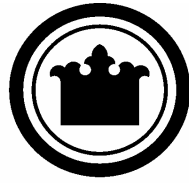**King County**

Guidebook to Elements of Successful Programs
To Reduce Juvenile Justice Recidivism, Delinquency and Violence

Version 1.0
May 2005

King County
Community Services Division
Department of Community and
Human Services

Guidebook to Elements of Successful Programs
To Reduce Juvenile Justice Recidivism, Delinquency and Violence

Developed for

The Community Services Division,
King County Department of Community and Human Services
And
The King County Juvenile Justice Evaluation Work Group

Developed by

HELIOTROPE

Nancy Ashley, Heliotrope

and

O R S
ORGANIZATIONAL
RESEARCH SERVICES

Organizational Research Services

Version 1.0
May 2005

Upon request, this document is available in alternative formats for individuals with special needs.
Please call 206-205-3048; TTY: 711 (Relay service)

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May 2005

Dear Youth Services Stakeholder:

I am pleased to announce the release of the Elements of Successful Programs project.
The King County Community Services Division (CSD), under the auspices of the Juvenile Justice
Evaluation Work Group, embarked upon this project in 2002.

Our goal is to make best practice research available to frontline service providers who work in the
neighborhoods and communities where young people live. We aim to contribute to their
understanding and implementation of the elements that make a program effective in reducing youth
delinquency and recidivism. The elements described in this guidebook were derived from a meta-
analysis of over 400 research studies on those specific factors that contribute to success in reducing
recidivism, delinquency, and/or violent behavior of youth involved in or at imminent risk of
involvement in the juvenile justice system.

CSD thanks Organizational Research Services and Heliotrope Consulting for their technical assistance
on the project. A special acknowledgement goes to Patricia Lemus and Maure Carrier who were
responsible for management of the entire process that led to the production of this document.
Moreover, we appreciate the participation of the provider community and other stakeholders that,
through a series of focus groups, provided critical feedback and input into the project.

Together with our partners, the Seattle Human Services Department and Reinvesting in Youth, we will
assist agencies in the implementation of the Elements of Successful Programs. As we move forward,
our overall goal is to strengthen the continuum of services that reduce youth delinquency and
recidivism.

It is our hope that organizations, agencies, communities and families will find this guidebook helpful
in reclaiming the lives of the young people about whom they care.

Sincerely,

Sadikifu Akina-James

Sadikifu Akina-James
Director

Acknowledgements

Permitted Use of the Elements Guidebook

Agencies and jurisdictions are encouraged to use the Elements Guidebook for their own program development and improvement. We are interested in learning who is using it and how it works in different contexts. Please complete the following informational form as you begin using it and the Program Assessment and Improvement Plan. Thank you.

Contact information for use of the Elements Guidebook	
Name and Title:	
Agency or jurisdiction:	
Address:	
City, State, Zip code:	
Phone:	
FAX:	
E-mail:	
Purpose for using the Guidebook:	

Please return form to:
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For additional copies of this Guidebook and the Program Assessment and Implementation Plan please download them from the King County website:

http://www.metrokc.gov/dchs/csd/Youth&Family/index.htm

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Dimension 5. Implement with Quality and Fidelity

Supports and Resources Surrounding Intervention

A. Introduction

The Guidebook to Elements of Successful Programs is designed to support a new way of using research to help programs that serve youth involved in the juvenile justice system reduce recidivism. It offers program staff and funders a rigorously-researched strategy to boost the effectiveness of these programs, which is complementary to increased use of specific proven or model programs. The approach outlined in the Guidebook can fill gaps in services where proven programs do not exist, are not affordable, or are not appropriate for the youth needing services. This approach also contributes to strengthening programs already operating in the community, and avoids the cost of replacing programs that are working.[1]

There is enormous variability in the effectiveness of different types of programs for seriously delinquent youth. The most effective programs, implemented well, can reduce recidivism by 40 per cent or more,[2] whereas some programs *increase* the rate of subsequent offenses. It is therefore imperative that providers and funders know as much as they can about what works and what doesn't.

This project arose from the requests of providers and other parties interested in becoming more knowledgeable about the factors that make a program effective for reducing repeat criminal offenses committed by youth. Such programs include job training and placement, intensive case management, skill building, therapy, academic improvement programs, and more.

The Guidebook is a work in progress. As it is used by agencies and organizations, and as new research emerges, it will undoubtedly need to be revised and updated.

