Gang & Youth Violence Interventions

A Review of Research and Literature Addressing Evidence-Based and Promising Practices for Gang-Affiliated and Violent Youth in Juvenile Institutions and Detention Centers

October, 2010
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Washington State Department of Social & Health Services
RDA Research & Data Analysis Division

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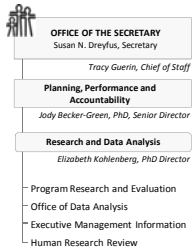

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Title: A Review of Research and Literature Addressing Evidence-Based and Promising Practices for Gang-Affiliated and Violent Youth in Juvenile Institutions and Detention Centers

Abstract: This report reviews current research and literature to determine which evidence-based and promising practices work best for gang-affiliated and violent youth in juvenile institutions and other detention settings, and what factors need to be considered when implementing best practices. It also notes evidence-based practices currently used by Washington's DSHS Juvenile Rehabilitation Administration (JRA), and practices JRA may consider for future implementation.

Keywords: DSHS, Evidence-Based Practices, Gang, Juvenile Offender, Literature Review, Youth

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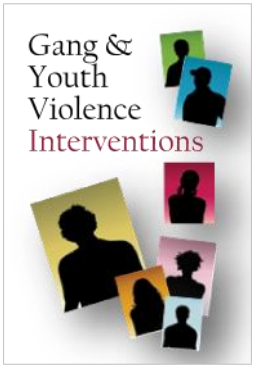


EXECUTIVE SUMMARY

A Review of Research and Literature Addressing Evidence-Based and Promising Practices for Gang-Affiliated and Violent Youth in Juvenile Institutions and Detention Centers

Barbara Whitbeck, MSW, Ph.C.

Youth gangs and ***violent youth*** are a matter of great concern to communities throughout this country and to the individuals and organizations committed to the care and rehabilitation of juveniles involved in criminal activity. There are nearly 800,000 gang members in the United States, and nearly one third of the country's cities, suburbs and rural counties have experienced gang problems (Egley, Howell, & Moore, 2010). According to the Office of National Drug Control Policy Northwest High Intensity Drug Trafficking Area (HIDTA; 2010), there are approximately 300 street gangs and 15,000 gang members in Washington State.

A large percentage of Washington's gang-affiliated and violent youth spend at least some time in Washington's juvenile institutions or county detention centers (or both). The multiple problems and aggressive tendencies of these youth can create safety issues inside residential facilities, and can prevent youth from moving beyond detention to more pro-social and productive lives. For these reasons, Washington's Juvenile Rehabilitation Administration commissioned this report to determine which ***evidence-based practices*** and ***promising practices*** work best for serious juvenile offenders, and what factors need to be considered when implementing best practices.

Evidence-Based Practices

A comprehensive review of current research and literature suggests that the two primary categories of evidence-based practices that positively impact gang-involved and violent youth in the juvenile justice system are ***cognitive behavioral treatment programs*** (including, but not limited to, Aggression Replacement Training, Dialectical Behavior Therapy, and Moral Reconation Therapy) and ***family-focused treatment programs*** (including, but not limited to, Family Integrated Transitions, Functional Family Therapy, and Multisystemic Therapy).

Research has also established the value of certain other programs and practices for serious juvenile offenders, including ***substance abuse treatment programs***, ***mental health treatment programs,*** and ***mentoring programs.*** Sometimes these programs or practices stand alone; in other cases, they are integrated as a component of either a cognitive behavioral treatment program or a family-focused program.

Promising Practices

Current literature also highlights a variety of promising practices for gang-affiliated and violent youth in juvenile justice settings. These practices are not considered evidence-based practices for juvenile offenders either because they have not been rigorously evaluated, or because they have been rigorously evaluated and designated as evidence-based practices for populations other than juvenile offenders.

Promising practices include, but are not limited to, ***multiple service programs***, ***substance abuse treatment programs***, ***mentoring programs***, ***academic and employment programs***, and ***staff training programs***.

Key Factors for Program Success

According to current research and literature, even the best-researched and most highly-regarded practice for juvenile justice settings will fail if certain factors are not present at the program site. These factors are ***accurate needs assessment, culturally competent practices, fidelity in implementation, developmentally appropriate practice,*** and ***focus on reentry***.

Another factor that is often missing from academic discussions of particular practices is ***adequate and consistent funding***. No matter which practice a juvenile justice organization attempts to implement, inadequate or inconsistent funding for staffing, facilities and equipment, and other needed resources will undermine the integrity of the practice and therefore limit the practice's value to the youth it is meant to serve.

Juvenile Rehabilitation Administration: Current Practices

When viewed through the lens of current research and literature, the Juvenile Rehabilitation Administration appears to be on the right path with many of its standard practices, as outlined below:

- The administration's Integrated Treatment Model (ITM) residential treatment component incorporates two evidence-based cognitive-behavioral treatments: Dialectical Behavior Therapy and Aggression Replacement Training.
- The administration's ITM parole treatment component, Functional Family Parole (FFP), is based on Functional Family Therapy (FFT), which is an evidence-based family-focused program for juvenile offenders.
- Family Integrated Transitions (FIT), an evidence-based family-focused program for dually diagnosed youth that was developed and researched in Washington State, is currently operating in the administration's juvenile institutions and as part of its parole process in several Washington counties.
- The JRA Mentoring Program is a promising practice "homegrown" in Washington State. Unfortunately, it has been downsized in recent times due to staff reductions and other budget constraints. At the same time, 100 Black Men of Greater Seattle (another promising practice) is beginning to build a mentoring program in two JRA institutions.
- The administration operates substance abuse treatment programs in 4 institutions and 2 community-based facilities, as part of ITM.
- The Evergreen State College Gateways for Incarcerated Youth program operates high school and college preparatory classes, as well as cultural classes and events, at the administration's Green Hill and Maple Lane Schools. Youth at Green Hill School and Naselle Youth Camp also have opportunities to participate in vocational and pre-vocational training.
- The administration operates a statewide Youth Violence, Gang Prevention and Intervention Service Project (VIP), which funds community-based projects that serve youth involved in violence or gang activity, as well as youth at risk for such involvement. VIP assists youth in

developing protective factors (positive relationships, pro-social environments, appropriate treatment, etc.), and has been successful in implementing three of the Office of Juvenile Justice and Delinquency Prevention Comprehensive Gang Model strategies - community mobilization, opportunities provision, and social intervention.

- The administration provides cultural identity groups, facilitated by both college staff and JRA staff, in its institutions for youth who wish to participate, which is consistent with the recommendation for culturally competent practices.
- The administration has a standardized assessment process in place for youth who enter its facilities, and staff properly trained to complete these assessments, which is consistent with the recommendation for accurate needs assessments.
- The administration has made strong efforts to standardize the implementation of its ITM model, which is consistent with the recommendation for fidelity in implementation.

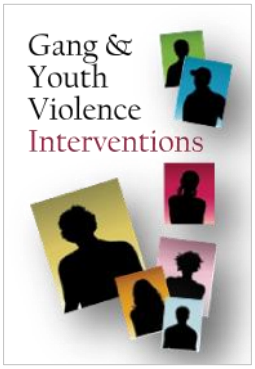
The administration should continue to strengthen and expand each of the best practices it currently follows, with particular attention to the cultural competence and developmental appropriateness of all services provided to offenders.

Juvenile Rehabilitation Administration: Opportunities for Improvement

Current research and literature suggests that the most important step the Juvenile Rehabilitation Administration can take to improve the long-term prospects of the gang-affiliated and violent youth in its facilities is to develop a ***strong focus on reentry.*** This would include development of an individualized reentry plan for each youth as soon as they enter a juvenile institution (or even before), with each plan taking into account the youth's family setting, peers, mental and physical health, education, substance use, employment situation, and personal interests.

With reentry as the clear focus, institutional staff would work with youth, the administration's parole staff, and other community supports (educators, treatment staff, housing and employment counselors, etc.) *throughout youth's confinement* in preparation for their return to the community. Youth would be assigned mentors while still in custody, and the mentors would commit to continue working with youth after their release to the community. Finally, institutional staff would encourage youth's' routine contact with natural supports on the "outside" (such as family members, coaches, pastors, and pro-social friends), particularly when they are preparing to leave the institution.

Taken together, these efforts would support youth in a stronger and more seamless way as they move from confinement back into their communities, and give them the best possible opportunity to build a positive and pro-social lifestyle. This approach would have clear and continuing benefits for youth, their families, and the citizens of Washington State.



INTRODUCTION

A brief description of the report's purpose, content, and organization.

This report was commissioned by the Washington State Department of Social and Health Service's Juvenile Rehabilitation Administration (JRA), and prepared by the Department's Research and Data Analysis Division (RDA). JRA operates 5 juvenile institutions in Washington State – three secure facilities, one youth camp, and one basic training camp - that house juvenile offenders ranging in age from 11 to 20. In addition, it operates 6 community facilities and provides parole services to a portion of the youth released from its institutions.

Many youths in JRA facilities are affiliated with gangs, or have committed violent crimes; some youths have been involved in both gang activity and violence. The administration is interested in understanding which practices work most effectively for these juvenile populations, and what factors should be considered when implementing best practices.

What questions does this report address?

The primary questions addressed in this report are:

- *What evidence-based practices and promising practices work for gang-involved and violent youth in juvenile institutions and detention centers?*
- *When utilizing evidence-based and promising practices in juvenile institutions and detention centers, what key factors promote success?*

How is the report organized?

The report is divided into six sections:

- Part I, *JRA and Juvenile Justice in Washington State*, is a brief overview of JRA's organization and mission, and the Administration's relationship with other branches of Washington State's juvenile justice system (page 7).
- Part II, *Youth Gangs and Violent Offenders*, is a synopsis of juvenile gang activity in the United States and in Washington State. It also profiles violent juvenile offenders, a distinct group of youth who are often difficult for the juvenile justice system to supervise and serve (page 11).
- Part III, *Evidence-Based Practices*, is a review of evidence-based practices that have met with success in juvenile justice systems (page 15).
- Part IV, *Promising Practices*, reviews a number of promising practices for juvenile delinquents that have yet to be scientifically analyzed in juvenile justice settings (page 25).
- Part V, *Key Factors for Program Success*, examines five factors that are vital to the successful implementation of any evidence-based or promising practice with youth in the juvenile justice system (page 33).

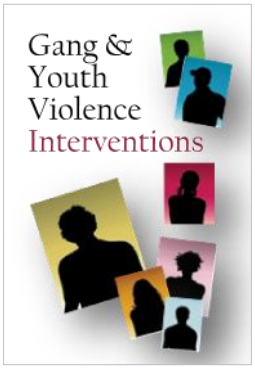
- Part VI, *Discussion and Conclusions*, highlights and summarizes the key findings of the report (page 37).

The report concludes with references, and appendices containing tables and lists that provide further information about the evidence-based and promising practices described in the report.

What is the scope of this report?

This report is a review of programs and practices currently available for *gang-affiliated* and *violent* youth in juvenile residential settings. It does not address the needs of other specific categories of offenders – sex offenders, mentally ill offenders, offenders who abuse drugs or alcohol, etc. – although it is clear that many gang-involved or violent youth may struggle with and need treatment for some of those issues.

Other areas of interest and concern that are beyond the scope of this report are: assessment of the current levels of, or trends in, gang-related violence in Washington State; the management of conflict and violence within juvenile institutions; gang suppression activities outside juvenile institutions, including community-based gang prevention programs; and the variety, and quality, of community-based programs for juvenile offenders (unless incorporated in the discussion of youth reentry in Part V, pages 35-36).



PART I: JRA AND JUVENILE JUSTICE IN WASHINGTON STATE

An overview of JRA's institutions and community facilities, and its relationship to other parts of Washington State's juvenile justice system.

What facilities does JRA operate?

JRA oversees the operation of five institutions:

- ***Green Hill School*** is a medium/maximum security facility that provides older, male offenders academic education and pre-vocational training, including computer technology, light machine fabrication, vehicle maintenance, landscaping, and welding. It also provides offenders in need with chemical dependency and sex offender treatment.
- ***Maple Lane School*** is a medium/maximum security facility that houses older male and female offenders with mental and emotional problems who have convictions for serious or moderately serious crimes. It provides an academic program and on-campus work experience. Like Green Hill School, it has an inpatient chemical dependency program and sex offender treatment.
- ***Echo Glen Children's Center*** is a medium/maximum facility that serves younger males and the majority of female offenders committed to JRA. It provides an academic program, special-needs services (such as mental health and sex offender treatment), inpatient chemical dependency treatment, and programs specifically designed for young women.
- ***Naselle Youth Camp*** is a a medium security setting that serves male and female offenders. It provides an academic program; a forestry work program (in collaboration with the Department of Natural Resources); an agriculture program (in collaboration with the Department of Fisheries and Wildlife); sex offender treatment; chemical dependency treatment; and mental health treatment (in collaboration with the University of Washington).
- ***Camp Outlook*** is a military-style basic training camp for non-violent juvenile offenders who do not have convictions for sexual offenses. More than a traditional boot camp, It provides youth with academic programming and cognitive-behavioral skills training, and also provides them the opportunity to earn release to intensive parole supervision earlier than from a traditional institution.

All five JRA institutions provide youth with comprehensive risk and needs assessments; services using the Integrated Treatment Model (ITM), a research-based treatment approach that utilizes cognitive-behavioral and family therapy principles; academic programs; vocational programs; and health care, including mental health services.

JRA also operates six community facilities:

- ***Canyon View,*** a 16-bed facility in East Wenatchee, is a Division of Alcohol and Substance Abuse-certified recovery house. House staff support youth – who have completed inpatient or outpatient substance abuse treatment – in remaining clean and sober. Youth attend public schools and/or work at jobs in the community.

- ***Oakridge*** is a 16-bed facility in Lakewood. Its primary focus is on supporting and reinforcing youth's use of skills learned while in JRA institutions. Youth attend public high school or vocational training programs, and/or work at jobs in the community.
- ***Parke Creek*** is a 13-bed Division of Alcohol and Substance Abuse-certified inpatient treatment program in Ellensburg that focuses on youth with co-occurring substance abuse and mental health disorders. Youth receive cognitive-behavioral treatment services.
- ***Ridgeview*** is a 15-bed facility for girls in Yakima. It focuses on supporting and reinforcing girls' use of skills learned while in JRA institutions. Ridgeview residents attend public high school or vocational training programs, and/or work at jobs in the community. Ridgeview also serves girls whose parole has been revoked, with the goal of reinforcing their cognitive/behavioral skills and reintegrating them into their communities.
- ***Twin Rivers*** is a 16-bed facility in Richland. It focuses on supporting youth with mental health issues as they transition from institutional care. Youth's school days are evenly divided between Twin Rivers and a local alternative school; special education teachers are on staff in both settings. Opportunities to work in food service and maintenance are also provided.
- ***Woodinville*** is a 16-bed facility in Woodinville. It focuses on supporting and reinforcing youth's' use of skills learned while in JRA institutions. Youth attend public high school and vocational training programs and/or work at regular jobs in the community.

As of September 2, 2010, JRA was housing 637 juvenile offenders in residential settings: 549 in institutions, 81 in state community facilities, 4 in contracted community facilities, and 3 in a short-term transition program in Benton/Franklin Counties. Of these 637 youth, 60.4% were classified as violent offenders, nearly one third had six or more prior offenses, and 92.5% were male. Their racial/ethnic breakdown was 43.5% Caucasian, 19.2 % African-American, 17.4% Hispanic, 3.1% Asian, 3.0% Native American, and 13.5% mixed race or "Other."

What parole services does JRA provide?

In addition to operating the facilities outlined above, JRA offers parole services, known as Functional Family Parole (FFP), to a portion of the youth released from JRA institutions, including youth with convictions for serious violent offenses, sex offenses, and auto theft. Typically, youth and their families receive parole services for 4 to 6 months; certain sex offenders are on parole for up to 36 months.

FFP, which began in 2002, is the basic community component of JRA's Integrated Treatment Model. Its core principle is that family support is critical to preventing youth from re-offending. FFP uses engagement and motivation skills from Functional Family Therapy to assist families to reinforce positive changes made by their youth.

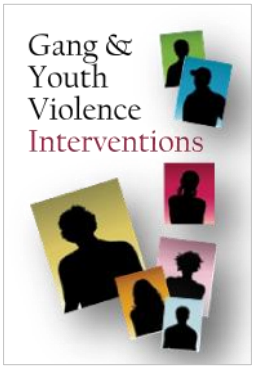
As of September 2, 2010, JRA's six regions were supervising a total of 422 youth on parole.

How does JRA intersect with other parts of Washington State's juvenile justice system?

In Washington State, delinquency services are provided at both the state and local level. JRA operates juvenile commitment and parole programs, as described above. Local courts administer 20 of 21 detention facilities in Washington. (The single exception is in King County, where the King County Department of Adult and Juvenile Detention runs the county's juvenile detention center.)

JRA's Division of Treatment and Intergovernmental Programs (DTIP) works with the county juvenile courts throughout the state. JRA administers Consolidated Juvenile Services (CJS) contracts and partners with the courts to provide evidence-based services to youth who need help but are not subject to commitment to JRA. These services may include diversion, assessment, probation supervision, counseling, drug and alcohol treatment, vocational training, sex offender treatment, and psychiatric and psychological services.

