July 2002

## Preliminary Findings for the Juvenile Rehabilitation Administration's Dialectic Behavior Therapy Program

In response to concerns about mental health problems in its resident juvenile offender population, Washington State's Juvenile Rehabilitation Administration (JRA) initiated a pilot project called Dialectic Behavior Therapy (DBT). DBT was implemented during 1998 and 1999 at Copalis Cottage, a mental health unit within JRA's Echo Glenn Children's Center in eastern King County. By 2000, DBT was fully operational with an on-site DBT consultant and trained cottage staff. The Washington State Institute for Public Policy (Institute) was asked to evaluate the DBT pilot as part of our legislatively directed role to consult with JRA on ways to implement research-proven programs.<sup>1</sup>

What Is DBT? DBT is a comprehensive cognitive-behavioral treatment for individuals with complex and difficult to treat mental disorders. Originally developed by Marsha Linehan at the University of Washington<sup>2</sup> to treat chronically suicidal individuals. DBT has since been adapted for youth who have difficulty regulating their emotions. As a comprehensive treatment, DBT focuses on the following three functions:

- 1) Enhancing a youth's behavioral skills in dealing with difficult situations;
- 2) Motivating the youth to change dysfunctional behaviors; and
- 3) Ensuring the new skills are used in daily institutional life.

DBT includes training and consultation to improve the counselor's skills to treat clients effectively.

How Is DBT Delivered? Although DBT includes individual therapy and group skills training by JRA counselors, it is primarily delivered through daily interactions between the counselor and the youth. First, all residents receive skills training in small groups. The emphasis is on skill acquisition, skill strengthening, and skill generalization, until the youth is capable of using them in daily interactions. Second, DBT's individual therapy focuses on behavioral analysis, skills coaching, cognitive modification, exposure-based procedures, and contingency management to change maladaptive behaviors. DBT's third component teaches families, parole counselors, and caseworkers how to support and reinforce the new skills residents have learned. The final component of DBT is team consultations where cottage staff receive feedback to ensure that they adhere to the DBT framework.

How Much Does DBT Cost? The cost of DBT includes Copalis Cottage's share of the on-site DBT consultant's salary, and the cost of training JRA staff. Approximately 25 youth per year participate in DBT and the average cost per youth is about \$800.

<sup>&</sup>lt;sup>1</sup> ESSB 6387(203)(20), Chapter 371, Laws of 2002.

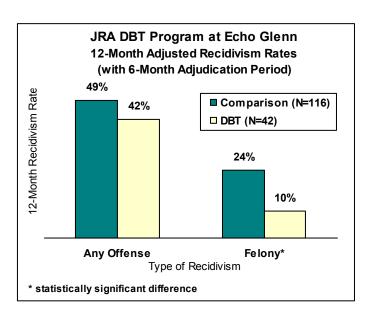
<sup>&</sup>lt;sup>2</sup> Marsha M. Linehan. 1993. Skills Training Manual for Treating Borderline Personality Disorder (New York: Guilford Press).

**The Research Questions**: The two basic research questions for the JRA DBT program evaluation are these: Does the program reduce criminal recidivism and, if it does, do taxpayers save more money (stemming from the reduction in recidivism) than the program's \$800 price tag? That is, is the program a wise use of taxpayer money?

**Evaluation Design**: In this study, the DBT program group consists of youth who stayed in the Copalis Cottage for at least 14 days during 1998 and 1999. To assess whether DBT reduces recidivism, we created a comparison group of all JRA offenders who lived in Copalis Cottage for at least 14 days between 1993 and 1997, prior to the start of the DBT program.

The strength of this research design depends upon the comparability of Copalis Cottage residents before and after the start of DBT. We found that DBT youth are slightly, but significantly younger, higher risk, more likely to be female and white, and have a shorter length of stay in JRA than youth in the comparison group. Fortunately, JRA administrative data contain information to allow multivariate statistical adjustments for these pre-existing differences between the groups. To ensure the results reported here are valid, a subset from the comparison group was created by matching specifically to the DBT group by gender, Initial Security Assessment score,<sup>3</sup> and ethnicity. The matched group more closely resembles the DBT group, but the matching process has the disadvantage of producing a quite small sample size. The multivariate analysis using either the unmatched or the matched comparison group compared with the DBT group produced similar results. This increases confidence in the following results.

**Preliminary Results**: After a 12-month follow-up period, felony recidivism rates for youth who received DBT are lower than the rates of youth from Copalis Cottage before DBT. This result is obtained after statistically adjusting for known differences between the two groups. For example, the chart shows that 10 percent of youth who received DBT were re-convicted for a new felony offense after 12 months, compared with 24 percent for youth in the comparison group. We obtained nearly identical results when we used the matched comparison group, a finding which increases the confidence that these results are not due to sampling error. While these results are preliminary and may change when 18-



month follow-up data become available, they provide an encouraging early look at the results of the DBT program.<sup>4</sup> Most of the reduction in recidivism arises from youth in the Cottage during 1998, rather than 1999; it will be important to follow this program over the next few years to ensure the fully implemented program is effective. The Institute will update these results prior to the 2003 legislative session, along with a cost-benefit analysis of the JRA program.

For more information on the DBT evaluation, contact Robert Barnoski at (360) 586-2744, or email him at: barney@wsipp.wa.gov. For information about DBT, contact Brad Beach of JRA at (425) 831-2500 ext. 2621 or beachbr@dshs.wa.gov.

Document No. 02-07-1203

<sup>&</sup>lt;sup>3</sup> The Initial Security Assessment is a validated predictor of risk for re-offense. See, R. Barnoski. 1998. *Juvenile Rehabilitation Administration Assessments: Validity Review and Recommendations* (Olympia, WA: Washington State Institute for Public Policy) <*www.wsipp.wa.gov/crime/pdf/JRA\_Review.pdf>* 

<sup>&</sup>lt;sup>4</sup> We do not report results here for violent felony recidivism because a longer follow-up period is needed to observe whether there are any meaningful changes in these more infrequent crimes.