The research on which this Guidebook is based strongly points to the conclusion that any intervention or treatment designed to reduce delinquency/recidivism/violence among juveniles must contain five dimensions that are logically linked together.[3][4][5] Programs must also have sufficient organizational and community support.[6] The five major dimensions and the essential supports and resources can be illustrated as follows:

Five Major Dimensions of Successful Programs

| 1. **Assess target population** based on risk factors predictive of recidivism and **select more serious offenders** | → | 2. **Address criminogenic risk factors** open to change within target population | → | 3. **Develop theoretical basis** for intervention & expected outcomes | → | 4. Design **interventions shown to be effective** | → | 5. **Implement with quality and fidelity** to the program design |

⇧ ⇧ ⇧ ⇧

Supports and Resources Surrounding the Intervention

| Agency Mission | Agency Leadership | Agency Funding and Financial Support |
| Community Support | Connections across Programs and Services |

It is through the combination of elements from all five dimensions that program effectiveness can best be designed and delivered. Based on the framework above, the Guidebook contains a total of 24 elements. The first 19 fit within one of the five dimensions above. The last five elements cover supports and resources surrounding an intervention.

The content for most elements is similar. The standard format for each element includes sections that describe how it helps reduce recidivism, explains what it means, provides guidelines on how to do it well, identifies some indicators that would demonstrate effective implementation and use, and notes which populations it applies to.

The Guidebook is based on the finding that effective programs for reducing recidivism require two equally important components:

1. Valid identification from research of the features of effective interventions, and

2. Appropriate fit between research based methods and varied populations and situations.

Who Should Use the Guidebook and How

Voluntary trial period. Because the approach described in the Guidebook is new, a reasonable implementation approach would be for policymakers and funders to initially provide help and support to agencies who voluntarily want to use the Guidebook to be more effective – and to encourage all programs working with youth involved in the juvenile justice system to learn about and begin using the Guidebook to assess and strengthen their existing programs. The early learning from trial efforts can be incorporated to improve future applications. At some point, some policymakers or funders may decide to require programs receiving their support to operate according to the Guidebook.

Program staff. The primary audience for the Guidebook is executive directors and program managers of organizations who deliver services designed to reduce youth recidivism, delinquency, and/or violence. Many front-line staff may also find the Guidebook or specific portions of it helpful. These individuals can use the Guidebook to assess the extent to which different aspects of their programs appear to be well-formulated and administered, and how to move to configurations of program elements most likely to reduce recidivism. In addition, the Guidebook can be used when designing new programs.

An assessment guide to assist staff in using the Guidebook for program assessment or design is contained in a companion document entitled *Elements of Successful Programs: Organizational Assessment and Improvement Plan.* The assessment guide contains instructions on how the Guidebook elements can assess and improve program performance.

The Guidebook is *not* a "how-to" manual for day-to-day delivery of programs. It does not provide the level of detail needed to guide the specific operations of a program. Rather, it is a combination assessment and program improvement tool. Its ultimate usefulness depends on applying the available research combined with the education, skill, experience, and outlook of people who plan and deliver programs to reduce recidivism.

The sources listed in the endnotes are primarily materials that substantiate the inclusion of each element and aid in describing the element. In most cases, these sources do not provide specific program descriptions or implementation guidance.

Policymakers and funders. The secondary audience for the Guidebook is policymakers, funders, contract monitors and evaluators. For this group, the Guidebook provides a basis for understanding what elements make programs most effective, learning a new approach for reducing recidivism within existing programs, and determining what type of technical assistance and training will strengthen existing programs.

For evaluators, the assessment process contained in the Guidebook also offers a robust alternative to the high cost and challenges inherent in rigorous outcome evaluations of individual programs. If an agency can demonstrate that it is implementing a program consistent with the Guidebook, stakeholders can have a high degree of confidence that it will be effective. Nevertheless, outcome-based evaluation remains an important practice (although sometimes not affordable, practical, or necessary), and it is included in this Guidebook as an element of success.

Application to other types of programs. This Guidebook was designed specifically for programs serving youth who have been involved in the juvenile justice system, or are on the threshold of such involvement. It is designed to improve the outcome of reduced youth recidivism, delinquency and/or violence, although a program that is operating based on the Guidebook would likely produce or contribute to many other positive youth outcomes. The Guidebook relies heavily on research in the fields of juvenile justice and criminal justice. However, the overall approach and many of the non-treatment elements could likely provide guidance to improve the effectiveness of many other types of programs.