Local courts also administer 36 of 39 probation departments in Washington. (In Whatcom, Clallam, and Skagit counties, the county executive administers probation.) By state statute, first-time offenders with misdemeanor offenses are eligible for diversion, and most diversion programs are operated within probation department diversion units.



PART II: YOUTH GANGS AND VIOLENT JUVENILE OFFENDERS

A description of the prevalence and characteristics of *youth gangs* and *violent youth*, and the best approach to treatment for these two groups.

What is the prevalence of youth gangs in the United States?

There are nearly 800,000 gang members in the U.S.; nearly one third of this country's cities, suburbs and rural counties have experienced gang problems. Between 2002 and 2008, there was a 28% increase in gangs, and an increasing number of gangs in suburban and rural areas. However, between 2007 and 2008, the largest increases in gangs and gang members occurred in cities with populations over 250,000 (Egley, Howell, & Moore, 2010).

Youth gangs members range in age from pre-teens to young adults. National Gang Center statistics (n. d.) indicate that the age of gang members was evenly split between juveniles (those under 18) and adults (those 18 and over) in 1996. In every year since that time, the percentage of juvenile gang members has been less than that of adult gang members; in 2006, the split was approximately one third juvenile gang members to two thirds adult gang members. Although there have been reports of, and concerns about, a growing number of female gang members, statistics to date show female gang membership holding steady at approximately 10% nationwide (National Youth Gang Survey Analysis, n. d.).

In 2006, law enforcement agencies reported that 49% of gang members were Hispanic/Latino; 35% were African American/black; 9% were white; and 7% were of other races or ethnicities (National Youth Gang Survey Analysis, n. d.). Newer gangs in suburban and rural areas have more white members and younger members. These gangs tend to be less violent, more involved in property crimes, and less involved in gang drug trafficking (Esbensen, 2000; Howell, Egley, & Gleason, 2002).

What is the prevalence of youth gangs in Washington State?

In December 2007, the SB 5987 Legislative Work Group on Gang-Related Crime issued its final report to the Washington State Legislature. The work group concluded that gang activity is a problem in Washington. However, it noted that, although there is much anecdotal evidence of and media attention to gang activity in Washington, "there is a decided lack of universally reported empirical and statistical data that can be used to pinpoint gang membership and gang-related juvenile and adult crime" (SB 5987 Legislative Work Group, 2007, p. 2). To address the data gap, the work group suggested the Legislature should consider having the state's Uniform Crime Reports (UCRs) specify both adult and juvenile gang activity, and should implement a statewide gang criminal intelligence database (SB 5987 Legislative Workgroup, 2007).

The Office of National Drug Control Policy Northwest High Intensity Drug Trafficking Area (HIDTA; 2010) reported the following:

- In 2010, there were approximately 300 street gangs in Washington, with about 15,000 members.
- Street gangs in King County often have more than 250 members, and some have close to 1000 members.

- King County has 40% of Washington's known street gangs; Pierce County has 16%; Yakima County has 13%; and Thurston County has 7%.

The HIDTA bulletin reviewed did not provide an age breakdown of specific gangs, or Washington State's gang membership overall.

What are "hybrid gangs"?

Hybrid gangs have flourished in the U. S. since the late 1980s, and their numbers are increasing. These are gangs that have members belonging to different racial and ethnic groups. Their affiliation with large gangs out of Chicago or Los Angeles may be in name only. Their graffiti often contains a mixture of symbols from different gangs, and their codes of conduct may be unclear. Hybrid gang members may claim membership in multiple gangs, and one hybrid gang may be involved in criminal activity with other gangs (Howell et. al, 2002; Starbuck, Howell, & Lindquist, 2001).

What are the common characteristics of youth in gangs?

As noted above, gang-affiliated youth are both male and female, and come from a variety of racial/ethnic backgrounds and cultures. However, youth drawn to gang activities tend to have some characteristics in common. These include having families that are socially disadvantaged and lack stable structure; living in neighborhoods that are socially disadvantaged; performing poorly in school or dropping out altogether; associating with deviant peers, and having few pro-social peers; having unstable employment; becoming a teen parent; being unemployed or underemployed; prior involvement in delinquency and/or prior arrests; and experiencing high stress and frequent episodes of chaos. One cautionary note is that, because few systematic studies have explored the characteristics of suburban and rural youth gangs, it has not yet been determined if the characteristics of suburban/rural gang members are similar to or different from those of urban gang members (Esbensen, 2000; Thornberry, Krohn, Lizotte, Smith, & Tobin, 2003).

Why do youth join gangs?

Youth join gangs for three primary reasons: influence from family or friends, a desire for fun and excitement (the "glamour factor"), and protection from threats in their community. In addition, some youth join gangs to establish close relationships and a sense of belonging lacking in their families, schools, and communities; out of frustration over economic and social obstacles; to establish an identity (as they transition from family to peer group); to earn respect; or to bring order and predictability to their lives (Branch, 1999; Gillig & Cingel, 2004; Thornberry et. al, 2003).

Overall, what is the best approach to treatment for gang-involved youth?

The literature suggests that, while it is important to recognize when youth are involved in gang activity, this information should be used primarily as a *marker variable* to identify youth in need of treatment. Evaluators should then assess each youth's specific needs and tailor treatment to those needs – mental health treatment, substance abuse treatment, employment assistance, etc. (Duxbury, 1993; Howell, 2000; Thornberry et. al, 2003).

Programs for youth should address multiple deficits (as single-focus interventions are not useful); develop youth's' coping skills and cognitive competencies; address teenage sexuality; focus on educational deficits; and tend to cultural and gender issues. For younger juvenile offenders, priority should be given to remedial education; for older juvenile offenders, priority should be given to employment training and job development. Programs in residential settings should coordinate with those in communities and governmental jurisdictions, and aftercare is essential to long term success (Duxbury, 1993; Howell, 2000; Thornberry et. al, 2003).

The SB 5987 Legislative Work Group on Gang-Related Crime (2007) concluded that gang activity is a problem in Washington and its suppression is necessary in the short term, but gang membership and gang-related crime can only be reduced in the long term if on-going and comprehensive prevention and intervention programs are developed and implemented. They also concluded no "one-size-fits-all" program can be developed and handed down by the state. The ultimate success of any program rests on the degree to which communities and families most affected by gang violence feel they are part of the solution and have input in developing the best practices unique to their own situations.

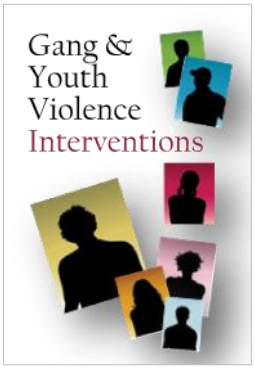
What are the common characteristics of violent youth?

As with gang-affiliated youth, violent youth are both male and female, and come from many racial/ethnic backgrounds. Nonetheless, the literature suggests that, as a group, they share certain risk factors. These include residing in poor and unstable communities; access to firearms; the use and sale of drugs; the commission of non-violent felonies, and/or involvement in non-violent delinquency; delinquent peers, and/or lack of pro-social peers; mental health problems; low academic performance; lack of parental affection and support; family conflict; and parental or sibling substance abuse or criminality. The more risk factors a youth has, the more likely he or she is to engage in violent behavior (Dawson & Reiter, 1998; Ellickson, Saner, & McGuigan, 1997; Saner & Ellickson, 1996).

The picture of males prone to violence is somewhat different than that of females at similar risk. Key precursors to violence for males are engaging in deviant behavior, poor school performance, weak bonds with family, antisocial beliefs and attitudes, and hostility toward police. For females, key precursors are family problems or disruption, impaired relationships with parents, and delinquent siblings (Loeber & Farrington, 1998; Saner & Ellickson, 1996).

Overall, what is the best approach to treatment for violent youth?

A strong theme in the literature on youth violence is that in order to reduce youth violence other problems of adolescence – including family conflicts, academic issues, anti-social peers, non-violent delinquency, and substance abuse – will have to be addressed (Dawson & Reiter, 1998; Ellickson, et. al, 1997; Loeber & Farrington, 1998; Saner & Ellickson, 1996). According to Ellickson et. al (1997), "Teenage violence typically coexists with additional emotional and behavioral problems. [Treatment] programs must consider the broader public health context in which violence occurs" (p. 1).



PART III: EVIDENCE-BASED PRACTICES

A review of programs and practices that research has shown are effective in juvenile justice settings.

What are evidence-based practices (EBPs)?

Across a variety of disciplines, ***evidence-based practices*** (EBPs) are understood to be treatments or interventions for which systematic scientific research has provided evidence of statistically significant effectiveness for particular populations. In most human service settings, careful consideration of the context in which a practice is implemented (client characteristics, cultural factors, environmental issues, etc.) is regarded as an integral part of evidence-based practice.

The American Psychological Association (2006) defines evidence-based practice as, "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (p. 273). Rating scales for EBPs take a variety of factors into consideration, including survey design, study replications, and study results. Although terminology varies, most rating scales contain a ranking system that distinguishes EBPs that are good from those that are exceptional.

What do meta-analyses tell us about EBPs in juvenile justice settings?

Meta-analysis is a technique that enables a reviewer to objectively and statistically analyze the findings of many individual studies by locating relevant scientific studies, using summary statistics from each study as units of analysis, and then quantitatively analyzing the aggregated data using statistical tests (Izzo & Ross, 1990).

Over the last two decades, meta-analyses examining the effectiveness of treatment programs for juvenile delinquents have generated important and useful information for both researchers and practitioners in the juvenile justice system. These studies have established that juvenile correctional treatment works better than unspecified treatment or no treatment (Andrews, 1990; Lipsey, 1992). Other key findings from meta-analyses are:

- Correctional treatment programs (including cognitive behavioral treatments) are effective in both residential and community settings, but have stronger effects in community settings. It has not been established if increased effectiveness in the community is due to a larger number of treatment sessions, a longer period of treatment, increased linkages with individuals or agencies in the community, greater fidelity in implementation, or other factors (Lipsey, 1992; Lipsey & Landenberger, 2006).
- The most effective correctional treatment programs – in and out of custody – lower recidivism by as much as 40 percent (Lipsey & Wilson, 1998; Pearson, Lipton, Cleland, & Yee, 2002).
- High-risk offenders get the most benefit from correctional treatment programs (Andrews,1990; Lipsey, 1992; Lipsey & Landenberger, 2007).
- The most effective correctional treatment programs target behaviors that lead to crime, match treatments to offenders' needs and learning styles, provide large amounts of meaningful contact,

are longer in duration, and have research as an influential treatment component (Andrews, 1990; Lipsey, 1992).

- The most effective correctional treatment programs offer behavioral, skill-oriented, and multimodal treatment (Lipsey, 1992; Lipsey & Wilson, 1998).
- The most effective correctional treatment programs in residential settings are interpersonal skills training and community-based family-style group homes (Lipsey & Wilson, 1998).
- In both community and residential settings, offenders who participate in *cognitive-behavioral treatment programs* are less likely to recidivate (Andrews, 1990; Izzo & Ross, 1990; Lipsey, 1992; Lipsey, Chapman & Landenberger, 2001; Lipsey & Landenberger, 2007; Lipsey, Landenberger, & Wilson, 2007; Pearson et. al, 2002; Wilson, Bouffard, & MacKenzie, 2005).

For additional information on specific meta-analyses, see Appendix A, Table 1.

What are cognitive-behavioral treatment programs (CBTs)?

According to the National Association of Cognitive-Behavioral Therapists (NACBT; n. d.), cognitive-behavioral therapy refers to a class of treatments with similarities, rather than a distinct therapeutic technique. The following characteristics are among those found in most CBT programs:

- Treatment is based on the premise that thoughts cause feelings and external behaviors. Thought processes can be changed; new thought patterns can then impact feelings and behavior.
- Treatment is time-limited and relatively brief, not an open-ended process.
- Treatment is highly structured; each session has a specific agenda and focus.
- Treatment is educational. It helps clients learn new ways of thinking and acting, and uncover distortions in thinking and irrational assumptions about situations that can lead to inappropriate behavior.
- Clients are required to do homework as a way to practice newly learned skills.
- Cognitive-behavioral programs used with criminal offenders are designed to change criminal thinking and behavior, while also providing offenders with problem-solving, interpersonal and social skills that facilitate long-term pro-social behavior.

What CBTs work best in juvenile justice settings?

Below are brief descriptions of five cognitive behavioral treatment programs that research has shown to work effectively for youth in the juvenile justice system.

Aggression Replacement Training (ART)

ART is a multi-modal intervention designed to teach individuals to replace aggression and anti-social behavior with positive alternatives. It provides program participants with impulse control, anger management, and other pro-social skills that can be used to reduce anger and violence and increase more appropriate behaviors. It was originally designed for use with aggressive youth 10 to 17 years old, but has also been used to treat adults.

The program is designed to run for 10 weeks (three one-hour sessions per week), with groups of 8 to 12 offenders. Primary treatment components are anger control (recognizing triggers for aggressive behavior); skillstreaming (how to deal with group pressure); and moral reasoning (changing cognitive distortions, building concern for others). ART has been used in 45 states (including Washington) and a number of foreign countries.

The Washington State Institute for Public Policy has determined that, when competently delivered, ART has positive outcomes with estimated reductions in 18-month felony recidivism of 24% and a benefit-to-cost ratio of $11.66 (Barnoski, 2004). The institute has also determined that ART costs $897 per juvenile offender. It estimated the program's benefits (minus costs) to be $14,660 per offender in 2006 dollars (Drake, 2007).

ART has earned the following credential:

- It is listed as an "effective" program on the Office of Juvenile Justice and Delinquency Prevention Model Programs website: http://www.ojjdp.ncjrs.gov/mpg.

For information on specific studies of ART, see Appendix A, Table 2.

Dialectical Behavior Therapy (DBT)

DBT is a treatment for individuals with complex and difficult-to-treat mental disorders. It was originally developed for individuals with borderline personality disorder and suicidal tendencies. DBT populations studied in residential settings include individuals with mental health and substance abuse issues; males and females; juveniles and adults; and many different races/ethnicities.

Since 1993, DBT has been implemented in therapeutic settings in 13 countries, including the United States. In juvenile institutional settings, DBT focuses on four objectives: enhancing behavioral skills in dealing with difficult situations; motivating youth to change dysfunctional behaviors; ensuring that new skills are used in daily institutional life; and training and consultation to improve counselors' skills.

The Washington State Institute for Public Policy has determined that DBT costs $843 per juvenile offender. It estimated the program's benefits (minus costs) to be $31,243 per offender in 2003 dollars (Aos, Lieb, Mayfield, Miller, & Pennucci, 2004).

DBT has earned the following credential:

- It is listed on SAMHSA's National Registry of Evidence-based Programs and Practices website: http://www.nrepp.samhsa.gov/.

For information on specific studies of DBT, see Appendix A, Table 3.

Moral Reconation Therapy (MRT)

MRT focuses on moral reasoning, and having concern for social rules and the welfare of others when making decisions. Originally designed for substance abusers in prison, it is now used with juveniles and adults in institutional and community settings. MRT populations studied in correctional settings include individuals with both mental health and substance abuse issues; males and females; juveniles and adults; and African-American, white, and "other" races/ethnicities.

MRT has been implemented in a variety of treatment settings in more than 45 states (including Washington) and in Australia, Bermuda, and Canada. The program has 12 to 16 steps; participants meet once or twice each week, for 20 to 30 sessions, in groups of 12 to 15 offenders.

MRT has earned the following credential:

- It is listed on SAMHSA's National Registry of Evidence-based Programs and Practices website: http://www.nrepp.samhsa.gov/.

For information on specific studies of MRT, see Appendix A, Table 4.

Reasoning and Rehabilitation (R & R)

R & R teaches pro-social cognitive and problem-solving skills to offenders. It focuses on altering impulsive, anti-social thinking and behavior. The program includes 10 modules, and places 6 to 10 medium to high risk offenders in groups that meet for 8 to 12 weeks. Each session teaches a new sub-skill: problem solving, social skills, negotiation skills, management of emotions, creative thinking, values enhancement, critical reasoning, or cognitive exercises. This program is used in both institutions and community settings in the United States, Canada, and elsewhere in the world.

For information on specific studies of R & R, see Appendix A, Table 5.

Relapse Prevention Therapy (RPT)

RPT teaches offenders how to anticipate and prevent inappropriate behavior in stressful situations. It includes coping skills training, cognitive therapy, and lifestyle modification. It encourages participants to learn their triggers, their cognitive distortions, and their lifestyle imbalances, and to take steps to make positive adjustments in their reactions to stressful situations.

RPT populations studied include individuals with both mental health and substance abuse issues; males and females; juveniles and adults; and whites and "other" races/ethnicities. RPT has been implemented and evaluated in the United States, Canada, and Scotland.

RPT has earned the following credential:

- It is listed on SAMHSA's National Registry of Evidence-based Programs and Practices website: http://www.nrepp.samhsa.gov/.

For information on specific studies of RPT, see Appendix A, Table 6.

