of services available to at-risk families, or it may allow for the extension of service delivery beyond the time limits imposed typically by social service providers.

Caution clearly has to be exercised, however, in any effort to deliver services to at-risk children. The involvement of the justice system could lead to “net-widening” or to situations where government intrusion into the lives of parents and their children is unwarranted. Moreover, bureaucratic entanglements among schools, service providers, and the justice system could result in fewer services delivered to at-risk children. It remains to be seen whether collaborative efforts involving schools, service providers, and the justice system can intervene effectively in the lives of at-risk children and their families.

In this article, we report the results of an evaluation of such a collaborative process involving a quasi-random design. The results provide a mixture of evidence showing that a well-designed and well-implemented program housed in a prosecutor’s office can work to reduce early behavioral problems. The results also reveal that the involvement of the legal system, in this case, a district attorney’s office, brings with it measurable, albeit limited, benefits. We address the details of the program, the analysis and results, as well as program implementation in the subsequent pages.

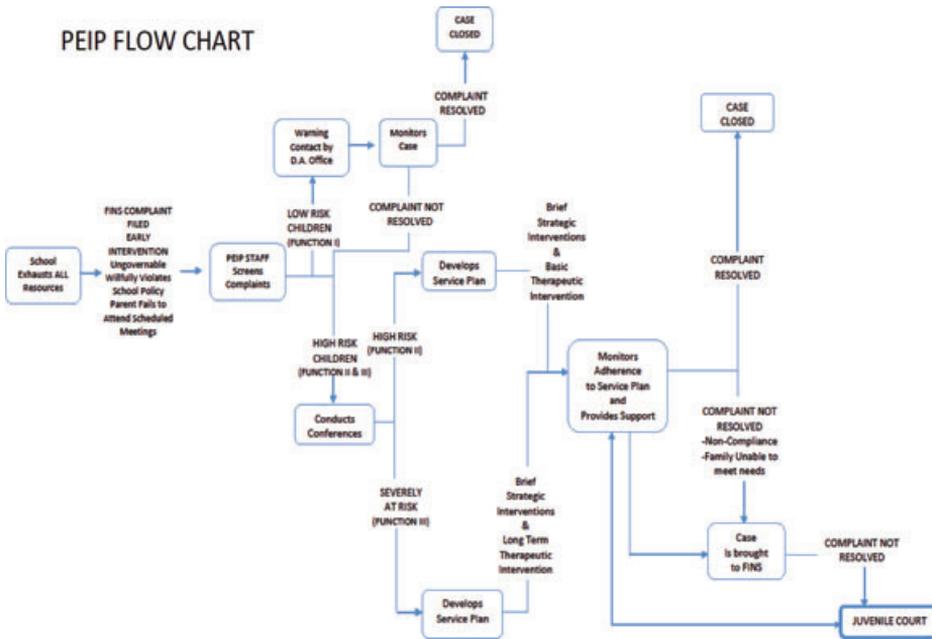
The Prosecutor’s Early Intervention Program

The Family Service Division of the District Attorney’s Office in Louisiana’s 16th Judicial District developed the Prosecutor’s Early Intervention Program (PEIP) to address the behavioral problems of children in prekindergarten through the sixth grade. The design of the PEIP was informed by research into effective early intervention programming, with a strong emphasis on using “best practices.” The PEIP also was informed by research into the onset and development of serious problem behavior in young children. As such, PEIP administrators sought to produce a program backed by a strong reliance on prior research. A pilot test of the program occurred in September 2000. PEIP was subsequently expanded to all grade schools (Pre-K–6) in the judicial district in August 2002. Figure 1 provides a pictorial description of the PEIP program and its important programmatic decision points.

According to Lipsey, Howell, Kelly, Chapman, and Carver (2010: 24), a large body of research reveals that effective programs improve youth behavior by “facilitating personal development through improved skills, relationships, insight and the like,” and that programs that offer counseling and skill building, and that offer multiple services to at-risk families are associated with better youth outcomes. Consistent with Lipsey et al.’s (2010) conclusions,

FIGURE 1

Flowchart of the Prosecutor’s Early Intervention Program



development of the PEIP program focused on three treatment components geared toward the personal development of referred youth: case management and the coordination of multiple services, individual and group counseling, and targeted wraparound interventions. Through collaborative agreements with a variety of community organizations, youth referred to PEIP were provided access to a range of community-based services.

Increasingly, analysts are recognizing that effective programs require active supervision and management of treatment specialists and providers. Active monitoring and supervision helps to make certain that staff actually delivers appropriate services and that rules and regulations established by the program are followed. Step-by-step processes and procedures were put in place to guide staff in all phases of the PEIP intervention processes, including receiving referrals, screening for level of risk, determining level of program involvement, assessing the youth and family, conducting a conference, developing informal family service plans, monitoring and support of youth and families, referring cases to Families In Need of Services (FINS) and/court (if needed), as well as revising plans and case closure. Accountability systems also were developed to ensure that staff follows established protocols and procedures.