Terminology: Differences between Elements of Successful Programs and Best Practices/Proven Programs

The terms "best practices" and "proven programs" are commonly used to describe an entire program that has demonstrated positive results and has demonstrated effectiveness in producing the desired outcomes as well as the ability to generate a positive return on investments. These programs typically have been reviewed by national experts and rigorously evaluated to ensure replication of outcomes. For reducing juvenile recidivism, these programs include Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), and Aggression Replacement Training (ART).

Conversely, elements of successful programs are the characteristics of programs that have shown the greatest contribution toward reducing recidivism. The elements are identified primarily through a rigorous research method called meta-analysis. Programs based on the findings of meta-analyses have a larger body of supportive research behind them than that for specific programs. Meta-analysis employs a rigor that is comparable to that used to identify best practices/proven programs, but uses a different scientific approach, as described below.

Explanation of Meta-analysis for Juvenile Recidivism

Meta-analysis is a systematic, rigorous synthesis of many individual evaluations of various types of interventions -- in this case, those for juvenile offenders.

Meta-analysis tells us what components or elements of interventions rise above others in contributing to the reduction of recidivism. In addition, meta-analysis tells us how program effectiveness can be increased through particular configurations of program elements that can be constructed to achieve the best outcomes. In this way, meta-analysis overcomes the limitations of evaluations of specific programs, which (1) generally can only tell us if they "work," but not why, and (2) reduces the risk of program results being influenced by the methods and procedures of the evaluation rather than the program characteristics.

For example, existing meta-analyses of many evaluations of juvenile justice programs can tell us which treatments are most effective for certain types of juvenile offenders, and which additional elements (such as selection of highest-risk youth, duration of treatment, etc.) can further enhance the success of the intervention. Meta-analysis does not provide a specific description of how a complete program model should be operationalized; rather, it offers direction for incremental improvements of existing programs or design of new programs of various types.

Limitations. Although meta-analysis provides a powerful tool to increase the effectiveness of programs working to reduce youth recidivism, it also has some limitations. Because evaluation studies have to be collected over many years to develop a sufficient database to conduct a meta-analysis, more recent trends and issues are not likely to be included. For example, most of the studies on which the meta-analyses cited in the Guidebook were based involved juveniles who were mostly male and predominantly Caucasian, mixed ethnicity or Black. The studies provide limited guidance specifically for female juvenile offenders, and none for recent refugee and immigrant populations. Cultural competence was not a feature analyzed by the original evaluations on which the meta-analyses are based. New philosophies such as providing youth and family voices in design and implementation have emerged since the meta-analyses were performed.

Where feasible, more recent information on topics such as these is included in the Guidebook. However, as noted above, the best implementation of the approach described in the Guidebook will involve combining the rich research that it contains with the skill, knowledge and education of program staff.

In addition, cost-effectiveness data are not included, as little is available; and what is available is computed in different ways. As the Guidebook is put to use, programs are strongly encouraged to track their programs costs and results. Over time, this information will be needed by policymakers, funders, and agencies themselves, and it will also be helpful to others trying to put the Guidebook to its best uses.

How Elements Were Selected for the Guidebook

The primary sources for selection of elements about treatment types are several meta-analyses on over 400 rehabilitative programs for juvenile offenders conducted by Mark W. Lipsey, Ph.D. Dr. Lipsey's

meta-analyses are also the primary source for the elements of client assessment and selection and program intensity and duration. Dr. Lipsey is currently the director of the Center for Evaluation Research and Methodology at the Vanderbilt Institute for Public Policy Studies.

The primary sources of several elements other than treatment types are a series of articles, studies and materials developed by Paul Gendreau and Donald Andrews, who have also conducted criminal justice meta-analyses and studied the principles of effective rehabilitation. Paul Gendreau, Ph.D. is a Professor and University Research Professor and Director of the Centre for Criminal Justice Studies at the University of New Brunswick. Donald Andrews, Ph.D. is a Professor in the area of criminal justice at Carleton University.

The remaining elements are ones proposed by representatives of community-based agencies and the sponsor of the Guidebook, as topics that were considered essential to the overall process of designing and strengthening services and interventions to reduce recidivism. In those cases, sources for content of the elements were national standards, publications from nationally-recognized organizations, or other credible sources.