Are there treatment programs other than CBTs that work well in juvenile institutions and detention centers?

While research has shown CBTs to be very effective in juvenile justice settings, they are by no means the only types of programs that benefit youthful offenders. One category of programs that has received much positive attention is *family-focused programs*.

What family-focused programs work best in juvenile justice settings?

Below are brief descriptions of five family-focused programs that research has shown to work effectively for youth in the juvenile justice system and their families. Each of these programs incorporates some cognitive behavioral components.

Brief Strategic Family Therapy (BSFT)

BSFT targets children and adolescents (ages 6 to 17) who display - or are at risk for developing - behavior problems, including substance abuse, conduct problems and delinquency. It has been utilized as both a prevention and intervention strategy. BSFT populations studied include youth with both mental health and substance abuse issues; males and females; and African Americans, whites, and Latinos. It has been implemented in approximately 100 sites in the U. S., and also in Germany and Sweden.

BSFT is typically delivered in 12 to 16 family sessions, depending on the communication and management problems within the family. The primary operating assumption of BSFT is that transforming how the family functions will help improve the youth's presenting problem. The focus of

the work is on how interactions occur; the emphasis is on identifying the nature of the interactions in the family and changing those interactions that are maladaptive.

BSFT has earned the following credentials:

- It is listed on SAMHSA's National Registry of Evidence-based Programs and Practices website: http://www.nrepp.samhsa.gov/
- It is listed as a Blueprints for Violence Prevention "promising program" on the Center for the Study and Prevention of Violence website: http://www.colorado.edu/cspv/blueprints/modelprograms.html
- It is listed as an "effective" program on the Office of Juvenile Justice and Delinquency Prevention Model Programs website: http://www.ojjdp.ncjrs.gov/mpg.

For information on specific studies of BSFT, see Appendix A, Table 7.

Family Integrated Transitions (FIT)

FIT, developed and currently operating in the Washington State juvenile justice system, is designed to help youth with co-occurring disorders of mental illness and chemical dependency transition from custody settings back into their communities. It is based on components of four programs: Multisystemic Therapy, Relapse Prevention Therapy, Dialectical Behavior Therapy, and Motivational Enhancement Therapy. The intervention begins during a youth's final two months in a JRA residential setting, and continues for four to six months while the youth is under parole supervision. FIT's first and most important task is to engage the youth's family in treatment. The program then expands its scope to involve the youth's peers, school, and neighborhood to facilitate positive change. The FIT "team" includes contracted therapists, a University of Washington clinical oversight and training team, and JRA.

The Washington State Institute for Public Policy has determined that FIT costs $9,665 per juvenile offender. It estimated the program's benefits (minus costs) to be $33,728 per offender in 2006 dollars (Drake, 2007).

FIT has earned the following credential:

- It is listed as an "effective" program on the Office of Juvenile Justice and Delinquency Prevention Model Programs website: http://www.ojjdp.ncjrs.gov/mpg.

For information on specific studies of FIT, see Appendix A, Table 8.

Functional Family Therapy (FFT)

FFT is a short-term, family-based program for at-risk and juvenile justice-involved youth. It focuses on multiple systems within which youths and their families live, with the goal of developing family strengths (protective factors) and counteracting family risk factors.

FFT's target is youth ages 11 to 18 who are engaged in delinquency, violence, or substance abuse. The program is comprised of 8 to 12 one-hour sessions over three months, and utilizes highly trained therapists with caseloads of 12 to16 families. Program phases are: engagement and motivation; behavior change (skill building, planning); and generalization (relapse prevention). The program is delivered in homes, clinics, schools, and juvenile justice settings, and operates in 20 states (including Washington) and two foreign countries.

The Washington State Institute for Public Policy has determined that, when FFT is delivered competently, it reduces felony recidivism by 38%. FFT generates between $2.77 and $10.69 in savings (avoided crime costs) for each taxpayer dollar spent on the program; the amount of savings is dependent on the competence of the therapist delivering the service (Barnoski, 2004). The institute

has also determined that FFT costs $2,325 per juvenile offender. It estimated the program's benefits (minus costs) to be $31,821 per offender in 2006 dollars (Drake, 2007).

FFT has earned the following credentials:

- It is listed as a Blueprints for Violence Prevention "model program" on the Center for the Study and Prevention of Violence website: http://www.colorado.edu/cspv/blueprints/modelprograms.html
- It is listed as an "exemplary" program on the Office of Juvenile Justice and Delinquency Prevention Model Programs website: http://www.ojjdp.ncjrs.gov/mpg.

For information on specific studies of FFT, see Appendix A, Table 9.

Multidimensional Treatment Foster Care (MTFC)

MTFC is for youth with mental health issues who need out-of-home placement, and serves as an alternative to juvenile institutions, group homes, or hospitalization. Each youth in the program receives 6 to 9 months of highly structured care and supervision in a foster family setting. During this time, the focus is on academic skills building, other individualized therapies, and family therapy for biological parents and other supports. The foster parents in the MTFC program have specialized training and 24 hour access to a MTFC treatment team, and attend weekly treatment team meetings.

The MTFC populations studied include males and females, and African Americans, American Indians, Asians, whites, and Latinos. The program, which began in Oregon, operates in approximately 135 locations nationwide (some in Washington), and also in a number of European countries.

The Washington State Institute for Public Policy has determined that MTFC costs $6,945 per juvenile offender. It estimated the program's benefits (minus costs) to be $77,798 per offender in 2006 dollars (Drake, 2007).

MTFC has earned the following credentials:

- It is listed on SAMHSA's National Registry of Evidence-based Programs and Practices (http://www.nrepp.samhsa.gov/)
- It is listed as a "top tier" program on the Social Programs That Work website: http://evidencebasedprograms.org/
- It is listed as a Blueprints for Violence Prevention "model program" on the Center for the Study and Prevention of Violence website: http://www.colorado.edu/cspv/blueprints/modelprograms.html/
- It is listed as an "exemplary" program on the Office of Juvenile Justice and Delinquency Prevention Model Programs website: http://www.ojjdp.ncjrs.gov/mpg.

For information on specific studies of MTFC, see Appendix A, Table 10.

Multisystemic Therapy (MST)

MST is designed for serious and chronic juvenile offenders, ages 12 to 17, who are at risk for out-of-home placement. The program has an operating assumption that individuals, families, and the environment all impact a youth's behavior, and therefore involves the youth, family schools and neighborhoods in the MST process. It aims to improve family functioning, reduce antisocial behavior, and prevent out-of-home placement.

Trained MST therapists, with caseloads of four to six families, create highly individualized programs that emphasize youth and family strengths. They focus on improving parental discipline and family interactions, "replacing" deviant peers with more positive role models, and improving school

performance. MST sessions are held in homes, schools, neighborhood centers, and juvenile facilities. Program participants have about 60 hours of contact with MST therapists over the course of four months.

MST populations studied include youth with both mental health and substance abuse issues; males and females; and African Americans, American Indians, Asians, whites, and Latinos. MST has been implemented in 30 states (including Washington) as well as in Australia, Canada, Denmark, Ireland, the Netherlands, New Zealand, Norway, Sweden, and the United Kingdom.

The Washington State Institute for Public Policy has determined that MST costs $4,264 per juvenile offender. It estimated the program's benefits minus costs to be $18,213 per offender in 2006 dollars (Drake, 2007).

MST has earned the following credentials:

- It is listed on SAMHSA's National Registry of Evidence-based Programs and Practices (http://www.nrepp.samhsa.gov/)
- It is listed as a "highly promising" program on the Social Programs That Work website: http://evidencebasedprograms.org/
- It is listed as a "proven" program on the Promising Practices Network website: http://www.promisingpractices.net/
- It is listed as a Blueprints for Violence Prevention "model program" on the Center for the Study and Prevention of Violence website: http://www.colorado.edu/cspv/blueprints/modelprograms.html
- It is listed as an "exemplary" program on the Office of Juvenile Justice and Delinquency Prevention Model Programs website: http://www.ojjdp.ncjrs.gov/mpg.

For information on specific studies of MST, see Appendix A, Table 11.

What other types of evidence-based programs and practices are effective in juvenile justice settings?

Below are brief descriptions of four additional programs that research has shown to work effectively for juveniles involved in the correctional system. Although differing in their approach, each of these programs is designed to assist youth with particular risk factors – mental illness, substance abuse, serious or chronic criminal history, etc. – negotiate the transition from custody to community.

Aftercare for Indiana through Mentoring (AIM)

AIM is a juvenile reentry program that has operated in Indiana since 1996. AIM's mission is to support Indiana's incarcerated youth in making the transition from corrections to community through healthy relationships with adult mentors. AIM is staffed by AmeriCorps members and adult volunteers who provide reentry support to incarcerated youth returning to communities throughout Indiana. Some staff work with youth prior to their release from juvenile institutions, completing needs assessments, developing reentry plans, functioning as liaisons with community organizations, and running life skills groups. Other staff provide individualized supports to youth after their release from custody.

Through AIM's ongoing evaluation process, it has been determined that, for every 100 youth participating in AIM, the savings to Indiana (just in reductions in reincarceration) would be $1,003,454 (Aftercare for Indiana, n. d.).

For information on a specific study of AIM, see Appendix A, Table 12.

Mendota Juvenile Treatment Center (MJTC)

MJTC is a Wisconsin program that offers intensive mental health treatment to the most violent male adolescents, ages 13 to 17, of all races and ethnicities. The program offers school services and individual therapy. It also offers group therapy focused on anger management (ART), social skills, problem solving, substance abuse, sexual offending, and building positive relationships with families.

MJTC is located on the grounds of a state mental health center. The staff is composed of experienced mental health professionals (including a full-time psychologist, full-time psychiatric social worker, and full-time psychiatric nurse manager) rather than security guards or corrections officers. The residents in the program are housed in single bedrooms within small inpatient units (with about 15 youths per unit).

Overall correctional costs are estimated to be $7,000 per youth more than those for juvenile offenders not participating in the program, offset in part by the shorter-than-average incarceration periods of MJTC's offenders. Since MJTC opened in 1995, its treatment model has been replicated in four other secure and non-secure juvenile justice settings, three in Wisconsin and one in Oregon.

MJTC has earned the following credentials:

- It is listed on SAMHSA's National Registry of Evidence-based Programs and Practices website: http://www.nrepp.samhsa.gov/
- It is listed as an "effective" program on the Office of Juvenile Justice and Delinquency Prevention Model Programs website: http://www.ojjdp.ncjrs.gov/mpg

For information on specific studies of MJTC, see Appendix A, Table 13.

Operation New Hope

Operation New Hope (formerly Lifeskills '95) is a reentry program designed to help high-risk chronic offenders, upon their release from custody, cope with the problems of everyday life. It serves offenders ages 12 to 25; of all races and ethnicities; gang-affiliated, or not; with all types of offenses, including serious offenses.

The program reinforces small successes, while addressing a chronic offender's fears of the real world. Program principles include building socialization skills; reducing criminal activity; reducing gang participation/affiliation; reducing alcohol and drug use; reducing parole revocations; and improving social, educational, and employment opportunities and choices. Program participants attend 13 consecutive weekly three-hour meetings, which include lectures and group discussion.

Operation New Hope has earned the following credential:

- It is listed as an "effective" program on the Office of Juvenile Justice and Delinquency Prevention Model Programs website: http://www.ojjdp.ncjrs.gov/mpg/.

For information on a specific study of Operation New Hope, see Appendix A, Table 14.

Residential Student Assistance Program (RSAP)

RSAP is designed to prevent and reduce alcohol and other drug use among high-risk multi-problem youth, ages 12 to 18, who have been placed voluntarily or involuntarily in a residential child care facility (e.g., foster care facility, treatment center for adolescents with mental health problems, or juvenile correctional facility).

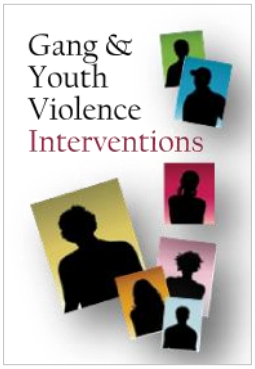
Based on the Employee Assistance Program (EAP) model, the intervention serves male and female adolescents of all races and ethnicities who have both serious and less serious offenses. It focuses on youth's' wellness; addresses emotional problems, mental disabilities, parental abuse and neglect, and

parental substance abuse; and is delivered in residential facilities by specially-trained masters-level counselors.

RSAP has earned the following credential:

- It is listed as an "effective" program on the Office of Juvenile Justice and Delinquency Prevention Model Programs website: http://www.ojjdp.ncjrs.gov/mpg.

For information on a specific study of RSAP, see Appendix A, Table 15.



PART IV: PROMISING PRACTICES

A review of programs and practices that exhibit the potential to become best practices in juvenile justice settings.

What are promising practices?

Promising practices are practices that have been tried and found to be useful in one or more settings, but have not yet been evaluated as rigorously as evidence-based practices. The U. S. Department of Health and Human Services (n. d.) defines a promising practice as "a program, activity or strategy that has worked within one organization and shows promise during its early stages for becoming a best practice with long term sustainable impact. A promising practice must have some objective basis for claiming effectiveness and must have the potential for replication among other organizations" (p. 1).

Promising practices can also be practices that have been established as evidence-based for one population, but have not yet been scientifically studied for another population. For example, Motivational Interviewing (MI) has been established as an evidence-based practice for adult offenders, but no rigorous studies with juvenile offenders have been completed to date. Therefore, MI is listed as a promising practice in this report, as that is the current status of MI *for the juvenile offender population.*

What promising practices work best in juvenile justice settings?

Below are brief descriptions of a variety of promising practices for juvenile offenders. As explained above, some of these programs and practices have not yet been rigorously evaluated, and some have been evaluated and designated as evidence-based practices for populations other than juvenile offenders. The programs and practices are categorized as follows: *Multiple Service Programs, Substance Abuse Treatment Programs, Mentoring Programs, Academic and Employment Programs, Staff Training Programs*, and *Other Programs and Practices.*

For information and resources relating to each of these promising practices, see Appendix B.

Multiple Service Programs:

Colorado Division of Youth Corrections

The Colorado Division of Youth Corrections (known as Youth Corrections) has realigned its funding streams so resources can follow youth back into their communities. It focuses on bringing the community into juvenile facilities, and increasing the comfort level of families visiting juvenile facilities.

Youth Corrections uses a wide variety of community-based organizations (CBOs) to serve youthful offenders in and out of custody, including faith-based services and paraprofessionals offering alternative education and substance abuse treatment strategies. It ensures these CBOs have the resources needed to help youth during reentry. An important part of Youth Corrections' vision is seeing juvenile offenders as *resources* for the communities to which they are returned.

Friends of Island Academy

The Friends of Island Academy was founded in 1990 at the Austin MacCormick Alternative High School on Rikers Island, which is known as Island Academy. It was created by New York education, corrections, and social service professionals to address juvenile offenders' high recidivism rates, social disadvantages, and minority overrepresentation. Program staff work with male and female adolescents (16 to 18) of all races and ethnicities at two facilities on Rikers' Island. The New York City Department of Education operates schools within the two facilities (one of which is Island Academy). Prior to release from jail, youth participate in individualized meetings, including specialized workshops for young women and teenage fathers. During the sessions, program staff come to know youth's circumstances and determine the steps necessary to assist them upon release (such as access to housing, health care, and basic documents).

Once released, Friends staff in the community (at Friends main New York office, in schools, and in neighborhoods) provide youth with risk assessment and management, counseling, mentoring, assistance with education and training, and referrals to other social services.

Missouri Division of Youth Services

The Missouri Division of Youth Services (DYS), which operates more than 30 juvenile facilities, is part of Missouri's Department of Social Services and is overseen by a 15-member Advisory Board. DYS downsized its largest juvenile institutions over 30 years ago. It now operates seven "secure care" facilities for Missouri's most serious juvenile offenders, which are safer than larger facilities and keep youth closer to their own communities. Each facility houses about 30 youth in an "open-dorm" setting locked inside a perimeter fence. Youth are placed in treatment groups of 10 to 12, and also receive educational, vocational, and counseling services. Some facilities take youth out into the community to volunteer at local service organizations.

Once released from custody, youth are served by and accountable to both probation officers (whose caseloads tend to be small) and aftercare providers whose services are recruited prior to youth's release. The faith community often helps youth in need of alternative living and employment venues. Community Liaison Councils (groups active in most Missouri communities, whose members represent education, law enforcement, mental health, labor unions, etc.) work to improve relations between DYS and communities.

Reclaiming Futures Seattle-King County

Reclaiming Futures Seattle-King County is one of the original ten projects funded by the Robert Wood Johnson Foundation to help teens in trouble with drugs, alcohol and crime. The program partners with local courts, treatment facilities, juvenile justice centers, and the community to meet the needs of youth in the juvenile justice system.

Among the primary services the program offers are screening and assessment, evidence-based treatment (including substance abuse and mental health treatment), mentoring, wraparound services for youth on probation, and referrals to other community agencies.