To monitor fidelity to the PEIP process, process elements were reviewed by PEIP counselors, who served as supervisors for “teams” of two to three case managers. Counselors/supervisors were required to sit in on at least one Informal Family Service Plan Conference per month with each case manager on his or her team and were required to meet monthly with each case manager to process cases, review charts, and discuss case manager performance. Forms were developed to help institutionalize adherence to program fidelity, and detailed program manuals were created.

Program administrators also provided feedback to team leaders and case managers through a report generated monthly by case managers. Reports provided information to supervisors and case managers concerning the performance of children in their case loads. This information, for example, included the percentage of children showing improvements in grades or who had shown improvements in behavior. The report also provided staff with the following information in each case manager’s caseload: the percentage of youth sent to court, the percentage of services referred that were received, the average number of schools days missed, and the number of monitoring contacts made on behalf of all youth.

Two criteria were used to establish eligibility for PEIP. First, a violation of the FINS statute had to be documented. FINS statutes provide the state, through the juvenile court, the legal ability to intervene in the life of a child under specific situations. Such situations may include when a child repeatedly violates school rules, when a child is ungovernable, when a parent or guardian repeatedly fails to attend school meetings, or when a parent contributes directly to the child’s problem. In the PEIP process, a FINS complaint triggered an assessment of child and family dynamics. The assessment was then used to direct specific services to the family.

Second, schools could nominate children for entrance into PEIP. However, to avoid schools nominating children unnecessarily, they had to document that efforts had been made to remedy the child’s behavior and had failed. They had, for example, to document multiple instances of child misbehavior, various attempts to address the misbehavior, and instances of parental negligence or parental refusal or failure to attend school requested meetings about the child. Case managers employed by the District Attorney’s Office in Louisiana’s 16th Judicial District and housed at the schools screened the cases referred from school officials to determine whether the child met the statutory requirements for admission into PEIP. If so, the case manager assessed the child’s level of risk using the Complaint Assessment form and the Classroom Behavior Inventory (CBI; information on these assessments can be found in the Methods section). Children were assessed through a system developed by the Louisiana State University Office of Social Service Research and Development. A child was classified as high risk if on the CBI he or she revealed a pattern of responses consistent with a pattern of pervasive problem behaviors. Other risk factors leading to the classification of the child as high risk included a history of grade failure, a history of truancy, or whether the teacher was aware of known family problems—such

as domestic violence, child abuse, parental neglect, or parental mental health problems. A child with any one of the above-mentioned risk factors was classified as high risk.

The outcome of the risk assessment determined the level of program involvement. Prior research has shown that low-risk youth are best served through the least intrusive interventions, and that intensive interventions should be reserved for high-risk families (Lipsey and Wilson, 1998). A child assessed as low risk for future problems had a letter sent to the parent(s) on district attorney letterhead asking the parent to contact the school regarding a problem with their child. The case manager monitored low-risk cases to determine whether the parent was able to resolve the problem without further intervention. If the parent was able to resolve the problem, the case was closed and no other interventions were employed. If the parent was unable to resolve the problem, the child's risk was upgraded.

The parent was sent a letter scheduling an Informal Family Conference if the child was assessed as high risk. The conference was held at school with the principal, the case manager, the parent(s), and the child (when appropriate). The purpose of the conference was threefold:

1. To discuss the behavioral or school performance problems the child was experiencing as well as related family issues
2. To identify potential solutions and services that would address these problems
3. To link the child and his or her family to these services

The information collected during the conference was used to develop a contract, referred to as the Informal Family Service Plan (Service Plan).

The Service Plan was an agreement among the parent(s), school officials, and the case manager and was signed by all parties. It outlined and authorized specific services offered by various public and private service agencies and the school that would address the current situation. Case managers had access to information contained in the CBI, all school records, and a survey completed by the parent or guardian that assessed, among other things, parenting styles, parental mental health, and prior parental criminal behavior. They then used a matrix of services developed by the program to guide case managers in selecting specific targeted interventions that matched the child's risks and needs. Specific goals for the youth, the youth's guardians, school staff, and service providers were listed and agreed to and became part of the accountability structure built into the Informal Family Service Plan.

Depending on the needs of the child and the family, referrals to services were made by the PIEP case manager. Programs provided by the Family Service Division in partnership with other agencies included *Parenting Wisely* (Kacir and Gordon, 1997), *Strengthening Families Program* (Kumpfer, 1982), *Incredible Years Training Series*, *Student Created Aggression Replacement Education* (SCARE; Hermann and McWhirter, 2001), *Mentoring Moms*, in-home counseling, tutoring, and psychological evaluations. Many of these programs had evidence of their effectiveness with high-risk youth. In addition, youth and families also

were referred to additional community-based services dependent on their identified needs. For example, families were linked to available charities, to housing assistance programs, or to transportation services. Children needing counseling services were referred to the Family Service Division counselors, who were school based and conducted individual and group sessions for youth participating in PEIP. All Family Service Division counselors were licensed, certified, or supervised by a licensed supervisor. Counselors worked with classroom teachers and parents to develop strategies to help children resolve problems. They had the flexibility to work with parents at the school or in the home as needed. Counselors also conducted maintenance sessions with children who met their goals but needed added support.