Because this Guidebook is focused on reducing recidivism, the primary sources were meta-analyses and other nationally-recognized, research-based materials on juvenile justice and criminal justice. To keep the scope of the Guidebook manageable and targeted to reducing recidivism, a comprehensive literature search was not undertaken.

Comparison of Effectiveness of Intervention Elements

The table on the following page provides a comparison of effectiveness of various *intervention or treatment* elements for juvenile offenders. It shows differences in which treatments work better for serious and violent juvenile offenders compared to treatments covering the full range of juvenile offenders. It also shows how there are often major differences in the results that can be obtained when a large number of demonstration programs are part of the data being analyzed, compared to the results obtained in "real life" programs that lack the optimal conditions under which a demonstration project operates. Finally, it identifies differences in effectiveness in the same treatment being delivered in the community versus within the juvenile justice system.

The reasons for various differences in effectiveness cannot be clearly determined. However, the table alerts us to expect different types of results from different treatment types in a variety of circumstances.

Comparison of Effectiveness of Treatment Elements
for All Juvenile Offenders and Serious Juvenile Offenders
Percentage Reduction in Recidivism Compared to "Standard" Intervention

	All Juvenile Offenders				Serious Juvenile Offenders[i]	
	All Studies, Including Demonstration Programs[ii]		*Practical Programs[iii]*			
	Community-Based	Juvenile Justice	Community-Based	Juvenile Justice	Noninstitutionalized	Institutionalized
Skill-oriented	32%	20%			42%	38%
Multimodal/broker/multiple services	20%	24%	24%		28%	20%
Behavioral	20%	24%			40%	32%
Individual therapy	0%	8%	-2%	14%[iv]	44%	14%
Group therapy	18%	6%			10%	6%
Family therapy	10%	2%	0%		18%	
Casework	16%					
Advocacy	10%				18%	
Employment/vocational	-2%					
Employment		36%	4%		22%	14%
Vocational		-9%			-18%	
Academic skills			20%		20%	

- Shaded items indicate high effectiveness, and therefore interventions most likely to reduce recidivism by a considerable amount.

- "All Studies" include demonstration projects in which the researcher was significantly involved in the implementation and evaluation of the program. "Practical Programs" are those carried out under "real life" circumstances.

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[i] Lipsey, Mark. W. and Wilson, David B. Effective Intervention for Serious Juvenile Offenders: A Synthesis of Research. In R. Loeber & D.P. Farrington (Eds.) *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions*. Thousand Oaks, CA: Sage, 1998, p. 332. (Data in table is based on the midpoint of estimated effect sizes for studies within each category.)

[ii] Lipsey, Mark. Juvenile Delinquency Treatment: A Meta-Analytic Inquiry into the Variability of Effects, in Cook, Thomas D. et. al. *Meta-Analysis for Explanation: A Casebook*. NY: Russell Sage Foundation, 1992, p. 124. (Data in table is based on method-adjusted effect sizes, which statistically removes influential methodological differences in methods and procedures used in the respective studies.)

[iii] Lipsey, Mark W. Can Rehabilitative Programs Reduce the Recidivism of Juvenile Offenders: An Inquiry into the Effectiveness of Practical Programs, *Virginia Journal of Social Policy & the Law*, Vol. 6, No. 3, Spring 1999, p. 626. (Data in table is based on method-adjusted effect sizes, which statistically removes influential methodological differences in methods and procedures used in the respective studies.)

[iv] This is the rate of reduction for youth on probation; for youth in institutions, the rate of reduction is 6%.

B. How to Use the Guidebook

An Assessment and Improvement Plan guide has been developed as an implementation tool for the Guidebook to Elements of Successful Programs. Together, the Guidebook and the Assessment and Improvement Plan form a process evaluation tool that identifies key elements of successful programs in the treatment of youth at risk of delinquent behavior and/or recidivism in the juvenile justice system and then helps organizations see the extent to which their programs exhibit these elements.

The Guidebook provides an explanation of the important components and approach needed to effectively implement each element. The Guidebook also includes indicators that can demonstrate the effective implementation of each element, and information on the methods and sources used to identify the elements and indicators.

The Guidebook should be used with the assessment tool. The Assessment and Improvement Plan provides a stepwise method for looking at a program or collection of programs to determine needs for improvement in the elements described in the Guidebook, or in documentation of their effective application.