Substance Abuse Treatment Programs:

Amity Prison Therapeutic Community

Located at the R. J. Donovan Correctional Facility in San Diego, the Amity Prison Therapeutic Community is a separate in-prison housing unit for adult male inmates with drug problems who are 9 to 12 months from being released, and who volunteer to participate in the program. The community houses approximately 200 inmates, and provides them with counseling and instruction (including decision-making skills, self-discipline, and respect for authority) to help them stay off drugs and

succeed outside of prison. The community is staffed by specially trained recovering substance abusers with criminal histories, who serve as role models for the inmates. Prior to inmates' release, staff work with them to develop a plan for life outside prison; for 12 months post-release, inmates can participate in a community-based therapeutic community called Vista, which houses up to 40 residents at a time.

The Amity Prison Therapeutic Community has earned the following credential:

- It is listed as a "highly promising" program on the Social Programs That Work website: http://evidencebasedprograms.org/.

Friends Care

Friends Care is a stand-alone aftercare program for adult probationers and parolees exiting mandated outpatient substance abuse treatment. The aftercare program is designed to maintain and extend the gains of court-ordered outpatient treatment by helping clients develop and strengthen supports for drug-free living in the community. The program's goals include reduced drug use and reduced criminal activity.

Friends Care offers individual counseling to explore and resolve issues in maintaining a drug-free and productive life and to support efforts to continue drug-free functioning; case management to assist in obtaining needed services; skills building in job seeking and appropriate workplace demeanor; family relationship strengthening; education on HIV prevention; crisis intervention; and a peer support group. The program provides services for up to 6 months following discharge from an outpatient facility.

Friends Care has earned the following credential:

- It is listed on SAMHSA's National Registry of Evidence-based Programs and Practices (http://www.nrepp.samhsa.gov/).

Mentoring Programs:

Connecticut Ballet

The Connecticut Ballet, located in Stamford, CT, operates a mentoring program that serves youth in five Connecticut juvenile detention facilities. Ballet company members teach youth dancing and drumming, and introduce them to a variety of cultures and musical styles including Afro-Haitian, West African, Latin, and hip hop. Through this process, youth build their strength and physical abilities; increase their intellectual awareness of the arts; express their creativity; develop critical thinking; develop respect for differences among cultural and racial groups; and learn to appreciate the importance of connection with cultural groups, communities, and extended family. Teaching artists in the program also identify particularly talented youth for further artistic training as they transition from detention back into the community. These youth are provided weekly stipends for stable attendance and community service. They work together with Connecticut Ballet's Director of Education, educators, probation officers, social workers, counselors, and parents/guardians to design an individualized career track program, including both classes and community service.

Juvenile Mentoring Program (JUMP)

The Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) Juvenile Mentoring Program (JUMP) was established as part of the Juvenile Justice and Delinquency Prevention Act of 1974, as amended in 1992, and was first implemented in 1996. It exists to provide one-to-one mentoring to youth at risk of delinquency, gang involvement, educational failure, or dropping out of school. While not specifically directed at youth already involved in the juvenile justice system, the program's focus

on decreasing delinquency and gang involvement (and the involvement of some mentored youth in such behaviors) makes the program's results pertinent to ongoing discussion about "what works" for at-risk youth.

By 2000, 164 separate JUMP projects were in operation. Preliminary results from OJJDP's national evaluation of these projects indicated that both youth and mentors were positive when rating their mentoring experiences, whether in the context of school achievement, abstention from substance abuse, or avoidance of violence. Researchers concluded, "Mentoring shows great promise as an effective intervention for at-risk youth" (Novotney, Mertinko, Lange, & Baker, 2000, p. 8).

Juvenile Rehabilitation Administration (JRA) Mentoring Program

The JRA Mentoring Program is a Washington State program that recruits and trains adults from diverse cultural backgrounds to serve as mentors for youth returning from JRA facilities. The mentors' role is to assist youth in setting and fulfilling educational and vocational goals, and to live a drug- and crime-free life. They meet with youth monthly and write or call weekly during the last five to six months of youth's confinement; they meet with youth weekly (for at least one year) after they are released from custody.

The program was established by JRA's Seattle office in 1996, with funding from the federal *Safe Futures* initiative. It has since been expanded to serve youth living throughout Washington State, and is now funded by Washington's Department of Social and Health Services.

100 Black Men of Greater Seattle

This mentoring organization, one of 116 chapters of 100 Black Men of America, Inc., was chartered in 2009. Its mission is to mentor young black men and women, helping them attain educational opportunities, health and wellness, and economic self-sufficiency. It has recently started mentoring programs at two Washington State JRA facilities – Green Hill and Maple Lane. Adult volunteers are "matched" with juvenile offenders, and begin to build one-on-one relationships with them while they are still in custody. The mentoring relationships continue when youth are released to their communities. Youth and their mentors meet weekly (for at least eight hours each month), and also participate in small group activities.

Step-Up Program

The *Step-Up Program*, which operates at Coconino County Juvenile Court Services in Flagstaff, Arizona, serves 1300 youth each year. All staff members are trained in using Developmental Assets (a strengths-based approach). In the county detention center, youth are paired with mentors on staff, so each youth can talk to, do activities with, and develop a positive relationship with a caring adult. . Step-Up Program goals for each youth are: structured, law-abiding living; restorative accountability; treatment and relapse prevention; self-sufficiency; and positive support system development.

The Step-Up Program follow youth through their probation period. Youth in the detention center have the opportunity to be introduced to a Big Brothers Big Sisters (BBBS) group mentoring program. BBBS volunteers come to the detention center weekly and lead voluntary activities. After release from detention and throughout probation, youth can sign up for group mentoring through BBBS. This program gives youth opportunities to connect with positive and caring people, places and activities.

Academic and Employment Programs:

Ethan Allen School for Boys

Ethan Allen School for Boys (EAS) in Wales, Wisconsin, is part of Wisconsin's Department of Corrections' Division of Juvenile Corrections. The school, a secure facility that houses approximately 420 male juvenile offenders, has been operating since 1959 on the site of the state's former tuberculosis sanitarium.

In addition to services available to youth at all Wisconsin juvenile facilities (which include case management, academic programming, and the LifeWork Education Program), EAS focuses on providing youth job training options. These include building maintenance, construction, graphic arts (print shop), small business enterprise, welding, and woodworking programs. The school's vocational education program also provides youth experience in food service, business, groundskeeping, barbering, and laundry. A significant number of youth work at EAS for modest salaries. In recent months, the Governor's Justice Review Commission has been considering the closure of EAS as a cost-cutting measure, but no action has yet been taken.

Gateways for Incarcerated Youth

The Evergreen State College (TESC) runs high school diploma and college preparatory classes at two Washington State juvenile institutions – Green Hill and Maple Lane. The college-level classes offer incarcerated juveniles the opportunity to work with TESC instructors and students weekly during fall, winter, and spring quarters. Students read and discuss college level texts, write response papers, and engage in positive peer relationships; they typically earn two college credits per quarter.

In addition to offering college preparatory classes, TESC facilitates cultural identity groups at Green Hill, which encourage youth to learn more about their culture and bond with others of a similar background. It recruits community members to share their cultural experiences through presentations or workshops. TESC also runs a diversity class at Maple Lane (which earns students high school credit); the class utilizes group discussions and interactive workshops on anti-oppression, diversity and culture. Monthly cultural evenings – including performances and presentations – take place at both Green Hill and Maple Lane, and are open to all residents of the facilities.

Pennsylvania Academic and Career/Technical Training (PACTT) Alliance

The Pennsylvania Academic and Career/Technical Training (PACTT) Alliance is sponsored by the Pennsylvania Council of Chief Juvenile Probation Officers. The PACTT Alliance's goal is to improve the academic and career/technical training that delinquent youth receive while in residential placement, and in their home communities upon return. Its original focus was on residential facilities, schools, and transitional programs in Pennsylvania's Allegheny and Philadelphia counties, but it has expanded throughout the state.

Specific PACTT Alliance goals include aligning residential academic standards with state and local graduation standards; assuring that residential career/technical training leads to industry-recognized certification; assuring that schools in communities accept credits earned in juvenile facilities and facilitate the reentry of youth; and encouraging public schools and communities to build on the achievements youth make while in custody.

Staff Training Programs:

Bureau of Justice Assistance (BJA) Training and Technical Assistance Program

BJA provides training and technical assistance in support of efforts to supervise offenders; prepare offenders for reentry into their communities; and create police-community-corrections partnerships. The BJA National Training and Technical Assistance Center can assist with the development of curricula for training events and conferences; provide speakers, instructors, or trainers at criminal-justice related training events, workshops, conferences, and meetings; develop training that is not live; record live training for a future presentation date; provide financial assistance for travel, lodging, and other expenses for consultants to present at a conference or lead a training/workshop, or for individuals to attend such training/workshops; develop documents and publications on criminal justice topics; conduct research and disseminate findings on a wide range of criminal justice topics; facilitate focus groups or outreach sessions; support peer-to-peer site visits; complete program evaluations; review and edit documents and reports; and provide technical assistance via e-mails, phone calls, or other contacts.

Mental Health Training, Education and Workforce Enhancement Initiative

The Mental Health Training, Education and Workforce Enhancement Initiative is a "Strategic Intervention" sponsored by the John D. and Catherine T. MacArthur Foundation. Although it is widely recognized that many youth in the juvenile justice system have mental health issues, most juvenile justice staff lack sufficient knowledge to understand how mental health needs can present in the youthful offenders they serve. This can exacerbate youth's mental health problems, create safety issues for both staff and offenders, and lead to staff turnover.

Representatives from five states – Connecticut, Illinois, Ohio, Texas, and Washington – are part of the Strategic Intervention Group (SIG) working on this problem. They are collaborating with Dr. Holly Hills of the University of South Florida to develop and implement a youth mental health training and education package for personnel working within the juvenile justice system. Once it is developed, each participating state will implement the training/education package in at least one identified juvenile justice setting: probation, juvenile court, detention or corrections.

Office of Juvenile Justice and Delinquency Prevention (OJJDP)

OJJDP provides training and technical assistance in support of juvenile justice practitioners. It also supports state and local efforts to build capacity to serve juvenile offenders, and to expand the use of evidence-based practices. Any state, tribe, unit of local government, or organization supporting the justice system's response to juvenile delinquency is eligible to receive technical assistance from OJJDP.

The OJJDP National Training and Technical Assistance Program provides assistance in many areas, including the identification and assessment of problems; strategic planning; evidence-based practice and model programming; team-building and community collaboration; staff development; and performance measurement and program evaluation. Subject areas addressed include corrections and detention facilities; risk and needs assessments; disproportionate minority contact; evidence-based practices; and gang-involved youth.

Omega Training Institute

The Omega Training Institute teaches individuals about the *Alive and Free* program of the Omega Boys Club/Street Soldiers (a youth development and violence prevention organization headquartered in San Francisco). Omega's mission is to keep young people alive (unharmed by violence) and free (from incarceration).

The Alive and Free program is based on the model (treating violence as a disease) developed by the Omega Boys Club. Training participants are taught to identify risk factors associated with violent behavior, understand methods of dealing with emotional residue, and articulate Omega's rules for living. The Omega Training Institute is offered once each year in San Francisco for persons working in direct service to youth such as educators, social workers, social work administrators, juvenile justice staff, and law enforcement personnel. The Institute also travels across the country to conduct training programs.

Other Programs and Practices:

Motivational Interviewing (MI)

Motivational interviewing involves client and practitioner collaboration. It draws upon clients' inherent desire and ability to move toward change. It is a client-centered, directive method to help clients think differently about their behavior and consider what might be gained through change. This is done by examining an individual's values, interests, and concerns. The practitioner often helps the client see the discrepancy between their current behavior and their treatment goal. Motivational Enhancement Therapy (MET) is a time-limited four-session adaptation of MI used in Project MATCH, a US-government-funded study of treatment for alcohol problems.

Although MI has been utilized in a variety of juvenile justice settings, the use of MI in such environments has yet to be rigorously studied. The vast majority of research regarding MI has been conducted with adult samples; the few studies done with juvenile samples have focused on tobacco, alcohol, and drug use in the community (Feldstein & Ginsburg, 2006; Feldstein & Ginsburg, 2007). According to Feldstein and Ginsburg (2006), MI is a good theoretical match for juvenile justice populations, as it has been shown to reduce marijuana and other drug use (common in the juvenile offender population), is effective with adult offenders, and appears to be an appropriate developmental match for youth. They therefore conclude that, "Rigorous empirical evaluations are needed in order to evaluate the efficacy of this intervention with juvenile populations" (p 12).

Multnomah County Juvenile Justice Facilities

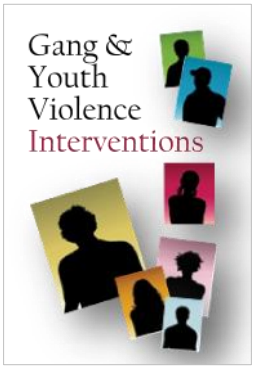
Multnomah County juvenile justice facilities (in or near Portland, Oregon) were one of the Annie E. Casey Juvenile Detention Alternatives Initiative's (JDAI's) model program sites. Between 1995 and 2002, JDAI reduced the overall population in Multnomah County juvenile detention by 65%, which substantially reduced the disproportionate confinement of minority youth.

Other strategies aimed at reducing racial/ethnic disparities were the creation of culturally appropriate detention alternatives (including shelter care, home detention, and a day reporting center); the development of a culturally sensitive risk assessment instrument and assessment procedures; and the creation of a seven-person intake team to review each detention decision. As a result, the likelihood that an arrested youth will be detained is about the same for all racial and ethnic groups.

Positive Peer Culture

Positive peer culture is a therapeutic model which has been used as a framework to develop therapeutic communities in residential treatment settings. The central purpose and aim of the therapeutic community is to develop self-worth, significance, dignity, and responsibility in each of the residents as they become committed to the positive values of helping and caring for others**.** The goal is to direct teens away from selfishness and conflict and toward a spirit of concern and service for others.

One example of a juvenile justice setting utilizing a positive peer culture model is the Alameda County Probation Department's Camp Wilmont Sweeney in California. This unlocked 24-hour residential program houses 70 to 80 male juvenile offenders ages 15 to 18. Each youth has an individualized treatment plan which is developed and reviewed by his probation officer, his group counselor, a peer mentor, his parents or guardians, and himself. The probation department operates the camp in partnership with the Alameda County Office of Education, the Alameda County Health Care Services Agency, and community volunteers.



PART V: KEY FACTORS FOR PROGRAM SUCCESS

A discussion of factors that are important to consider when implementing programs in juvenile justice settings.

While it is vital for those working with youth in juvenile institutions to be knowledgeable about evidence-based practices and promising practices, additional factors must be taken into consideration when attempting to implement a given practice. Fortunately, there is a growing body of literature that examines specific factors that must be in place in order for best practices to work well in field settings such as juvenile institutions, detention centers, and group homes.

A review of current literature reveals that five factors are of particular importance: *accurate needs assessment, effective implementation, culturally competent practices, developmentally appropriate practices*, and *focus on reentry.* Each of these factors is discussed below.

Accurate Needs Assessment

One factor that emerges from the literature on treatment for youthful offenders is *the importance of carefully and accurately assessing the particular needs of each youth.* As Altschuler, Armstrong, and MacKenzie (1999) succinctly state, "The important issue is not whether something works, but what works for whom" (p. 16).

It is not enough to classify a youth as a "gang member" or a "violent offender," and plan treatment accordingly. Those responsible for assessment of youthful offenders must look beyond their choice to join a gang or participate in a serious crime, and delve into the specific characteristics that led youth to their antisocial choices. They must then work with individual offenders to develop treatment plans that will build on their strengths and address their particular issues (Altschuler et. al, 1999; Altschuler & Brash, 2004; Green & Pranis, 2007; Mulvey, 2005).

Assessing substance abuse is imperative, as more than 80% of youthful offenders entering confinement have used controlled substances within the last six months. Other critical variables to assess are family functioning, social and psychological development, mental health, antisocial attitudes and behaviors, and anger management (Altschuler et. al, 1999; Research on Pathways, 2009).

In short, if youthful offenders are to move from criminal activity to more pro-social lifestyles, their treatment plans must be based on accurate and ongoing assessment of their individual needs. This approach will reap benefits for both individual offenders and the juvenile justice system as a whole. "The way in which offenders are assessed and targeted has everything to do with the extent to which programs will produce quality outcomes and whether their cost effectiveness can be demonstrated" (Austin, Johnson, & Weitzer, 2005, p. 23).

Fidelity in Implementation

A second factor found in the literature is *the importance of fidelity in implementation of best practices.* Przybylski (2008) states, "Evidence-based programs have to be implemented properly in order to be effective. Research has consistently shown that programs that have been implemented with a high degree of fidelity are far more likely to produce positive outcomes than those that have not" (p. 4).

Other authors underscore Przybylski's point. According to Normadin and Bogenschnieder (2008), one principle of effective corrections interventions is, "For programs to be effective, implementation must closely replicate the original design" (p. 1). Speaking specifically of cognitive behavioral programs for offenders, Lipsey and Landenberger (2007) concluded that such programs work better if there is strict adherence to the treatment plan.