If the family was compliant, the case manager monitored the case until the presenting problems had been resolved or until 90 *school days* (approximately 6 months) had lapsed. At that point, teachers completed the CBI a second time, serving as a posttest. CBI pretest and posttest scores were compared. Conduct grades and school performance data also were collected from teachers. If the objectives for the child had been achieved, the case manager closed the case. Based on the families' changing needs or circumstances, the case manager could modify the Service Plan to include additional service referrals. At the end of the 90 school days, the case manager was required to close the case, except under rare circumstances.

If the original complaint were not resolved through the PIEP process and the behavioral problem persisted, then a referral to the FINS committee, a committee comprising personnel from the school system, the LA Office of Behavioral Health, and the LA Department of Child and Family Services, occurred. The FINS committee gave prosecutors' early intervention cases top priority. If a case were referred to FINS, the case manager had the opportunity to present the original FINS complaint to the FINS chairman prior to the hearing and to make recommendations to the committee during the hearing. The FINS committee also worked with the PEIP staff when more intensive or prolonged services for a child were required. As a last resort, the District Attorney's Office in Louisiana's 16th Judicial District petitioned the juvenile court requesting judicial involvement. The court could order children and families to attend classes or to receive services appropriate to the complaint. Juvenile judges also could levy sanctions against parents or guardians if they continued to fail to comply with state law. Case managers could testify at the sentencing phase, if needed.

The evaluation of the PEIP program sought to answer three broad questions: First, did the PEIP reduce the targeted behavioral and academic problems of young children? The stated aims of the PEIP were highly focused—that is, to reduce or eliminate the problems responsible for the initial referral. Second, did the obvious involvement of the District Attorney's Office in Louisiana's 16th Judicial District facilitate the successful closure of cases above the involvement in programming alone? Finally, did the PEIP produce additional benefits outside of its stated aims? Did the PEIP, for example, also reduce oppositional behavior or reduce impulsive behavior?

Methods

Subjects

A total of 639 students in prekindergarten through sixth grade from 64 schools in five parishes in southern Louisiana participated in the evaluation. Sixty-eight percent of the sample was Black, and 72% was male. The mean age of participants was 8.5 years. The median per capita income for the participating parishes ranged from \$13,399 to \$16,051 in 2007 as compared with the median per capita income of \$21,587 in the United States for the same year (U.S. Census Bureau, 2009).

Evaluation Design

The effect of the program in general and the specific effect of the involvement of the District Attorney's Office in Louisiana's 16th Judicial District were evaluated with the following quasi-experimental design involving three groups of children. One of the key features of this study involved the randomization of children in schools within this district into one of two groups. Using a random-number generator, children were randomly sorted into the PEIP group or were sorted into the Early Intervention Program (EIP) group. Moreover, to help reduce biases associated with personnel working with the parents and youth, case managers also were randomly sorted into the two groups. The intervention groups participating in the evaluation are described as follows.

The first group was composed of those receiving the full intervention, including the obvious involvement of the District Attorney's Office. This group, called the PEIP group, received all of the services discussed; however, the involvement of the District Attorney's Office was made obvious to children and their guardians. Letters to parents, for example, were sent on the district attorney's letterhead, case managers wore badges identifying them as employees of the District Attorney's Office, and it was made clear in conferences that legal consequences were possible if the original complaint was not resolved. Case managers also could make an unlimited number of attempts to contact the family regarding behaviors associated with the complaint and with compliance to the Service Plan, including home visits. This group was composed of 240 children.

The second group was composed of those receiving the EIP without the obvious involvement of the District Attorney's Office in Louisiana's 16th Judicial District. This group, called the EIP group, received the same services as the PEIP group. However, letters to parents were sent on School Services Program letterhead, case managers wore badges identifying them as employees of the School Services Program, and there was no discussion of potential legal consequences. Case managers in this group were not allowed to contact parents more than three times in cases where the parents failed to show to a scheduled meeting, as the activities of the case managers in this group were designed to mimic case management activities typically associated with preexisting school and community-based programs where participation of clients, although encouraged, was totally voluntary.

Managers also were not allowed to make home visits to request the participation of the parents. This group contained 217 children.

The final group of children came from schools not yet offering the program and was drawn from two parishes outside the 16th Judicial District. These children served as a control group. This group received no special services, nor took part in discussions of potential legal consequences. Subjects were assessed using the instruments used to assess PEIP families. To be in the control group, children had to meet the same criteria as PEIP children—that is, a formal FINS complaint had to be lodged and the school had to provide evidence that it tried repeatedly to remedy the situation but was unsuccessful. Teachers and school officials completed the same forms as those used in the other two groups. This group contained 182 children.

Measures

First, school personnel in all three groups completed the Complaint Form for students who exhibited behavioral problems or school performance problems. Information was provided on whether the child was in special education, the types of disciplinary actions already taken, the number and types of contacts with the family to resolve the problem, the conduct and core subject grades, and the number of absences. Additionally, the school reported if the child was willfully and repeatedly violating lawful school rules, was ungovernable, and whether the caretaker had failed to attend meetings with school personnel to discuss the child's repeated violation of school rules or other serious educational issues. We used items from the Complaint Form, namely, the number of excused and unexcused absences and teacher-reported conduct grades, as outcomes because service plans almost always used these items as benchmarks to determine child behavioral progress.