The companion assessment tool has been developed to allow organizations to self-assess or funders to determine:

1. How well their program(s) are effectively implementing the Guidebook elements applicable to their program(s);

2. Which dimensions and elements of their program(s) meet the level of effective implementation identified in the Guidebook and which may be deficient;

3. How they might improve any deficient aspects of their program(s);

4. How well they can document that key criteria or processes that are likely to lead to success are in place; and

5. How they can improve documentation that may be lacking or insufficient.

The format of the Assessment and Improvement Plan is in the form of worksheets for each element in the Guidebook. Each section lists the indicators to be assessed for each element. After determining which elements apply to the organization's work (internal and/or external), reviewers look at each indicator to determine 1) the extent to which their program(s) meet the criterion listed and 2) whether or not they can document that they do.

The users of the Guidebook might vary by program. They could include the organization's executive director and/or any staff or stakeholders who are familiar with the program(s) being implemented. It may be advantageous to have different people complete different sections and then bring them back for a team or assessment process manager to review.

Steps in the Assessment Process

There are several stages of work involved in the assessment process and several ways to complete it. The general steps are presented below and are followed by a checklist to guide the process.

1. Decide who should be involved in the assessment and improvement implementation process and what roles each person should play. This may involve a close review of the Guidebook. Significant familiarity with the organization and/or its programs is essential. Decisions to be made include:

   a) having one person (e.g., the executive director or program manager) or a team conduct the review or dividing the tasks among different staff members;

   b) doing the review all at once over a few days or selecting one or more elements to review collectively at periodic staff meetings;

   c) whether the assessment will cover all programs dealing with at risk youth as if they were one entity or whether each program will conduct a separate review; and

   d) the timing for the review with regard to workloads and other evaluation, program design, or fund raising efforts.

   If multiple programs are to be reviewed, copy or download separate copies of the Guidebook and *Assessment and Improvement Plan* for each program and each staff member participating.

2. Review the list of elements in the front of the *Assessment Plan* and decide which apply to the organization. Most will apply and these have been identified. Others depend on the type(s) of program(s) being implemented.

3. **Read the appropriate section in the Guidebook for each element being assessed.**

4. Review each indicator for the element and rate 1) the extent to which their program(s) meet the criterion listed and 2) whether or not they can document that they do. Put the ratings on the form for each element.

5. Add on or behind each element rating sheet documentation or notes about where documentation can be found. If program improvement plans or documentation improvement plans are warranted, add descriptions of the tasks to be undertaken.

6. Develop and implement changes in programs or documentation identified as needed in the assessment.

7. As the improvements are implemented or after needed changes in several areas have been implemented, review and update the assessment. Add the documentation, make notes on the form, enter the date that the reassessment was made, adjust the rating for the element if warranted, and note whether documentation is now available. New documentation or notes about where to find it can be added behind the sheet. In this way, the *Assessment and Improvement Plan* will become a useful tool to remind staff about what types of changes they want to make in their program(s) and a way to document that their program(s) have the elements of successful programs.

The initial assessment and documentation should be achievable within a few days time. The follow-up activities make take several weeks or months to complete. At some time in the future (perhaps every two years), this assessment may be used again to gain fresh insights. If that is done, we suggest that the new version be printed on a different color of paper and/or filed in a separate binder

so that it remains distinct from other assessments and the assessment sheets will be more easily distinguished from the documentation inserted.

It is not anticipated that any program would meet each and every indicator of each element in an initial assessment. Process evaluations like these are tools for ongoing assessment and improvement. The review of the assessment may spark discussion of the organization's theory of change, assumptions, clients, staff training, processes, procedures, progress assessment tools, and other aspects. These can be helpful reflective processes that can help organizations celebrate what they do well and identify areas that may need improvement.

If you need assistance interpreting or implementing this assessment, please ask for assistance through your contracting agency.