A variety of problems can undermine a program's integrity, including poor staff selection, inadequate staff training, staff turnover, an unstable operating environment, competing agency priorities, or a crowded facility. Any such departure from a program's intended design can undermine the effectiveness of the program (Weibush, McNulty, & Le, 2000).

The message is clear: the importance of properly implementing a program cannot be overstated, and poor implementation can render even the best program ineffective. "There is strong evidence that seemingly small differences in how an intervention is implemented can sometimes make a major difference in the intervention's effects" (Social Programs That Work, n. d., p. 1).

Culturally Competent Practices

A third factor present in the literature is *the importance of culturally competent practices*. Youth of color in the U. S. – particularly African Americans and Latinos – have long been overrepresented in all stages of the juvenile justice system, from initial arrest, to deferral or adjudication, to probation or confinement. This situation is often referred to as disproportionate minority contact, or DMC (Annie E. Casey Foundation, 2009; Hsia, Bridges, & McHale, 2004; Short & Sharp, 2005).

The disparity between white youth and youth of color increases at each stage as youth move through the juvenile justice system. In 2003, youth of color were detained at rates higher than white youth in 48 out of 50 states and the District of Columbia. Recent anti-gang legislation in this country has only exacerbated DMC, as new laws in many jurisdictions allow more time to be ordered for offenses deemed to be "gang-related," and it is estimated that at least 80% of gang members are African American or Latino (Annie E. Casey Foundation, 2009; Sedlak & McPherson, 2010; Short & Sharp, 2005).

Despite the disproportionate number of minority youth in custody, there is little evidence that treatment programs currently offered by juvenile institutions and detention centers meet the particular needs of individuals in minority racial and ethnic populations. This circumstance is viewed as a lost opportunity by many who study the juvenile justice system. For example, Butts (2008) asserts, "The young people involved with the justice system present special challenges. Many come from highly disadvantaged communities…the juvenile justice system needs youth development frameworks that have been designed with its clients in mind" (p. 9). Spencer and Jones-Walker (2004) warn, "The idea of locking away bad people to keep society safe…ignores the realities of what causes criminal behavior, the normative developmental challenges young people face…and the essential role of race/ethnicity, class, and gender in the reentry experience. It also ignores the fact that these youth will someday be released from prison, whether their developmental needs have been addressed or not" (p. 95).

Those envisioning juvenile institutions and detention centers that better serve their minority populations offer a variety of suggestions for program improvement. These include recognizing that adolescents as a group are particularly sensitive to themes of race, ethnicity, gender, and social class; that youth's risk and protective factors may be strongly affected by racial, ethnic, and gender differences; that programs must take into account each youth's competencies, self-image, and perception of others; and that programs must also take into account the culture of the families, neighborhoods, and larger communities to which

the youths will return (Altschuler & Brash, 2004; Spencer & Jones-Walker, 2004; Thornberry et. al, 2003; Mulvey, 2005).

Until recently, the majority of scientific studies establishing evidence-based practices for juveniles have included few, if any, racial and ethnic minority participants. Fortunately, in recent years, more studies done by federal agencies and research organizations (e. g., the Office of Juvenile Justice and Delinquency Prevention) have included cultural and age appropriateness as criteria in the process of identifying effective programs that could be utilized in juvenile justice settings (Espiritu, 2003, Data Matters).

In sum, the literature strongly suggests that, to be meaningful and effective, programming for youth in the juvenile justice system must be research-based, and must take into account not only youth's attitudes, behaviors, and crimes, but also the cultural context in which their thoughts, actions, and worldview arise.

Developmentally Appropriate Practices

A fourth factor noted frequently in the literature is *the importance of developmentally appropriate practices.* Youth think and feel differently than adults, especially when under stress, and the programs created for them need to acknowledge these differences (Virginia Commission on Youth, 2005). Furthermore, distinctions need to be made between different age levels: for those 10 to 14, functional families are critical; for those 15 to 17, pro-social peers are key; and for those between 18 and their early 20s, the need for education and work experience assumes great importance (Mears & Travis, 2004).

All adolescents need opportunities to develop independence, social and employment skills, and positive relationships with supportive adults and pro-social peers. Youth in custody need these opportunities as much – or more – than most, but rarely receive the same level of support as youth outside the juvenile justice system. Everything possible should be done to provide incarcerated youth the tools they need to build a positive and stable lifestyle (Butts, 2008; Sedlak & McPherson, 2010; Steinberg, Chung, & Little, 2004). According to Steinberg et. al (2004), "Although it is unrealistic to expect a justice system with the dual challenges of punishment and rehabilitation to replicate perfectly the conditions known to facilitate healthy development among non-offenders, it is not unrealistic to ask that the system, at the very least, keep these considerations in mind" (p. 33).

Each incarcerated youth is ultimately faced with having to negotiate two very different, and often daunting, transitions: moving from confinement back into the community, and moving from adolescence into adulthood. While dealing with many of the same reentry issues faced by adults, they must also do the developmental work necessary to enter the adult world – achieving independence from their families of origin, finding meaningful work, and establishing intimate relationships. If they make progress toward these developmental tasks while still in custody, their chances of successful reentry will markedly increase (Altschuler & Brash, 2004; Butts, 2008; Sullivan, 2004).

Focus on Reentry

The fifth and final factor addressed in the literature is *the importance of focusing on reentry.* Reentry services (also referred to as transition services, reintegration services, or aftercare services) are critical if incarcerated juveniles are to develop in pro-social ways and avoid recidivism. Reentry planning should begin at the time of sentencing, be in active development while a youth is incarcerated, and be fully formed (with all key parties committed to their roles – treatment, education, social support, etc.) before the youth is released from custody (Altschuler et. al, 1999; Altschuler & Brash, 2004; Gies, 2003; Travis & Petersilia, 2001).

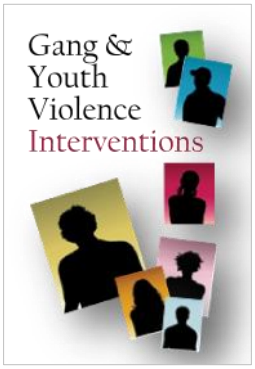
For each youth, there are seven primary domains that need to be considered in the reentry process: family and living arrangements, peer groups, mental and physical health, education, substance abuse, vocational training and employment, and leisure and avocational interests (Altschuler & Brash, 2004). For older youth, who must support themselves, and may also be responsible to support a child or children, the ability to access educational and work opportunities (both in and out of custody) is of particular importance (Mears & Travis, 2004; Travis & Petersilia, 2001).

Most incarcerated youth are hampered by one or more roadblocks to successful reentry, such as a low educational level, stigma or racism, residence in a high crime community, substance abuse, mental illness, or learning disabilities (Mears & Travis, 2004). They need strong relationships with functional family members, other adult mentors, pro-social peers, and community members and organizations in order to make meaningful progress toward a healthy and stable lifestyle (Gies, 2003; Mendel, 2004).

When youth are approaching release from custody, it is not sufficient to put independent supports in place. "Best practice" involves numerous parties – including institutional and community corrections staff, educational personnel, social service workers, courts, and law enforcement – working together on a youth's behalf (Altschuler & Brash, 2004; Perkins-Dock, 2001). The better the coordination between youth's community networks and their support systems inside juvenile facilities, the more their prospects will improve (Sullivan, 2004).

Families should be included in reentry whenever possible, as early as possible, for they can serve as the cornerstone of the entire process. Correctional agencies should select placement locations that facilitate family contact. They should also improve visitation policies; make it easier for youths and their families to maintain phone, video, or Internet contact; and expand the definition of family to allow visitation by girlfriends or boyfriends, who are sometimes raising the children of youth in custody (Normandin & Bogenschneider, 2008; Perkins-Dock, 2001; Sedlak & McPherson, 2010). In situations where families are unable to support their youth, alternate living situations should be arranged prior to youth's release from custody (Sullivan, 2004).

Altogether, it takes the attention, expertise, and coordinated effort of many individuals and organizations to give youth in custody the best chance for a successful reentry into their communities. Without such an investment, "there is little reason to expect that re-offending behavior will diminish or that overall performance of youth returning to the community will improve" (Altschuler et. al, 1999, pp. 2-3).



PART VI: DISCUSSION AND CONCLUSIONS

A summary of the report's findings, and of JRA's current practices and potential avenues for improvement.

The first question this report set out to answer was, ***What evidence-based practices and promising practices work for gang-involved and violent youth in juvenile institutions and detention centers?***

Current research and literature suggest that the two primary categories of evidence-based practices that have a positive impact on youth in juvenile justice settings are *cognitive behavioral therapies* (CBTs) and *family-focused therapies*. A number of specific therapies falling into these two categories are highlighted in this report. However, it should be emphasized that there are many other CBTs and family-focused therapies with the potential to positively impact juvenile offenders and their families. There are also EPBs outside the two primary categories that have proven effective in smoothing juvenile offenders' paths from custody back into the community, some of which are outlined in this report.

In addition, current literature provides ample evidence of promising practices for juvenile offenders in a number of different areas. These include programs that offer youth specific treatments such as drug abuse treatment, mental health counseling, mentoring, and assistance with school and employment.

The second question this report addressed was, ***When utilizing evidence-based and promising practices in juvenile institutions and detention centers, what key factors promote success?***

According to current literature, even the best-researched and most highly-regarded practice for juvenile justice settings will fail if certain factors are not present at the program site. These are a*ccurate needs assessment, culturally competent practices, fidelity in implementation, developmentally appropriate practices,* and *focus on reentry.*

A sixth factor that is often missing from academic discussions of particular practices is *adequate and consistent funding.* No matter which practice a juvenile justice organization attempts to implement, inadequate or inconsistent funding for staffing, facilities and equipment, and other needed resources will undermine the integrity of the practice and therefore limit the practice's value to the youth it is meant to serve.

JRA: Current Practices

When viewed through the lens of current research and literature, JRA appears to be on the right path with many of its standard practices, as outlined below.

- JRA's Integrated Treatment Model (ITM) residential treatment component incorporates two evidence-based cognitive-behavioral treatments: Dialectical Behavior Therapy and Aggression Replacement Training.
- JRA's ITM parole treatment component, Functional Family Parole (FFP), is based on Functional Family Therapy (FFT), which is an evidence-based family-focused program for juvenile offenders.
- Family Integrated Transitions (FIT), an evidence-based family-focused program for dually diagnosed youth that was developed and researched in Washington State, is currently operating in JRA's juvenile institutions and as part of JRA's parole process in several Washington counties.

- The JRA Mentoring Program is a promising program "homegrown" in Washington State. Unfortunately, it has been downsized in recent times due to staff reductions and other budget constraints. At the same time, 100 Black Men of Greater Seattle (another promising program) is beginning to build a mentoring program in two JRA institutions.
- JRA operates substance abuse treatment programs in 4 institutions and 2 community-based facilities, as part of ITM.
- The Evergreen State College Gateways for Incarcerated Youth program operates high school and college preparatory classes, as well as cultural classes and events, at JRA's Green Hill and Maple Lane Schools. Youth at Green Hill School and Naselle Youth Camp also have opportunities to participate in vocational and pre-vocational training.
- JRA provides cultural identity groups, facilitated by both college staff and JRA staff, in its institutions for youth who wish to participate, which is consistent with the recommendation for culturally competent practices.
- JRA has a standardized assessment process in place for youth who enter its facilities, and staff properly trained to complete these assessments, which is consistent with the recommendation for accurate needs assessments.
- JRA has made strong efforts to standardize the implementation of its ITM model, which is consistent with the recommendation for fidelity in implementation.
- JRA administers a statewide Youth Violence, Gang Prevention and Intervention Service Project (VIP), which funds community-based projects that serve youth involved in gang activity or violence, as well as youth at risk for such involvement. VIP helps youth develop protective factors (positive relationships, pro-social environments, appropriate treatment, etc.). It has successfully utilized three *Office of Juvenile Justice and Delinquency Prevention Comprehensive Gang Model* strategies - community mobilization, opportunities provision, and social intervention.

JRA: Possible Future Directions

To the degree that is fiscally feasible, JRA should do everything possible to build on the existing strengths outlined above: individualized needs assessments; evidence-based CBTs and family-focused programs; mentoring programs; substance abuse treatment programs; academic programs; job training programs; and cultural competence on the part of staff that informs assessment, treatment, mentoring, schooling, and all other aspects of institutional life. It should also continue to support community-based programs that provide prevention and intervention services to youth in the juvenile justice system, or at risk to enter that system.

In recent conversations, administrators, staff, and one youth at Green Hill school praised the institution's high school and college preparatory academic courses; mentoring programs; and cultural programs (for African Americans, Native Americans, Latinos, and Asian/Pacific Islanders). They also reported that DBT and other cognitive-behavioral programs are useful for developing a baseline for appropriate behavior and a common language inside the institution. However, they pointed out that youth have difficulty transferring the skills they learn in such programs back to their chaotic community environments, certainly without a variety of strong supports in place.

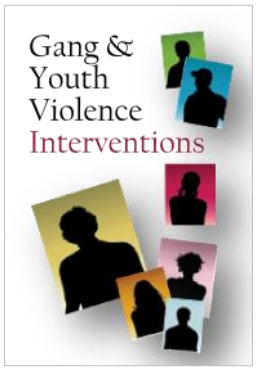
This leads back to the one factor literature suggests is imperative if juvenile offenders are to build successful lives and avoid recidivism: ***a strong focus on reentry***. Done correctly, this would include the development of an individualized reentry plan for each youth when they enter an institution (or even before). The reentry plan would take into account the youth's family setting, peers, mental and physical health, education, substance abuse, employment situation, and personal interests.

As soon as a youth's needs and strengths were established, institutional staff would begin working with the youth and a variety of community supports – parole staff, educators, social workers, housing and employment counselors, treatment staff, etc. – to prepare for the youth's transition back into their

community. Whenever possible, family members would be central to this process; in instances where family cannot support their youth, alternate living arrangements would be developed.

While there is some interaction between JRA institutional staff and community supports toward the end of youth's time in custody, it would appear that JRA institutions do not – on the whole – rise to the level of pre-planning and collaboration described in the paragraph above. This impression was borne out during recent consultations with administrators and staff at JRA's Green Hill School. They stated that there must be transition work done if the advantages youth gain in cognitive behavioral treatment inside the institution are going to transfer back to the community. This work would include mentors being assigned while youth are still in custody, and continuing to mentor once youth are released; more "step-down" transition facilities, available to youth in all risk categories; more pre-planning with a variety of community supports while youth are still in custody; and more routine contact with natural supports on the outside – family members, coaches, pastors, pro-social friends, etc. – while youth are preparing to leave the institution.

All of these suggestions are in keeping with the following recommendations of Mears and Travis (2003): "The goal of programming during confinement and reentry should be to provide…experiences and activities that promote positive development…such as life skills education, and vocational and educational training. One key strategy…is to engage, early in the incarceration period, community groups, family members, and service providers that can begin to build the positive connections that will support a young person following release…community coalitions must be created to promote [young people's] reintegration" (p. 14). For, as Butts (2008) succinctly states, "Young people develop and flourish when they are connected to the right mix of opportunities, relationships, and social assets" (p. 5).



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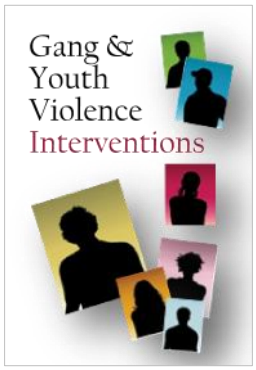


APPENDIX A

Additional information about evidence based practices outlined in Part III of this report.

Table 1: Meta-analyses

Meta-analysis	Study Design & Sample	Key Findings
Andrews et. al, 1990	Meta-analysis of 154 studies completed in juvenile and adult correctional settings. Studies included randomized and non-randomized designs in diversionary, community, and residential settings.	What doesn't work: criminal sanctioning without provision of rehabilitative services; servicing without reference to clinical principles of rehabilitation. What works: delivery of service to higher risk cases; targeting of clients' criminogenic needs; use of cognitive-behavioral treatments matched to client needs and learning styles.
Izzo & Ross, 1990	Meta-analysis of 46 studies of intervention programs for juvenile delinquents.	Significant difference found between programs that included a cognitive component and those that did not. Cognitive programs (problem solving, negotiation and interpersonal skills training, rational-emotive therapy, role-playing/modeling, or cognitive behavior modification) were more than twice as effective as non-cognitive programs. Programs based on theory averaged 5 times more effect than those with no theoretical base. Conclusion: How an offender thinks may be at least as important as how he or she feels or behaves.
Landenberger & Lipsey, 2005	Meta-analysis of 58 experimental and quasi-experimental studies of the effects of cognitive-behavioral therapy on the recidivism of adult and juvenile offenders.	Factors associated with larger recidivism reductions were treatment of higher risk offenders, high quality treatment implementation, and a CBT program that *included* anger control and interpersonal problem solving but *did not include* victim impact or behavior modification components. No difference between effectiveness of various "brand name" CBTs and generic CBTs.
Lipsey, 1992	Meta-analysis of 443 studies of juvenile delinquency rehabilitation and prevention programs.	In 64% of the studies the treatment group had less recidivism than the control group. The more effective programs provided larger amounts of meaningful contact, were longer in duration, were designed by a researcher, and offered behavioral, skill-oriented, and multi-modal treatment. Appeared that more effective programs targeted higher-risk juveniles (not a statistically significant difference). Appeared that treatment in public facilities, custodial institutions, and the juvenile justice system was less effective than community treatment (which may be because community-based treatment involves more meaningful contact and is of longer duration).
Lipsey & Wilson, 1998	Meta-analysis of 200 studies of programs for serious juvenile offenders.	For institutionalized offenders, the most effective programs were interpersonal skills training and community-based family-type group homes. For non-institutionalized offenders, the most effective programs were interpersonal skills training, individual counseling, and behavioral programs. On average, the 200 programs studied produced positive, statistically significant effects equivalent to a 12% reduction in recidivism. The best programs reduced recidivism by as much as 40%.