Second, the CBI was a modified assessment form developed by the Office of Social Service Research and Development/School of Social Work/Louisiana State University for use in Louisiana's Truancy Assessment Center. The modified version used by PEIP included a list of 57 problem behaviors. Using the CBI, the teacher estimated the frequency with which each problem behavior occurred. The psychometric properties of the CBI were evaluated through factor analyses. By using the results of the factor analyses, we created a series of scales that measured the various aspects of child school and social behavior, including oppositional behavior, violent behavior, callous/unemotional behavior, and developmental problems. Scale items and properties are displayed in the Appendix.

Third, at the closure of a case, typically 60–90 school days (approximately 6 months) after the case was referred, the case manager assigned to the student completed a Closure Form. This form required the case manager to collect information from teachers on the conduct of the child. Information also was collected from the school on the number of excused and unexcused absences of the child, and on the number of in-school and out-of-school suspensions of the child. Again, this form was completed in all three groups.

In the control group, case managers completed the Closure Form during the time period corresponding to the average closure time for similar cases in the PEIP and EIP groups.

Determining Success or Failure

We note that the procedures for closing cases and for determining “success” were identical across the EIP and PEIP groups. First, teachers had to note improvements in the original problem that caused the referral. Second, the student had to show measured improvements from Time 1 to Time 2 in teacher-assessed conduct, in their school performance, and in their attendance. If the child met these standards, the case manager, with the approval of a supervisor, closed the case and labeled it as a success. If not, the case was categorized as unsuccessful.

We applied the same objective standards post hoc to control group children. However, we first “matched” control group children to intervention children based on their initial risk classification and on their initial FINS complaint. Average times in the PEIP program were calculated based on prior year data so that control group children would be comparable with intervention children in their length of time in the study. After matching, we labeled control group children as “successful” or as “unsuccessful” based on the same objective criteria used to determine success or failure in the PEIP and EIP groups.

Plan for Analysis

Our central aim was to assess the degree of behavioral change in children from Time 1, when children were first placed in the PEIP, to Time 2 when their cases were closed, for a series of dependent variables. We followed the lead of Pogarsky, Piquero, and Paternoster (2004) by creating residual change scores (RCS). For each dependent variable, we estimated an ordinary least-squares regression equation

$$Y_i = \alpha_i + \beta_i X_i \quad (1)$$

where Y_i equals the child’s score on the Time 2 dependent variable and X_i equals the child’s score on the same Time 1 dependent variable. By using the parameter estimates from Equation 1, we calculated the predicted values for Y_i and subtracted the predicted values from the actual values of Y_i for each dependent variable. The equation for the RCS thus becomes

$$\text{RCS}_{ij} = Y_{ij} - (\text{Pred})Y_{ij} \quad (2)$$

The RCS allows us to estimate the degree of behavioral change from Time 1 to Time 2 that is not attributable to levels of the Time 1 dependent measure. Each equation also contained controls for race, sex, and age. In subsequent analyses, we calculated an RCS for each dependent measure for our two contrast groups. The first contrast group contained the control group and EIP group. The second contained the control group and the PEIP group. This strategy allowed us to examine the consistency of the results between the EIP

TABLE 1

Sample Descriptive Data with *F*Test

Variables	Sample				FTest	Significance
	Total	Control	EIP	PEIP		
Age	8.5	8.7	8.4	8.5	0.82	0.443
Sex (1 = male)	0.72	0.70	0.79	0.80	0.32	0.729
Grade level	3.39	3.4	3.5	3.5	0.32	0.726
Race (1 = Black)	0.68	0.59	0.69	0.76	5.50*	0.004
Risk level	1.98	1.93	2.00	2.00	2.50	0.080

* $p < .05$.

and PEIP groups and allowed us to assess whether the slopes varied significantly across the EIP and PEIP groups.

Our final analyses involved analysis of variance (ANOVA) tests with Tukey's honestly significant difference (HSD) post hoc analyses of indicators used to label officially a case as "successful" or "unsuccessful." Whereas the RCS equations assessed the degree of change in certain measured constructs associated with program participation, our final tests focused solely on whether program participation was associated with "successful" or "unsuccessful" case termination.

Results

Group Differences

Descriptive data are presented in Table 1. The results show no significant differences among the groups in age, sex, risk level, or grade level. A significant difference in race across the three groups was detected with Blacks more likely to be in the EIP (69%) and PEIP groups (76%) than in the control group (59%). This difference is likely a result of demographic differences among the student populations from which the control and two intervention groups were drawn. Race, moreover, was not significantly related to risk scores. The three groups also were analyzed extensively for other pre-test differences. ANOVA results revealed significant between-group differences in pre-test levels of unexcused absences ($F = 5.47, p < .001$), and in pretest levels of in-school ($F = 23.86, p < .001$) and out-of-schools suspensions ($F = 17.39, p < .001$). In each case, the averages were significantly *higher* in the control group than in the two intervention groups. No other significant pretest differences were detected, nor were any pretest differences detected between the EIP and PEIP groups highlighting the efficiency of random assignment. Outside of the already noted differences, numerous comparisons across a variety of measures revealed substantial similarity among the groups.

Case workers were allowed to override the results of the random assignment to the EIP group if, in their professional judgment, the risk presented by the child or parents warranted

TABLE 2

Overall Program Effects on Child Outcomes (PEIP and EIP Groups Combined)

Outcome Variable	b/B	R ²	n
School absences	-3.67/-0.19* (0.779)	0.05	608
School suspensions	-1.07/-0.18* (0.236)	0.07	609
Conduct grades	0.517/0.16* (0.175)	0.04	320
Oppositional behavior	-3.28/-0.08* (1.760)	0.03	402
Violent behavior	-0.345/-0.02 (0.770)	0.03	586
Callous/unemotional	-1.88/-0.08* (0.925)	0.03	585
Developmental	-2.77/-0.15* (0.104)	0.06	354
Composite	-10.52/-0.08* (5.240)	0.04	570

Notes. Standard errors are presented in parentheses. All analyses control for race, sex, and age. * $p < .05$, one-tailed.

placement into the PEIP group. Overrides were reviewed and approved by supervisory staff. Only 11 cases were subject to overrides. For comparative purposes, we placed those 11 cases in the EIP group and considered them as an “intention to treat.” With the 11 cases placed in the EIP group, no significant differences were detected between the EIP and PEIP groups in levels of risk. Moreover, whether the 11 cases were included in the EIP or PEIP group had no substantive effect on the statistical outcomes associated with the program.

Overall, 4.5% of the parents in the EIP group refused services ($n = 11$) whereas 13% of the parents in the PEIP group refused services ($n = 28$). Consequently, because of their refusal, PEIP group parents could have had their case moved to a FINS committee or they could have had their case heard in juvenile court. Only 7% of parents had their cases brought before a FINS committee, and only 3% were brought before a juvenile court judge. Cases subjected to override were significantly more likely to be sent to court (chi-square = 6.6, $p < .01$). Override status did not affect referrals to FINS. Parents in the EIP group were not subject to these arrangements. Cases in which parents refused services or were recalcitrant were simply labeled as “unsuccessful.”

Program Effects

The overall results of the RCS analyses are shown in Table 2. Across seven of the eight outcome measures, participation in the program was associated with significant reductions in problem behaviors or with significant increases in positive behaviors. Participation in the program significantly reduced school absences, school suspensions, oppositional behavior, callous-unemotional behavior, and developmental problems, and it was associated with net overall reductions in problem behavior. Participation in the program also was significantly and positively associated with school conduct grade. The only outcome not associated with program participation was violent behavior. This measure tapped into bullying, hitting teachers, and other forms of highly antisocial conduct. Nonetheless, it seems that the

program participation was associated with a range of improvements in child, school and social functioning.

In Table 3, we present the results of the comparisons made between the EIP and the control group, and between the PEIP and the control group. Recall that the only difference between the two groups was the obvious involvement of the District Attorney's Office in Louisiana's 16th Judicial District. We first examined program effects on school absences, which reflected a combination of excused and unexcused absences. The results reveal that program participation was associated with significant reductions in school absences for the EIP ($\beta = -0.16$) and PEIP groups ($\beta = -0.23$). The same pattern held for the measure of school suspensions. EIP ($\beta = -0.26$) and PEIP ($\beta = -0.15$) children experienced significant reductions in school suspensions compared with the control group. A slightly different pattern emerged, however, for the measure of school conduct grades. Teachers assigned each student a conduct grade, ranging from 0 = "F" to 5 = "A." Participation in the EIP was not statistically associated with changes in conduct grades. However, participation in the PEIP was associated with significant increases in teacher-evaluated conduct ($\beta = 0.28$).

EIP participation also was associated with significant reductions in oppositional behavior in children ($\beta = -0.10$) but was not in the PEIP program ($\beta = -0.07$). Similar to the results presented in Table 2, violent behavior was not significantly reduced in either group. Significant reductions, however, were found in callous-unemotional behaviors ($\beta = -0.14$) but only for the EIP group. Finally, developmental problems were significantly improved only in the PEIP group ($\beta = -0.14$), whereas overall reductions in problem behavior were associated only with the EIP group ($\beta = -0.13$).

To remind the reader, program policy allowed EIP and PEIP group cases to be classified as a "success" if they met strict, objective criteria. Teachers, for example, had to agree that the problems that generated the original complaint had been remedied, and students had to show improvements from Time 1 to Time 2 in conduct, school performance, and attendance. Again, the same objective standards were applied post hoc to control group children. We conducted a series of ANOVA tests with associated Tukey's HSD contrasts on outcomes associated with successful case closure.

The results, shown graphically in Figure 2, reveal the existence of several significant mean differences among the control, EIP, and PEIP groups in the proportion of youth who met the criteria for success. Significant *F* tests were detected for all outcome variables except unexcused absences. Where overall mean differences were significant, Tukey's HSD provided appropriate contrasts among each of the groups. The results are revealing. First, children in the EIP group were significantly more likely to be classified as "successful" than controls on assessments of improvement in excused absences, in in-school suspensions, in academic grades, and in teacher-assessed conduct. Contrasts between the control group and the PEIP group revealed substantial congruency in the pattern of results. Children in the PEIP group also were significantly more likely to be classified as successful in out-of-school suspensions and on meeting cumulative outcome criteria.