Meta-analysis	Study Design & Sample	Key Findings
Lipsey & Landenberger, 2006	Meta-analysis of 14 experimental and quasi-experimental studies wherein treatment with a primary cognitive component was used for juvenile or adult offenders.	CBT reduced recidivism rates overall by 27%. (Research and demonstration projects reduced recidivism by 49%; practice projects reduced recidivism by 11%.) No significant differences between "brand name" and generic CBTs. Treatment effectiveness improved by smaller samples, adherence to intervention plan, and providers with mental health backgrounds. More training for providers – more positive outcomes. CBT provided in the community had larger effects on recidivism than CBT provided in prison settings. Larger effects for higher-risk offenders.
Lipsey et. al, 2007 (August)	Meta-analysis of 58 randomized and non-randomized studies of primary explicit CBTs on the recidivism of general offenders.	The higher-risk the offender, the more positive effect from CBT. CBTs implemented with more fidelity had a greater effect; adequate training for providers important. CBTs emphasizing anger control and interpersonal problem-solving had greater effects; CBTs emphasizing victim impact and behavior modification had smaller effects. No difference between different versions of CBT; CBT as effective for juveniles as adults; CBT as effective in prison as in the community.
Pearson et. al, 2002	Meta-analysis of 69 studies covering both behavioral (behavioral modification, contingency contracting, token economy) and cognitive-behavioral (social skills development, cognitive skills development) programs. Programs studied operated in prisons, jails, and probation and parole settings.	Cognitive-behavioral programs were more effective than behavioral programs; they had a mean recidivism reduction for treated groups of about 30%.

Table 2: Aggression Replacement Therapy (ART)

Study/ Site	Study Subjects	Study Design & Sample	Race & Gender	Outcomes Measured	Key Findings
Aos et. al, 2006	Systematic review of juvenile and corrections and prevention programs.	Meta-analysis of evidence-based practices to determine which reduced crime; determination of whether costs exceeded benefits for each program/practice.	Race/ethnicity and gender not specified.	Recidivism rates, program costs	7.3% change in crime outcomes (based on one study). Benefits to crime victims and taxpayers, minus costs (per participant): $14,660.
Barnoski, 2004 Olympia, WA (2000)	Court-involved youth with at least a moderate risk level and a problem with aggression, or a lack of pro-social attitudes or skills.	704 youth in ART treatment group; 525 youth in control group throughout state (26 juvenile courts). Courts rated as "not competent", "competent," or "highly competent" at delivering ART groups.	Treatment group: 80% male; control group: 81% male. Race/ethnicity not specified.	Misdemeanor and felony recidivism; felony recidivism; and violent felony recidivism. Cost-benefits of program.	Overall felony recidivism rate lower for ART group (21%) than control group (25%). In courts rated competent or highly competent, the ART felony recidivism rate is lower (19%); in incompetent courts, the rate is higher (27%). ART generates $6.71 in avoided crime costs for each taxpayer dollar spent.
Goldstein & Glick, 1994 New York (1984-1994)	Delinquent youth at two juvenile institutions (ages 13-21 at one institution; age not specified at the other).	Institution 1 (limited security): 24 youth received ART (3 sessions per week for 10 weeks); 24 youth received no ART, brief instructions; 12 youth received no ART, no instructions. Institution 2 (maximum security): Experiment replicated with unspecified number of youth.	At Institution 1, demographics of participants not specified. At Institution 2, participants all juvenile males.	Effectiveness of ART – skills acquisition; skills transfer; anger control management and reduction.	Treatment groups made significant progress in these areas, compared to control groups: skills acquisition and transfer (in 5 of 10 skills); prosocial behaviors; decrease in impulsivity. At Institution 2 only, treatment group also improved significantly in socio-moral reflection and moral reasoning.
Holmqvist et. al, 2009 Sweden	Delinquent adolescents (16-19) at four institutions called "Special Approved Homes."	Participants split into four groups - 2 ART groups (one with 35 members, one with 7 members) who had 2 ART sessions per week for 10 weeks; 2 ongoing relational groups (one with 8 members, and one with 35 members). Participants interviewed 3 times regarding crimes committed and guilt feelings - at intake, release, and 1 year after release.	Race/ethnicity and gender not specified.	Changes in interview answers recorded and rated. (No test for treatment fidelity.)	No significant differences between ART and relational treatment model. Adolescents who admitted crimes/guilt for crimes had lower relapse rates; those with less guilt got better results in ART groups.
Hornsveld, et. al, 2008 Netherlands (2002-2007)	Offenders with conduct disorder or antisocial personality disorder (16 or older).	Forensic psychiatric patients: 170 adult inpatients; 248 adult outpatients; 142 adolescent outpatients. Tx, posttest. Groups of 8 patients; anger management, social skills, moral reasoning modules (15 90-minute weekly sessions each); 3 follow-up evaluation and report sessions; participants give verbal reports, evaluate 18 statements on a 5-pt scale.	All male. Adult inpatients 29.2% ethnic minority; adult outpatients 44.2% ethnic minority; adolescent outpatients 54.5 % ethnic minority.	Program fidelity; attendance; quality of homework; progress of study subjects in applying social skills; sustainability of that progress; remaining problem behaviors.	Therapy applicable to adolescents with conduct disorder; not appropriate for patients with high psychopathy; must be used in conjunction with other treatments and services (drug treatment, job training, etc.). Dropout rate for outpatients high – community education and support needed.

Table 3: Dialectical Behavior Therapy (DBT)

Study/ Site	Study Subjects	Study Design & Sample	Race & Gender	Outcomes Measured	Key Findings
Drake & Barnoski, 2005 King County, WA	Mentally ill youth at Copalis Cottage, Echo Glen Children's Center (juvenile facility).	DBT group: 65 participants. Control group: 63 participants. DBT primarily delivered through daily interactions between staff and youth. Small-group skills training emphasized skill acquisition, strengthening, and generalization. At least 14 days of DBT administered to each youth in study.	• DBT group: 31% male, 60% white. • Control group: 21% male, 73% white.	Recidivism rates.	DBT group: 40% convicted of new felony within 36 months of release; 19% convicted of violent felony. Control group: 46% convicted of new felony within same period; 21% convicted of violent felony. Observed reductions in DBT group, but *not statistically significant* due to small number in study.
Linehan et. al, 1999 Location unspecified, USA	Females (18-45) with drug dependence and borderline personality disorder.	Participants randomly assigned to either DBT (weekly 1 hr individual psychotherapy, 2-hr group skills training, and "coaching" phone calls with therapist as needed) or TAU (treatment as usual). DBT group had 12 members; TAU group had 16 members. Assessed by independent clinical interviewers at 4, 8, and 12 months, and 16-month follow-up.	• All female. • Race/ethnicity not specified.	Drug abuse: proportion of days abstinent from alcohol and drugs (interviews done and urine samples taken). Types and amounts of medical and psychological treatments received. Global and social adjustment.	DBT group had significantly greater reductions in substance abuse, maintained in treatment better, and had greater gains in global and social adjustment at follow-up than control group.
Trupin et. al, 2002 Washington State	Adolescent females incarcerated at a Washington State juvenile facility, average age 14-15.	Two DBT groups: 22 residents in one mental health treatment cottage; 23 residents in one general population cottage. One treatment as usual (control) group: 45 residents in one general population cottage. Pre-post intervention records compared.	• All females. Mental health DBT group: 50% white; 15% African American; 15% Native American; 10% Hispanic; 10% other. • General population DBT group: 50% white; 22% African American; 9% Native American; 14% Hispanic; 5% other. • Control group: 59% white; 23% African American; 9% Native American; 7% Hispanic; 2% other.	Intake interviews; daily behavior logs; Massachusetts Youth Screening Instrument (measures mental health symptoms).	Youth behavior problems and use of punitive responses by staff decreased compared to the year prior in mental health DBT group, while no behavior or staff changes were noted in general population DBT group. Yielded mixed results on behavior change during study period that may relate to the quality of staff training and/or prior youth behaviors.

Table 4: Moral Reconation Therapy (MRT)

Study/ Site	Study Subjects	Study Design & Sample	Race & Gender	Outcomes Measured	Key Findings
Armstrong, 2003 Montgomery County, Maryland	Male residents (15-22) of Montgomery County Detention Center. 253 of 256 participants had been arrested prior to the arrest leading to their incarceration; 54 participants had 4 or more prior arrests.	Treatment (*N*=129) and control (*N*=127) groups. Treatment group received 3 sessions (1.5 hours each) of MRT; control group received no MRT. (Supplemental intensive treatment group received 30 days of MRT.)	• All males. • Race/ethnicity of entire sample (treatment and control groups) was: 55% African American; 32% white; 6% Hispanic; 7% Asian.	Disciplinary violations while incarcerated, recidivism.	Exposure to MRT was not associated with significant decreases in risk of recidivism. Supplemental analysis (of intensive treatment group, compared to control group) also showed no significant decreases in risk of recidivism.
Burnette et. al, 2004 Tennessee (July 2003-June 2004)	Juvenile offenders in the Woodland Hills Youth Development Center (average age 16.33).	35 offenders participated in the MRT program. Pre-post tests of personality variables completed (PLOC, LPQ, SSS, PSS, POSIT, & DIT); drug screens done every 4 mos. From 6/2003 to 6/2004, 23 offenders were discharged from the program. Of these, 15 completed all 12 MRT steps, 1 completed at least 7 steps, 7 completed less than 7 steps (7 steps being considered the minimum for long-term benefit.)	• 50% African-American; 28% white; 22% other. • Gender not specified.	Level of antisocial characteristics; problem areas; moral reasoning; internal controls. Recidivism.	Participants showed significantly lower antisocial characteristics and problem areas, and significantly higher moral reasoning and internal controls. Six month recidivism rate 39% to 60% lower than recidivism rate for comparable juveniles in other states.
Little, 2000 Locations not specified	Review of 78 studies of the effects of MRT on juvenile and adult offender sand high-risk populations	78 studies reviewed including 14,623 MRT-treated individuals and 72,898 individuals in control groups.	• Race/ethnicity and gender not specified.	Recidivism; cost-benefit; moral reasoning; self-esteem; depression; anger; life purpose; sensation seeking.	Overall, MRT lowers recidivism for up to 10 years, produces the greatest cost savings of any offender treatment; decreases anger, depression, and sensation seeking; and positively impacts moral reasoning, self-esteem, and life purpose.
Little, 2003 USA	Participants in 3 MRT studies of parolees and probationers (1601 tx. group members; 969 control group members) and participants in 1 T4C study of probationers (71 tx. group members; 71 control group members).	Compared 3 MRT studies with 1 T4C study. Calculated the *relative difference* in recidivism between treated and non-treated groups (for both the T4C study and the 3 MRT studies).	• Gender not specified for MRT studies; T4C study had 100 male and 42 female participants. • Race/ethnicity not specified for either MRT studies or T4C study.	Recidivism.	The lowered relative re-arrest rate for MRT participants (69%) was much higher than the relative re-arrest rate for T4C participants (24.5%).

Study/ Site	Study Subjects	Study Design & Sample	Race & Gender	Outcomes Measured	Key Findings
Little 2005 Alaska; Oregon; Illinois; New Mexico; Oklahoma; Tennessee.	Meta-analysis of 9 outcome studies of the effects of MRT on recidivism in juvenile and adult parolees and probationers.	Nine studies included in meta-analysis had 2,460 MRT-treated individuals and 7,679 individuals in control groups.	• Race/ethnicity and gender not specified.	Recidivism.	Recidivism (defined as rearrest or reincarceration) was significantly reduced for MRT participants.
Little & Robinson, 1989 Shelby County, Tennessee	DWI offenders (average age 34.9) and drug offenders (average age 24.5) in a county-operated prison. Also, a group of inmates who participated in an MRT aftercare program.	40 DWI offenders and 62 drug offenders received MRT in prison. Also, 103 offenders from the prison's drug, alcohol, work-release, and women's programs received MRT in an aftercare program. Pre-post Defining Issues Test and short-form Purpose in Life Questionnaire for all groups.	• All 62 drug offenders male; inference that the 40 DWI offenders were also male. 103 aftercare group members were both male and female – percentages not specified. • Approximately 50% black.	Life purpose, moral reasoning, recidivism.	Significant increase in levels of moral reasoning and purpose in life with both DWI and drug offenders. Preliminary recidivism data on aftercare group members not significant, but encouraging.

Table 5: Reasoning and Rehabilitation (R & R)

Study/ Site	Study Subjects	Study Design & Sample	Race & Gender	Outcomes Measured	Key Findings
Berman, 2004 Sweden	Male prisoners in 21 Swedish prisons and 8 probation offices. Evaluated for participation using semi-structured interviews covering educational background, learning capacity, and existing mastery of cognitive skills.	372 prisoners participated in one of 69 3-month R & R cycles between 1995 & 2000; each cycle included 4-8 participants. Control groups comprised of prisoners not receiving R & R. Program taught problem-solving and social skills (negotiation, managing emotions, creative & critical thinking, value analysis). Skills measured with tests names in "Outcomes Measured" section.	• All males. • Race/ethnicity not specified.	Problem-solving skills; social skills; recidivism. Short-term changes measured by Sense of Coherence scale, Eysenck's Impulsiveness,Venture-someness and Empathy Questionnaire and Criminal Sentiments Scale. Long-term changes were measured by reconviction outcomes compared to matched controls.	77% R & R completion rate. Short-term, completers showed significant improvements in sense of coherence; impulsiveness; venturesomness; and attitudes toward law, courts, police, and criminality. Long-term, completers had 25% lower risk of reconviction than control group up to 36 months after prison release (48.1%). (Program dropouts had a 38% higher comparative risk of reconviction.)
Mitchell & Palmer, 2004 UK	Male juvenile offenders (15-18) in secure institution in NW England (1998-2000), released 18 months or more prior to collection of reconviction data.	31 participants in treatment group; 31 in control group; non-random assignment. Treatment and control groups matched by age, offense, sentence length, prior convictions. Treatment included games, direct training, skills modeling, facilitated discussions; 35-38 2-hour sessions; groups of 6-12.	• All males. Experimental group: 87% white; 10% Afro-Caribbean; 3% Asian. Control group: 87% white; 13% Afro-Caribbean.	Reconviction; reimprisonment.	No significant differences in reconviction and reimprisonment rates of treatment and control groups. Study limitations: small sample size, official data not necessarily accurate record of criminal behavior.
Ross et. al, 1988 Ontario, Canada	High-risk male probationers (average age 24).	62 participants total: 23 in regular probation (Control 1); 17 in probation plus life skills training (Control 2); 22 in probation plus cognitive training (Experimental Group). Control 1 received no training; Control 2 received 80 hours training in money management, leisure activities, law, and employment-seeking skills. Experimental group received 80 hours of cognitive training exercises in 4-6 member groups.	• All males. • Race/ethnicity not specified.	Recidivism.	Recidivism within 9 months of program completion was 18.1% for the experimental group, compared to 47.5% for the Control 2 group and 69.5% for the Control 1 group. Among the recidivists, no one in the experimental group received a prison sentence, while 11% of Control 2 and 30% of Control 1 did.
Wilkinson, 2005 London, UK	Adult offenders in a community-based day program in a probation center in London.	Quasi-experimental design. Individuals assessed by probation staff as R & R appropriate or not. "Appropriate" individuals then sentenced to probation were placed on R & R; those given alternative sentences were used as a control group.	• Race/ethinicity and gender not specified	Re-convictions. Attitudinal change (as measured by impulsiveness, locus of control, self-control, and criminality scales).	At 2 years after sentencing, there was no significant difference in re-conviction rate between program participants (either those who completed or those who dropped out) and control group members. Offenders whose attitudes changed pro-socially were *more* likely to be reconvicted than those whose attitudes did not change for the better.