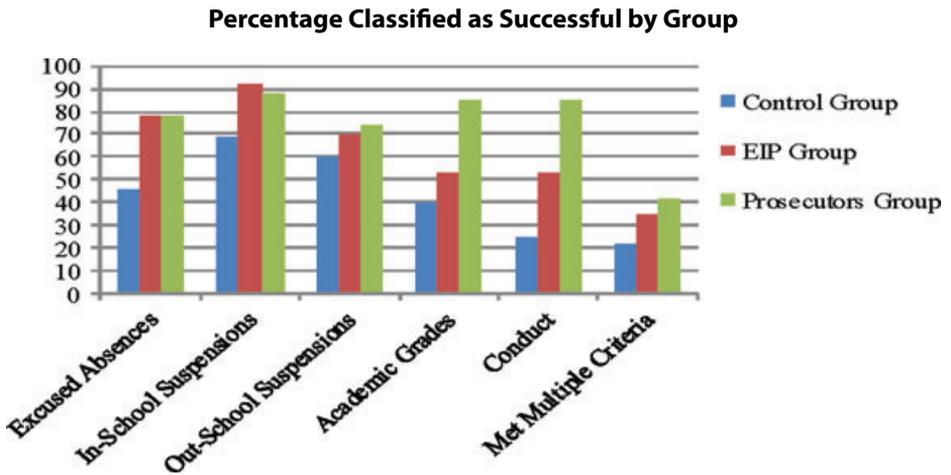
T A B L E 3

Program Effectiveness by Intervention Group Compared with Controls

Intervention	Dependent Variables														
	Absences			Suspensions			Conduct Grade			Oppositional					
	EIP b/β	PEIP b/β	EIP b/β	PEIP b/β	EIP b/β	PEIP b/β	EIP b/β	PEIP b/β	EIP b/β	PEIP b/β	EIP b/β	PEIP b/β			
Intervention	-3.05/-0.16*	-4.08/-0.23*	-1.28/-0.26*	-0.910/-0.15*	0.255/0.10	0.744/0.28*	-3.73/-0.10*	-2.70/-0.07	(0.963)	(0.883)	(0.245)	(0.30)	(0.185)	(1.91)	(1.94)
R ²	0.05	0.07	0.12	0.07	0.04	0.10	0.04	0.03						0.04	0.03
n	370	396	370	397	181	190	360	385	Dependent Variables						
	Violent			Callous/Unemotional			Developmental			Composite					
	EIP b/β	PEIP b/β	EIP b/β	PEIP b/β	EIP b/β	PEIP b/β	EIP b/β	PEIP b/β	EIP b/β	PEIP b/β	EIP b/β	PEIP b/β			
Intervention	-0.95/-0.06	0.200/0.01	-2.50/-0.14*	-1.29/-0.06	-0.373/-0.06	-0.275/-0.14*	-13.64/-0.13*	-7.70/-0.07	(0.793)	(0.868)	(0.964)	(1.05)	(5.77)	(5.93)	
R ²	0.04	0.05	0.05	0.03	0.07	0.06	0.05	0.04							
n	359	387	358	387	347	349	347	380	Dependent Variables						

Notes. Standard errors are presented in parentheses. All equations control for race, sex, and age. * $p < .05$, one-tailed.

FIGURE 2



Conclusions and Discussion

Intervention efforts targeted at young children have traditionally operated outside the domain of the juvenile justice system. Although the reasons are varied, the involvement of the juvenile justice system has likely been limited because many early predictors of later problem behaviors involve no serious harm to others, no significant loss of property, and are committed by children younger than 12 years of age. It may be time, however, to reconsider this arrangement. We offer four reasons. First, a wealth of studies find that relatively minor problem behaviors, when demonstrated at an early age, predict a variety of problem behaviors later in life, including adult mental health problems (Gregory et al., 2007; Koenen, Moffitt, Poulton, Martin, and Caspi, 2007), criminal behavior (Petrosino, Farrington, and Sherman, 2003; Tremblay et al., 2004), and drug-use and unemployment (Brook and Newcomb, 1995). Second, early intervention programs have been found to reduce a range of problem behaviors in childhood (Farrington and Welsh, 2007; Piquero, Farrington, Welsh, Tremblay, and Jennings, 2009; Piquero, Jennings, and Farrington, 2010). Although these efforts have been varied, successful programs have adhered to a “what works” agenda—that is, they target high-risk youth and families, they address criminogenic needs, they are sensitive to differences between children and families, and they employ cognitive-behavioral approaches (Farrington, 2005; Farrington and Welsh, 2007; Lipsey and Wilson, 1998).

Third, efforts to intervene early in the life course of at-risk children enjoy widespread public and political support (Cullen et al., 1998; Piquero, Cullen, Unnever, Piquero, and Gordon, 2010) and have been shown to be relatively cost effective when compared against the costs of incarceration (Greenwood, Model, Rydell, and Chiesa, 1998). Finally, many parents of at-risk children are themselves antisocial or, at a minimum, unresponsive to the

needs of their children (Farrington, 2005). Schools and voluntary social service agencies typically do not have the “leverage” necessary to compel such parents to address the specific needs of their youth. A juvenile-justice–sponsored approach may provide the leverage necessary to coax parental responsiveness.