Table 6: Relapse Prevention Therapy (RPT)

Study/ Site	Study Subjects	Study Design & Sample	Race & Gender	Outcomes Measured	Key Findings
Carroll, 1996 Locations not specified	Review of more than 24 randomized controlled trials of RPT with adult subjects.	Review included studies of adult smokers, and adult abusers of alcohol, cocaine, marijuana, and other substances.	• Race/ethnicity and gender not specified.	Cessation of substance abuse, improvements in psychosocial functioning, days of substance abuse, time to relapse.	Evidence of effectiveness of RPT compared with no-treatment controls (most strongly for smoking). Less consistent evidence of RPT's superiority to other active treatments.
Irvin et. al, 1999	Meta-analysis of 26 published and unpublished studies (1978-1995); 70 hypothesis tests; 9,504 participants.	Meta-analysis conducted to evaluate the overall effectiveness of RPT, and the extent to which certain variables may relate to treatment outcome.	• Race/ethnicity and gender not specified.	Cessation of substance abuse, effect of certain variables (including treatment modality, setting of treatment, use of medication, and type of measures used).	RPT generally effective. Most effective for alcohol or polysubstance-abuse disorders; less effective for smoking. More effective when combined with use of medication, and when evaluated immediately following treatment using uncontrolled pre-post tests.

Table 7: Brief Strategic Family Therapy: (BSFT)

Study/ Site	Study Subjects	Study Design & Sample	Race & Gender	Outcomes Measured	Key Findings
Perkins-Dock, 2001 Location not specified	10 juvenile offenders sentenced to 90 days in a detention center.	5 participants in 1-person family intervention; 5 participants in conjoint intervention with their family. BSFT used for both groups; one session per week for 10 weeks. Pre-post testing with Manifestation of Symptomology Scale (MOSS) and Family Environment Scale (FES). Substance-abusing juveniles excluded from study; participants in conjoint intervention selected based on high-probability of family participation and family's proximity to detention center.	• Race/ethnicity and gender not specified.	Scores on MOSS and FES, including self-esteem, depression, control, impulsivity, cohesion, organization, and home environment.	Those receiving the 1-person family intervention had significantly higher self-esteem and depression scale scores on the MOSS. Trends: 1-person family intervention more effective in affecting self-esteem, depression, control, and impulsivity. Conjoint family intervention more effective in affecting cohesion, organization, and home environment.
Robbins & Szapocznik, 2000 Miami, Florida	Overview of BSFT, highlighting University of Miami research.	Study 1: Pre-post test design. Compared structural family therapy group, individual child therapy group, and recreational activity (control) group. Study 2: Pre-post test design. Compared youth assigned to BSFT with youth assigned to group counseling.	• Hispanic American youth. • Gender not specified.	Study 1: Dropout rate, reduction of behavior and emotional problems, retention of family integrity. Study 2: Conduct disorder, socialized aggression.	Study 1: Dropout rate of control group significantly higher than dropout rate of the 2 treatment groups. Two treatment groups equally effective in reducing behavior and emotional problems. BSFT more effective in protecting family integrity long-term. Study 2: Youth receiving BSFT showed significantly greater improvement in conduct disorder and socialized aggression than youth in group therapy.
Szapocnik et. al, 1986 Miami, Florida	35 Hispanic American families with a drug-abusing adolescent (the "identified patient"). Adolescents' average age: 17.	Random assignment of subjects to two conditions: conjoint family therapy (17) and 1-person family therapy (18). Both groups received 12-15 BSFT sessions. Pre-post testing with Psychiatric Status Schedule (PSS), Behavior Problems Checklist (BPC), and Structural Family Task Ratings (FTR).	• All 35 families in study Hispanic American; 77% Cuban American. • Gender of participating adolescents not specified.	Individual functioning, family functioning, symptom reduction in adolescents.	1-person family therapy was as effective as conjoint family therapy in both individual and family functioning, and slightly more effective in bringing about continued symptom reduction in adolescents.

Table 8: Family Integrated Transitions (FIT)

Study/ Site	Study Subjects	Study Design & Sample	Race/Ethnicity & Gender	Outcomes Measured	Key Findings
Aos, 2004 Washington State	273 juvenile offenders, under 17 ½, with both substance abuse and mental health issues, sentenced to Washington State juvenile institutions.	104 youth assigned to FIT program; 169 youth assigned to comparison group. (All FIT youth lived in four counties offering FIT; comparison group youth lived in counties not offering FIT).	• Race/ethnicity percentages not specified. It is noted that the FIT group was more likely to be black and less likely to be Hispanic than the control group. • Gender not specified.	Recidivism rates; program costs.	FIT group youth significantly less likely to reoffend; 27% of FIT group youth were convicted of a new felony within 18 months of release, compared to 40.6% of control group youth. FIT achieves $3.15 in crime reduction benefits per each dollar of cost.
Aos et. al, 2006 Washington State	Systematic review of juvenile corrections and prevention programs.	Meta-analysis of evidence-based practices to determine which reduced crime; determination of whether costs exceeded benefits for each program/practice.	• Race/ethnicity and gender not specified.	Effect on crime outcomes; benefits and costs.	13% change in crime outcomes (based on one study). Benefits to crime victims and taxpayers, minus costs per youth, were $40,545, or $5.20 in benefits per dollar of cost.

Table 9: Functional Family Therapy (FFT)

Study/ Site	Study Subjects	Study Design & Sample	Race & Gender	Outcomes Measured	Key Findings
Alexander & Parsons, 1973 Salt Lake City, Utah	Families with delinquent youth (13-16) referred by the Salt Lake County Juvenile Court to the Family Clinic at the University of Utah (1970-1972).	Of 99 families referred, 46 families randomly assigned to the FFT program; 40 families randomly assigned to one of three comparison groups: client-centered family group program (19), psychodynamic family program (11), or no treatment (10).	• 38 males and 48 females. • Race/ethnicity not specified.	Recidivism.	FFT group had a significantly lower recidivism rate (26%) than the client-centered group (47%), psychodynamic family group (73%), and no treatment group (50%). There was no significant difference among groups in time to recidivism.
Aos et. al, 2006 Washington State	Systematic review of juvenile corrections and prevention programs.	Meta-analysis of evidence-based practices to determine which reduced crime; determination of whether costs exceeded benefits for each program/practice.	• Race/ethnicity and gender not specified.	Effect on crime outcomes; benefits and costs.	15.9% change in crime outcomes for youth involved in FFT on probation (based on 7 studies). Benefits to crime victims and taxpayers, minus costs per youth, were $31,821, or $14.69 in benefits per dollar of cost (in 2006 dollars).
Barnoski, 2004 Washington State	Court-involved youth with a moderate- or high-risk, and a dynamic risk factor score of at least 6 out of 24 on current family. Average age: 15.	387 youth in FFT treatment group; 313 youth in control group throughout state (26 juvenile courts). Courts rated as “not competent”, “competent” or “highly competent” at delivering FFT.	• Treatment group seen by competent therapists: 81% male; treatment group seen by not competent therapists: 75% male; control group: 80% male. • Race/ethnicity not specified.	Misdemeanor and felony recidivism; felony recidivism; and violent felony recidivism. Cost-benefits of program.	Overall felony recidivism rate lower for FFT group (24.2%) than control group (27%). In courts rated competent or highly competent, the FFT felony recidivism rate is lower (16.7%); in incompetent courts, the rate is higher (31.5%). FFT generates between $2.77 and $10.69 in avoided crime costs for each taxpayer dollar spent, depending on the competence of the FFT therapist.
Barton et. al, 1985 Location unspecified	Seriously delinquent adolescents incarcerated in a state training school for serious and repeated offenses.	30 youth received FFT (including 30 hours of family-involved treatment prior to release, education, and job training). 44 youth in control group – matched to treatment group by severity of offenses, living arrangements, ethnicity, and age – received alternate treatments (group homes with treatment regimens with or without individual “trackers”, education, and job training.)	• 65% white; 35% non-white. • Gender not specified.	Recidivism. Number (frequency) of offenses. Severity of offenses.	At 15 months, the recidivism rate of the FFT group (60%) was significantly lower than that of the alternative treatment group (93%). The number of offenses for the FFT group (.337 per month) was also significantly lower than that of the control group (.507 per month), although there was no significant difference in severity of offenses between the two groups.

Study/ Site	Study Subjects	Study Design & Sample	Race & Gender	Outcomes Measured	Key Findings
Gordon et. al, 1988 S. E. Ohio	Male and female delinquents (average age 15), having lower socioeconomic status and multiple offenses including misdemeanors and felonies, recently placed out of the home (or for whom out-of-home placement was imminent). These delinquents and their families were involved in the study.	FFT group consisted of 15 males and 12 females and their families, randomly assigned by the clerk of the court to the Ohio University Family Counseling Program, where they received treatment consistent with FFT procedures in Alexander and Parson's 1982 text. Control group consisted of 23 males and 4 females randomly selected from a population of delinquents who came to the court's attention during the same period but were not assigned to treatment. The same proportion of treatment and control group subjects attended each of the 4 school systems in the county.	• All white. • 38 males and 16 females.	Number and severity of offenses.	Significant difference in recidivism between the treatment group (11.1%) and the control group (66.7%) The follow-up period for the treatment group averaged 27.8 months; for the control group, it averaged 31.5 months. During follow-up treatment group males had a 20% recidivism rate, and treatment group females had a 0% recidivism rate; control group males had a 65.2% recidivism rate, and control group females had a 75% recidivism rate.
Klein et. al, 1977 Salt Lake City, Utah	86 families with delinquent youth, referred by the Salt Lake County Juvenile Court to the Family Clinic at the University of Utah	Follow-up to the 1973 Alexander & Parsons study (see above) to determine court referral rates for siblings of those who participated in the program 2.5 to 3.5 years following intervention for the youth participating in the 1973 study.	• Race/ethnicity and gender of siblings not specified.	Court referral rates for siblings of youth in the 1973 study.	20% of families in FFT had subsequent court contacts for siblings, compared to 40% for no treatment, 59% for client-centered treatment, and 63% for eclectic-dynamic treatment.
Sexton & Alexander, 2000 Clark County, Nevada	231 families referred to the Family Project by probation officers; comparison group comprised of families whose youth received probation services as usual.	231 families enrolled in FFT; 80% completed treatment. Unspecified number of families comprising the control group had youth who received probation services as usual.	• Race/ethnicity and gender not specified.	Recidivism. Cost of treatment compared to other options.	At one year, 19.8 % of those completing FFT had re-offended, compared with 36% of the treatment as usual comparison group. FFT treatment cost between $700 and $1000 per family, compared to $6000 per adolescent for detention and $13,500 per adolescent for the county's residential program.

Table 10: Multidimensional Treatment Foster Care (MTFC)

Study/ Site	Study Subjects	Study Design & Sample	Race & Gender	Outcomes Measured	Key Findings
Aos et. al, 2006 Olympia, WA.	Systematic review of juvenile corrections and prevention programs.	Meta-analysis of evidence-based practices to determine which reduced crime; determination of whether costs exceeded benefits for each program/practice.	• Race/ethnicity and gender not specified.	Effect on crime outcomes; benefits and costs.	22% change in crime outcomes for youth involved in FFT on probation (based on 3 studies). Benefits to crime victims and taxpayers, minus costs per youth, were $77,798, or $12.20 in benefits per dollar of cost (in 2006 dollars).
Chamberlain et. al, 1996 Oregon	Juvenile offenders (12-18; average age 14) with an average of over 13 arrests prior to entering study.	Group care (GC) settings with 6-15 youth used peer-mediated treatments; treatment foster care (MTFC) settings with 1 youth used adult-mediated treatments. Structured interviews with senior line staff in GC settings, foster parents in TFC settings, and youth in both settings.	• All males. • Race/ethnicity not specified.	Assumption measures: who influences success of program, who do youth spend time with, how much supervision do staff provide, perception of discipline practices. Practice measures: problem behavior occurrence, discipline practices, supervision practices, peer contact and influence.	In GC programs that were more peer-focused, peers had more influence, more time with peers was endorsed, and peers had negative influence on youths' daily lives. MTFC adults provided tighter supervision, more consequences, and less opportunity for contact with peers. GC and MTFC caretakers reported same level of problems with youth; GC youth reported twice as many problems as their caretakers did, while MTFC youth reported fewer problems than their caretakers did.
Chamberlain & Reid, 1998 Oregon	Adolescents (12-17) with histories of serious juvenile delinquency. (Averaged 14 previous criminal referrals, 4 prior felonies.)	79 youth referred for community placement by juvenile justice system. Random assignment: 37 assigned to MTFC and 42 to group care (GC, the control). MTFC: pre-service training, structured daily living environment, clear rules, individual plans and therapy, home visits. GC: positive peer culture predominated; some homes offered individual and/or group therapy, reality therapy, cognitive programs. Family participation encouraged.	• All males. • 85% white, 6% black, 3% Native American, 6% Hispanic.	Completion of program, reunification with family, criminal referrals, self-reports of delinquency.	Fewer youth in MTFC (30.5) than GC (57.8) ran away from their placements; MTFC youth spent more time living with family in the year after treatment; MTFC youth had a greater reduction in criminal referrals (from pre-treatment, M=8.5, to post-treatment, M=2.6) than GC youth (pre-treatment, M=6.7, to post-treatment, M=5.4). MTFC self-reported fewer delinquent acts and fewer violent or serious crimes.
Chamberlain et. al, 2007 Oregon	Girls (15-19) with serious or chronic delinquency who had been enrolled in a clinical trial (1997-2002) comparing MTFC and group care.	2-year follow-up to original study. Police and court data examined, girls self-reported days in locked settings and delinquency (Elliott General Delinquency Scale). Latent variable analysis of covariance model, controlling for initial status, completed.	• All females. • 74% white, 2% African-American, 9% Hispanic, 12% Native American, 1% Asian, 2% other.	Number of criminal referrals, number of days in locked settings, delinquency.	Participation in MTFC resulted in better outcomes than group care placement at 12 and 24 month follow-ups. MTFC girls had fewer criminal referrals, spent over 100 fewer days in locked facilities, and reported less delinquency over 2 years than GC girls. Older girls had better outcomes than younger girls.

Study/ Site	Study Subjects	Study Design & Sample	Race & Gender	Outcomes Measured	Key Findings
Kerr et. al, 2009 Oregon	Girls (13-17) with histories of criminal referrals court-mandated to out-of-home care.	Girls randomly assigned to MTFC (*N*=81) or GC (*N*=85). Pregnancy histories assessed from baseline through 24 months.	• All females. • 74% white, 2% African-American, 7% Hispanic, 4% Native American, 1% Asian, 13% mixed race.	Pregnancy histories.	Significantly fewer post-baseline pregnancies reported for MTFC girls (26.9%) than for group care (GC) girls (46.9%), even after controlling for baseline criminal history, pregnancy history, and sexual activity.
Leve & Chamberlain, 2006 Oregon	Girls (13-17) with histories of criminal referrals court-mandated to out-of-home care.	Girls randomly assigned to MTFC (*N*=37) or GC (*N*=44). Mean length of stay in intervention placement was 174 days. 2-hour baseline assessment; second assessment at 3-6 months; 12-month 2-hour follow-up assessment.	• All females. • 74% white, 2% African-American, 9% Hispanic, 12% Native American, 1% Asian, 2% other.	Homework completion. School attendance.	MTFC girls had a higher mean level of homework completion and school attendance at 12 months post-baseline assessments than GC girls. (Homework: 3.47 for MTFC and 2.03 for GC. School attendance: 5.48 for MTFC and 4.87 for GC.)

Table 11: Multisystemic Therapy (MST)

Study/ Site	Study Subjects	Study Design & Sample	Race & Gender	Outcomes Measured	Key Findings
Aos, 2006	Systematic review of juvenile and corrections and prevention programs.	Meta-analysis of evidence-based practices to determine which reduced crime; determination of whether costs exceeded benefits for each program/practice.	• Race/ethnicity and gender not specified.	Effect on crime outcomes; benefits and costs.	10.5% change in crime outcomes for youth involved in FFT on probation (based on 10 studies). Benefits to crime victims and taxpayers, minus costs per youth, were $18,213, or $5.27 in benefits per dollar of cost (in 2006 dollars).
Borduin et. al, 1995 Missouri	Adolescent offenders (12-17, mean age 14.8, at least 2 arrests, averaged 4.2 arrests, no evidence of psychosis or dementia, lived with at least one parent figure during study, 53.3% lived with two parental figures). Adolescents' families averaged 3.1 children, and 68.8% were of "lower" (class IV or V on Hollinghead's scale) socioeconomic status.	Random assignment to MST group (mean hours 23.9) or individual therapy focusing on personal, family and academic issues (mean hours 28.6). Pre- and post-treatment assessments; multiple self-report instruments and behavior rating inventories administered in random order to parents and adolescents.	• 67.5% male, 32.5% female. • 70% white, 30% African American.	Adjustment of adolescent, adjustment of parent(s), family relations, relations between adolescent and peers, rate and seriousness of criminal activity.	MST had favorable effects on perceived family relations, observed family interactions, decreased symptomatology of parents, and decreased behavior problems in youth. MST completers were less likely to be rearrested within 4 years of treatment (22.1%) compared to MST dropouts (46.6%), IT completers (71.4%) or IT dropouts (71.4%). When MST completers *were* rearrested, it was for less serious and less violent crimes.
Centre for Children, 2006 Ontario	409 at-risk youth, most referred by a probation officer. 67% had prior conviction(s); 31% had served a period in youth custody; 29% had no record but were deemed "at risk" of offending; 27 were under 12 when referred.	Random assignment used to form MST group (*N*=211) and control group (*N*=198). Criminal convictions of the 409 youth tracked for three years.	• 73% males, 27% females. • 13.2% self-identified as Aboriginal Canadians; no other race/ethnicity data specified.	Convictions during 3-year follow-up; sentences to custody during follow-up.	No significant differences between MST youth and control group youth regarding number or type of post-treatment convictions, days in custody, or days to first custody admission.
Henggeler, 1993 South Carolina	84 serious juvenile offenders (each with at least one felony arrest, average age entering initial study 15.2) and their multi-needs families.	Follow-up to a prior study in which 43 youth received an average of 13 weeks MST and 41 youth received usual probation services. Analysis of archival arrest data from the Department of Youth services (average of 2.4 years post-referral).	• 77% male, 23% female. • 56% African-American, 44% white.	Time to re-arrest. Percentage of youth re-arrested.	MST was superior to usual probation services in prolonging the time to youth's re-arrest. For the MST group, mean time to re-arrest was 56.2 weeks; for the usual services group, mean time to re-arrest was 31.7 weeks. At 120 weeks post-referral, 39% of the MST group had not been re-arrested, as compared to 20% of the usual services group.

Study/ Site	Study Subjects	Study Design & Sample	Race & Gender	Outcomes Measured	Key Findings
Henggeler, 1997 South Carolina	Violent or chronic juvenile offenders (10-17), along with their primary caregivers. Juveniles had a serious criminal offense or 3+ priors, and were at risk of out-of-home placement at time of referral.	2x2x2 mixed factorial design (MST vs. usual services, Site 1 vs. Site 2, pretest vs. posttest). Also a 1.7 year follow-up to examine arrest and incarceration rates. Site 1 (urban and rural areas) had a 77.8% white population; Site 2 (primarily rural) had a 58% African American population. 155 youths and their families randomly assigned to MST (*N*=82) or usual services (*N*=73).	• 81.9% male. • 80.6% African American, 19.4% white.	Individual emotional adjustment, behavior problems, criminal activity, family relations, parental monitoring, peer relations, treatment adherence.	MST improved adolescent emotional adjustment. At a 1.7 year follow-up, the MST group's rate of days incarcerated was 47% lower than the usual services group. Findings not as favorable as previous MST studies. MST treatment fidelity determined to be critical to the ultimate effectiveness of MST.
Henggeler 2002 South Carolina	Follow-up with individuals (average age: 19.6 years) who had been juvenile offenders meeting DSM-III-R criteria for substance abuse/dependence in the initial study.	4-year follow-up to a prior MST vs. usual community services study. 80 of the 118 juveniles who participated in the original study (43 from MST group, 37 from usual services group) participated in the follow-up.	• 76% male; 24% female. • 60% African-American; 40% white.	Seriousness and frequency of criminal behavior; illicit drug use, and psychiatric symptoms.	MST group had a 75% reduction in convictions for aggressive crimes since age 17, compared to the usual services group. MST group reported committing significantly fewer aggressive crimes than the usual services group. MST group had significantly higher rates of marijuana abstinence than the usual services group (55% vs. 28%). No significant difference in psychiatric symptoms between the two groups.
Ogden & Halliday-Boykins, 2004 Norway	Seriously antisocial youth meeting these criteria: 12-17, problem behavior (lawbreaking, aggressive behavior, numerous/early sexual relations, serious academic issues), parents involved and motivated to start MST.	100 antisocial youth and families referred to treatment by Municipal Child Welfare Services. Random assignment to MST (62 families) or usual child welfare services (38 families). Retention rate: 96%. 2x2x4 mixed factorial design (MST vs. usual services, pretreatment vs. posttreatment, 4 municipalities). Scales used: CBCL, SRD, CBCL, SCPQ, SSRS, FACES-III, Family Satisfaction Survey.	• 63% males, 37% females. • Race/ethnicity not specified; noted that 95% of caregivers had a Norwegian background.	Internalizing and externalizing behaviors, social competence, family satisfaction.	MST more effective than usual services at reducing youth internalizing and externalizing behaviors, increasing youth social competence, and increasing family satisfaction with treatment.
Schaffer & Borduin, 2005 Missouri	Adults who, as juveniles, participated in either MST or individual therapy (IT) in a randomized clinical trial.	176 adults who received either MST or IT in a clinical trial years before (average: 13.7 years prior). Average age in this study: 28.8 years.	• In original study: 69.3% male, 30.1% female. 76.1% white, 22.2% African-American, 1.1% Asian-American, .9% Hispanic.	Recidivism, arrests, days of confinement in adult detention facilities.	Overall recidivism rate for MST group (50%) significantly lower than overall rate for IT group (81%). MST group had 54% fewer arrests and 57% fewer days of confinement in adult detention facilities.

Study/ Site	Study Subjects	Study Design & Sample	Race & Gender	Outcomes Measured	Key Findings
Timmons-Mitchell et. al, 2006 Ohio	Youth who appeared in a county family court (October 1998-April 2001) and had felony conviction, a suspended commitment to a juvenile institution, and parents' consent to participate in study. Mean age: 15.1 years.	93 juvenile felons randomly split into MST and TAU (treatment as usual) groups. 2x3 mixed factorial design (2 treatment conditions: MST vs. TAU; 3 measurement times: pretreatment, immediate posttreatment, 6 months posttreatment.). Also an 18-month posttreatment follow-up.	• 78% male, 22% female. • 77.5% European American, 15.5% African American, 4.2% American Hispanic, 2.8% bi-racial.	Recidivism; days to re-arrest; functioning in the home, at school, in the community, and in terms of moods and emotions; substance use; and behavior toward others.	At 18-month follow-up, recidivism for MST group (66.7%) significantly lower than for TAU group (86.7%). Average days to re-arrest for MST group (135) greater than for TAU group (117). MST group had improved functioning in the home, at school, in the community, and in their moods and emotions.

Table 12: Aftercare for Indiana through Mentoring (AIM)

Study/ Site	Study Subjects	Study Design & Sample	Race Gender	Outcomes Measured	Key Findings
AIM, 2004 Indianapolis, IN (1997-2003)	Juvenile offenders released from Indiana's Plainfield facility in 1997.	Released youth randomly divided into community AIM-eligible and community AIM-not eligible. (Some community AIM-not eligible youth received AIM while in custody; some did not.)	• Male • Race/ethnicity not specified.	Percentages of re-incarceration, convictions, and arrests.	At 12, 24 and 36 months, incarceration rates were significantly lower for youth receiving AIM in the community. At 72 months, those who received AIM in custody *and* after release had a significantly lower percentage of arrests, convictions, and re-incarcerations than those who did not receive AIM in custody *and* after release.

Table 13: Mendota Juvenile Treatment Center (MJTC) Program

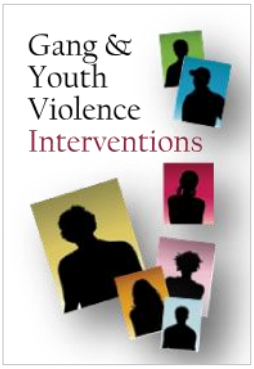
Study/ Site	Study Subjects	Study Design & Sample	Race & Gender	Outcomes Measured	Key Findings
Caldwell & Van Rybroek, 2005 Mendota Juvenile Treatment Center, Madison, WI	Serious and violent juvenile offenders (13-18).	Quasi-experimental design. Treatment group (*N*=101) received ART; group therapy addressing social skills, problem-solving, and substance abuse; decompression treatment; and school services for 45-83 weeks. Comparison group (*N*=147) were assessed at the same facility, but did not receive program services.	• 51% black or African American; 38% white; 9% Hispanic or Latino; 2% Asian or Middle-Eastern. • All male.	Overall recidivism; felony recidivism; violent recidivism.	At 24 months, the treatment group had a significant reduction in overall recidivism; a nearly 50% reduction in serious violent offenses; less time in custody, and more time out of custody before new offenses occurred. On each measure, the treatment group outperformed the comparison group.
Caldwell, et. al, 2006 Mendota Juvenile Treatment Center, Madison, WI	141 adolescents (13-18) with high scores on the Psychopathy Checklist: Youth Version.	Quasi-experimental design. Treatment group (*N*=56) received ART; group therapy addressing social skills, problem-solving, and substance abuse; decompression treatment; and school services for 45-83 weeks. Comparison group (*N*=85) assessed at the same facility received institutional "treatment as usual" and did not receive program services.	• 59% black or African American; 31% white; 10% Hispanic, Native American, Asian or Arab • All males.	Overall recidivism; violent recidivism.	Two years after release from MJTC, the treatment group had a greater reduction in institutional or community violence (21%) than the comparison group (49%), and more time in the community before new offenses occurred.
Caldwell, et. al, 2007 Mendota Juvenile Treatment Center, Madison, WI	86 adolescents (13-18) admitted to MJTC in 1999 and 2000.	Pre-experimental design. Youth assessed using Psychopathy Checklist: Youth Version (PCL:YV); placed in intensive treatment which emphasized interpersonal processes, social skill acquisition, and the development of conventional social bonds; and concurrently involved in Today-Tomorrow Program, a behavioral point system for prosocial and antisocial behaviors.	• 51% African American; 43% white; 6% Hispanic, Asian, or Native American • All males.	Interpersonal functioning; behavioral control; presence or absence of security sanctions; violent recidivism.	Participation in treatment program correlated with significant improvement in both interpersonal functioning and behavioral control, and significantly reduced the number of security sanctions. Improvement in behavioral scores correlated with treatment duration, but not with PCL:YV scores. Violent recidivism during a 4-year follow-up was predicted by final behavioral scores but not by initial PCL"YV scores.

Table 14: Operation New Hope

Study/ Site	Study Subjects	Study Design & Sample	Race & Gender	Outcomes Measured	Key Findings
Josi & Sechrest, 1999	Parolees released from a secured facility between Feb 1 and Dec 31, 1995 (average age: 20), who were assigned to the California Youth Authority Inland Parole Office.	Quasi-experimental design. Treatment group (juveniles living within 25 miles of the Inland Parole Office) required to attend all 13 Lifeskills '95 classes. Control group (juveniles living more than 25 miles from the parole office) not required to attend classes. 115 youths in each group. Data collected through semi-structured interviews and surveys of parolees, treatment facilitators, and parole agents (first week after release, three months after release, and at end of evaluation period). Random drug tests taken.	• Treatment group: 97.4% male 40.9% African-American 39.1% Hispanic 14.8% white. • Control group: 95.7% male 50.4% Hispanic 24.3% African-American 20% white.	Recidivism; employment; attitudes toward employment and parole; peer associations; substance abuse.	At 90 days, control group youth were *twice as likely* to be rearrested, unemployed, lack resources to find and maintain a job, have a poor attitude toward working, and have frequently abused drugs or alcohol. Control group youth were *three times as likely* to associate with former gang members and antisocial peers, have issues with family relationships, and have a negative attitude toward parole. At one year, control group youth remained significantly more likely to be arrested, lack a job, abuse drugs and alcohol, and have antisocial peers. They were also twice as likely to have failed their parole.

Table 15: Residential Student Assistance Program (RSAP)

Study/ Site	Study Subjects	Study Design & Sample	Race & Gender	Outcomes Measured	Key Findings
Morehouse & Tobler 2000	High-risk adolescents (14-17) living in residential facilities: 3 foster care facilities; a treatment center for teens with severe psychiatric problems; a non-secure facility for juvenile offenders; and a locked facility for juvenile offenders.	Quasi-experimental design with 2 nonequivalent comparison groups. Treatment group: *N*=125. Two comparison groups: *N*= 211; one group of residents who elected not to participate; one group from another facility not offering RSAP. Pretest-posttest assessment including Monitoring the Future Questionnaire, Rosenberg Self-Esteem Test, and GAF (posttest, 30 days after program). Treatment comprised of 8-session substance use education program; individual substance use assessments; 8 to 12 group counseling sessions; individual counseling as needed; referrals to outside programs.	• Male and female. • Race/ethnicity unspecified; authors relate participants were "primarily African-American and Latino youth."	Levels of alcohol, marijuana, and tobacco use.	At posttest, of those who *did not* report use at pretest, 82% remained non-users of alcohol; 83% remained non-users of marijuana; and 78% remained non-users of tobacco. Of those who *did* report use at pretest, 72% reported no longer using alcohol; 59% reported no longer using marijuana; and 27% reported no longer using marijuana.



APPENDIX B

Information and resources for promising programs outlined in Part IV of this report.

Multiple Service Programs:

Colorado Division of Youth Services

- Colorado Division of Youth Services website: http://www.cdhs.state.co.us/dyc/
- Mears, D, & Travis, J. (2004). *The dimensions, pathways, and consequences of youth reentry (pp. 33-34).*Washington, DC: Urban Institute

Friends of Island Academy

- Friends of Island Academy website: http://www.foiany.org

Missouri Division of Youth Services

- Missouri Division of Youth Services website: http://www.dss.mo.gov/dys/
- Mears & Travis, J. (2004). The dimensions, pathways, and consequences of youth reentry (pp. 33-34).Washington, DC: Urban Institute

Reclaiming Futures Seattle-King County

- Reclaiming Futures Seattle- King County website: http://www.reclaimingfutures.org
- Margaret Soukup, Project Director: 206.263.8958, Margaret.soukup@kingcounty.gov

Substance Abuse Treatment Programs:

Amity Prison Therapeutic Community

- Social Programs That Work website: http://evidencebasedprograms.org/wordpress/?page_id=126

Friends Care

- SAMHSA NREPP website: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=143

Mentoring Programs:

Connecticut Ballet

- Connecticut Ballet website: http://www.connecticutballet.com/mentoring.html

Juvenile Mentoring Program (JUMP)

- Office of Juvenile Justice and Delinquency Prevention website: http://www.ojjdp.ncjrs.gov/
- Novotney, Mertinko, Lange, & Baker (2000). *Juvenile mentoring program: A progress review.* Washington, DC: Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved from http://www.ncjrs.gov/pdffiles1/ojjdp/182209.pdf

Juvenile Rehabilitation Administration (JRA) Mentoring Program

- JRA website: http://www.dshs.wa.gov/jra/treatment/
- Keith James, Community Resource Development Administrator: 360.902.8463, jamesKH@dshs.wa.gov

100 Black Men of Greater Seattle

- 100 Black Men of Greater Seattle website: http://www.100bmgseattle.com

Step-Up Program

- Coconino County Court Services website: http://www.search-institute.org/hc-hy/initiative/coconino-county-asset-building-initiative/asset/coconino-county-juvenile-court-services
- Diedra Silbert, Prevention and Mentoring Supervisor: dsilbert@courts.az.gov

- ***Academic and Employment Programs:***

Ethan Allen School for Boys

- Ethan Allen School for Boys website: http://www.wi-doc.com/EAS.htm
- Ethan Allen School for Boys: Internship in Professional Psychology 2010/2011 (p. 4): http://www.wi-doc.com/PDF_Files/EAS%20DJC%20Internship%20Description%2010-11.pdf
- Paul Ninneman, Superintendent: PaulNinneman@wi.gov

Gateways for Incarcerated Youth

- Gateways for Incarcerated Youth website: http://academic.evergreen.edu/g/groben09/description.html

Pennsylvania Academic and Career/Technical Training (PACTT)

- PACTT Alliance website: http://www.pacttalliance.org/about.htm

Staff Training Programs:

Bureau of Justice Assistance (BJA) Training and Technical Assistance Program

- BJA Training and Technical Assistance website: http://www.ojp.usdoj.gov/BJA/tta/

Mental Health Training, Education and Workforce Enhancement Initiative

- Mental Health Training, Education and Workforce Enhancement Initiative website:

http://www.modelsforchange.net/about/Action-networks/Mental-health-Juvenile-justice/Strategic-Innovations.html#workforce

Office of Juvenile Justice and Delinquency Prevention (OJJDP)

- OJ JDP Training and Technical Assistance website: http://ojjdp.ncjrs.gov/Programs/tta.html

Omega Training Institute

- Omega Training Institute website: http://omegaboysclub.org/contents.htm

Other Programs and Practices:

Motivational Interviewing (MI)

- Motivational Interviewing website: http://www.motivationalinterview.org/
- Rollnick & Miller (1195). *What is MI?*: http://www.motivationalinterview.org/clinical/whatismi.html

Multnomah County Juvenile Justice Facilities

- The Annie E. Casey Foundation Juvenile Detention Alternative Initiatives website: http://www.aecf.org/MajorInitiatives/JuvenileDetentionAlternativesInitiative/SitesAndContacts.aspx
- Tina Edge, System Reform & Community Placement Coordinator: (503) 988-3083; tina.a.edge@co.multnomah.or.us

Positive Peer Culture

- Alameda County Probation Department website: http://www.acgov.org/probation/ji.htm
- Vorath, H. H., & Brendtro, L. K. (1985). *Positive peer culture: Application of social work* (2nd ed.). Hawthorne, NY: Aldine de Gruyter. (Available on Amazon.)

Gangs & Youth Violence Interventions

A Review of Research and Literature Addressing Evidence-Based and Promising Practices for Gang-Affiliated and Violent Youth in Juvenile Institutions and Detention Centers

Washington State Department of Social & Health Services
RDA Research & Data Analysis Division