The PEIP of the 16th Judicial District in Louisiana represents an effort, spearheaded by officers in the juvenile justice system, to build a research-backed intervention program targeting at-risk children. The program infused much of what is known about screening for risk, about effectively intervening in the lives of at-risk youth and their families, and about program management, including continual feedback and adherence to programmatic aims. The program, moreover, applied uniform criteria to determine whether the child and family were successful. The results of this evaluation indicate that the efforts of the 16th Judicial District were measurably positive. Overall, children who participated in the program did significantly better than controls on all but one outcome—that is, a measure of violent behavior.

A unique aspect of the research design allowed us to test whether the obvious involvement of the District Attorney’s Office in Louisiana’s 16th Judicial District had any effect on child behavior, or whether the intervention components were primarily associated with child outcomes. We interpret the pattern of results as congruent with the idea that the interventions efforts, and not necessarily the obvious involvement of the District Attorney’s Office, were primarily responsible for the behavior changes we detected. Children in the EIP group, those who received the services with no obvious involvement of the prosecutor’s office and no discussion about legal consequences for failure to comply, scored significantly better than children in the control group on a range of outcome measures, including assessments of school attendance and school behavior. When a uniform assessment of “success” was employed, EIP group children were significantly more likely to have been classified as “successful.” The pattern of results associated with the PEIP groups was less clear. PEIP participants enjoyed significantly better teacher-assessed school conduct grades, demonstrated significantly less developmental problems over time, and were significantly more likely than the control or EIP group to be classified as a “success.”

We draw two conclusions from these findings. First, children who participated in the program sponsored by the District Attorney’s Office in Louisiana’s 16th Judicial District witnessed significant improvement in school and social functioning—at least over the short term. Thus, early intervention programs housed in and hosted by the juvenile justice system seem more than capable of addressing the immediate behavior problems of young children. In an effort to extend the length of follow-up and to assess whether program participation reduced future recidivism, we were able to obtain data on juveniles who had been in the district attorney’s program and who had been processed 3 to 4 years later by the juvenile justice system. Data were only available for the EIP and PEIP groups as data on the control group were not accessible. A total of 40 youth had gone on to be adjudicated by the local juvenile justice system. Eighteen had participated in the EIP

group and 22 in the PEIP group. To date, the proportion of youth who had entered the juvenile justice system was 8.5% for the EIP group and 8.9% for the PEIP group. The difference is not statistically significant. Although the proportions are likely to increase over time, it seems that the obvious involvement of the District Attorney's Office did not result in any longer term net-widening. The evidence thus indicates that programs targeting very early problem behaviors can successfully be housed and hosted by juvenile justice authorities.

Second, the obvious involvement of the District Attorney's Office in Louisiana's 16th Judicial District was associated with some positive outcomes, but the evidence of a widespread additional deterrent or treatment effect is limited. For methodological reasons, we conducted an intent-to-treat analysis and retained 11 cases in the EIP group in which case managers had approved professional overrides for into the PEIP group. Although statistically and methodologically more efficient, the reality on the ground was that the PEIP group contained children and families that were at higher risk of behavioral problems. Even so, PEIP youth were more likely to be classified as "successful" than either the EIP or the control group. Caution should be exercised before reaching any firm conclusion about the obvious role of a district attorney's office in changing child behavioral problems beyond what is offered through clinical and service interventions. Even so, we believe it prudent to note that structured observations of PEIP client interactions highlighted the frequent difficulties PEIP personnel had in soliciting even limited compliance of some parents. The district attorney's involvement does not seem to be the operative mechanism that facilitates behavioral change in children, but it did, in some limited situations, compel parents and guardians to address the behavioral problems of their child.

Policy Implications

The results of this study provide empirical support for the EIP of the 16th Judicial District. As Farrington and Welsh (2007) noted, several programs have been found to reduce problem behavior effectively in young children and that more programs are needed for children younger than 12 years of age. Even so, early intervention programs are no panacea for the problems of young children. Because these programs target very young children and their parents for intervention, they may require substantial financial and human capital resources. Moreover, early intervention programs may have to meet very high levels of program integrity to be effective. The early intervention program of the 16th Judicial District strongly adhered to the principles of effective intervention, to effective risk assessment, to the matching of clients to specific interventions, and to constant evaluation of child behavior. Supervisory staff reviewed intake information as well as service plans to ensure that case managers had developed plans that would address identified risks/needs. Supervisory staff was in constant contact with case managers and provided detailed feedback and guidance to them across the length of the study. It thus remains to be seen whether this program can be replicated across sights with the same level of program integrity.

Relatedly, relatively neutral labels such as “moderate risk” or “high risk” do not adequately capture the level of functioning and motivation presented by many of the intervention parents and children. Program participants, with several exceptions, were frequently of limited intellectual functioning, frequently lacked the motivation to change, and frequently experienced severe and prolonged social, economic, and personal problems. Motivating these parents and their children to address sometimes basic social expectations, such as arriving at school clean or meeting with case managers on time, was a considerable challenge. Moreover, although difficult to quantify, a large minority of parents were at least initially openly hostile to intervention efforts of any kind. We mention these observations not to stigmatize EIP and PEIP recipients but to convey to the reader the scope and depth of the problems case managers had to overcome. For their part, case managers seemed highly motivated and frequently went beyond what the program required to assist program participants. They met children at their homes, during school hours, on playgrounds, and at places frequented by the child. They also implemented unique problem-solving strategies as many parents were intellectually limited. For instance, several parents could not, for a variety of reasons, administer correct doses of medication to their children at correct time intervals. Therefore, sometimes children did not take their medication for days or weeks. Case managers purchased simple alarm clocks to tell parents when to give their child necessary medication, and they created simple dispensers so that parents would know which medication to give their child. Through their best efforts that sometimes involved motivational interviewing, cajoling, and even teaching basic skills to parents, case managers seem to have made at least a temporary impact on the functioning of young children.

A growing chorus of voices calls for early intervention programs to be given greater priority in anticrime efforts (Farrington and Welsh, 2007). Although we believe that research to date shows that early intervention programs can reduce problem behavior in young children, we also believe that we should proceed with caution. Juvenile justice policy is littered with intervention efforts that ultimately failed. As we discussed, it would be a mistake to underestimate the degree and scope of problems presented by young children and their parents/guardians. Early intervention is not a panacea, and it likely requires strong program implementation and substantial program integrity. Moreover, although the results of this study are encouraging, the field should examine the proper role of the juvenile justice system in early intervention programs, especially those involving children younger than 12 years of age. We caution against accepting the simplistic notion that having a district attorney’s office involved in intervention efforts will automatically affect the behavior of young children and their parents for the better.

At least two possible arguments, however, favor the involvement of the juvenile justice system in early intervention efforts. The first is the legal and psychological leverage associated with “official” justice system interventions in the life of a child. Many families in the program were accustomed to traditional social welfare rules and methods of operation. They were not accustomed, however, to having the weight of the legal system accompany efforts of case

managers to intervene. Passive or active resistance to authority is a hallmark characteristic of parents of juvenile delinquents (Sherman, 1993). To thwart this resistance effectively, the “strong arm of the law” may be required. Second, the involvement of the District Attorney’s Office in Louisiana’s 16th Judicial District extended the range of intervention efforts. Parents, for example, who were petitioned to court through the PEIP were frequently assisted by the court through mandated attendance with service providers. Moreover, the court also could extend the receipt of services beyond the time frame established by PEIP guidelines. Contrary to a purely punitive model, the local court functioned to hold parents accountable, and to impress upon them the need to utilize available services in order to address their child’s problems. The FINS Committee functioned in much the same way.

Still, although the evidence indicates that early intervention may effectively reduce school-related problems, including behavioral problems, we believe that substantial debate should occur prior to an expansion of the juvenile justice system into this area. The possibility of “net-widening” should be seriously considered, as the potential exists under an “early intervention” model to increase inadvertently the number of families within the system. Without clear, empirically driven guidelines and a focus on data-informed decision making, any positive effect associated with an intervention may be diluted, or worse, offset by real and unanticipated consequences.

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A P P E N D I X

Scale Statistics		
Measure	Pretest	Posttest
Oppositional Behavior	$\alpha = 0.95$	$\alpha = 0.96$
How many times per week child:	Mean = 52.9	Mean = 46.3
Argues with authorities	SD = 22.5	SD = 22.6
Inappropriate response to correction	$N = 637$	$N = 597$
Throws a tantrum		
Sneaky		
Distorts the truth		
Blames others for own behavior		
Refuses to Listen		
Will not obey commands		
Demands teacher's attention		
Disrupts class		
Talks at inappropriate times		
Annoys others		
Invades others space		
Others complain about student		
Developmental Problems	$\alpha = 0.92$	$\alpha = 0.92$
Harms self intentionally	Mean = 36.4	Mean = 32.0
Sexually acts out	SD = 27.0	SD = 24.0
Inappropriate touching	$N = 638$	$N = 588$
Suspected use-abuse of drugs		
Risky physical behaviors		
Steals		
Sucks thumb		
Urinates		
Defecates		
Falls asleep in class		
Eating problems		
Speech language problems		
Hostile Emotionality	$\alpha = 0.87$	$\alpha = 0.89$
Mean hateful	Mean = 21.2	Mean = 18.3
Seeks revenge	SD = 11.9	SD = 11.0
Lacks empathy	$N = 639$	$N = 597$
Open hostility		
Flat affect		
Lacks joy		
Callous		
Violent Behavior	$\alpha = 0.86$	$\alpha = 0.88$
Violent Behavior	Mean = 15.6	Mean = 13.8

Continued

APPENDIX (Continued)

Measure	Scale Statistics	
	Pretest	Posttest
Hits teacher	SD = 9.9	SD = 9.1
Uses obscene language	N = 639	N = 598
Bullies students		
Hits peers		
Kicks others		
Breaks things		