Checklist of Decisions and Actions for the Assessment Process

#	Task	Target Date	Date Completed
1	Decision on who should conduct the assessment *Who:*		
2	Decision on which programs are the focus of the assessment *Which programs:*		
3	Decision on timing and estimated timeframe for assessment *When:*		
4	Prepare and distribute copies of the Program Assessment and Improvement Plan for each participating staff member		
5	Review the list of elements and decide which apply to the organization or program *Which do not apply?*		
6	Read through the entire Guidebook		

#	Task	Target Date	Date Completed
7	For each element being assessed, 1) refer back to the corresponding section in the Guidebook and then review each indicator for that element, and 2) if it applies, rate the extent to which your program(s) meet the criterion listed for that indicator and 3) whether you can document that you do		
8	If you have room for improvement on any indicator or do not have an adequate way to document the degree to which your program(s) meet the criterion, list the next steps you will take to improve that element of your program(s) or how you will document that you do it		
9	If you have documentation, copy it and place it behind the indicator sheet or add a sheet saying where it can be found. If including an example from a client's records, black out any identifying data that might reveal a client's name.		
10	After all elements have been assessed in this way, compile 1) a list of more thorough program assessments or changes you plan to make to improve your program(s) and 2) a list of the additional ways you need to document your work to show how you meet the standards		
11	Decide who will be responsible for making the program changes or developing the documentation needed		
12	Develop a timeline for making the program changes or developing the documentation needed		
13	As the changes or documentation are created, come back to this binder and note 1) the date the improvement step was completed, 2) the new rating; and 3) whether documentation is now available		
14	Add to the binder, documentation of the program changes made or the documentation of the rationale for the original rating		
15	Communicate and celebrate completion of the assessment process and the improvements made to programs or documentation		

C. Elements of Successful Programs

Dimension 1. Assess Target Population; Select Highest-Risk Youth

Element 1. Client Assessment and Selection of Highest-Risk Youth

Dimensions of Successful Programs

1. **Assess and select highest risk youth**	2. **Address criminogenic risk factors open to change**	3. **Develop theoretical basis for intervention**	4. **Design intervention shown to be effective**	5. **Implement with quality and fidelity**
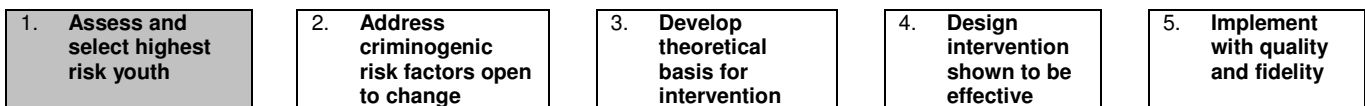
1. Client Assessment and Selection of Highest-Risk Youth

How does this help reduce recidivism?

Valid and reliable identification of youth most likely to reoffend allows programs to select and serve youth who will most benefit from effective interventions. This risk assessment should be followed by an individual needs assessment so that programs customize their interventions for each youth, which increases the effectiveness of the program in reducing recidivism.

Research-based risk assessment systems provide greater fairness and consistency in assessing juvenile offenders and deciding what type and level of intervention they need. They also help use public resources more efficiently by directing the most intensive interventions to the most serious, violent and chronic offenders. Additionally, they provide helpful information for treatment plans. Research-based risk assessment instruments have been shown to be much more reliable in predicting recidivism than staff judgments or clinical/psychological assessments.[7]

To achieve reduced recidivism, the level of intervention services must be appropriately matched to the risk level of the offender. Higher-risk offenders (those with more prior offenses, more serious offenses, older, etc.) should receive more intensive and extensive services and lower-risk clients should receive minimal or no intervention.[8] Programs that serve more serious offenders show larger recidivism reductions (and are more cost effective in terms of return on investment) – reflecting research findings that there "must be potential for bad behavior before it can be inhibited."[9]

What does it mean?

"Risk assessment is a statistical procedure for estimating the likelihood that a 'critical' event will occur at some point in the future"[10] for groups of offenders with similar characteristics. It does not yield absolute predictions for single individuals. Juvenile justice risk assessment instruments contain a predetermined set of items statistically related to recidivism.[11]

Risk assessments for youth provide a determination of the person's needs and problems, in a comprehensive and individualized manner, including the need to detain someone to protect the community. They often include psychosocial status; the type and extent of mental health, substance use or cognitive disorders; and serve as the basis for interventions or action by a court or correctional program.[12]

Risk assessments meet the needs of the juvenile justice system to predict recidivism and to place offenders in programs that will increase the likelihood of successful rehabilitation.[13] Scores from risk assessment instruments are used to separate offenders into risk levels and assign them a risk level classification that then guides selection of various intervention choices.

Dimensions of Successful Programs

| 1. Assess and select highest risk youth | 2. Address criminogenic risk factors open to change | 3. Develop theoretical basis for intervention | 4. Design treatment shown to be effective | 5. Implement with quality and fidelity |
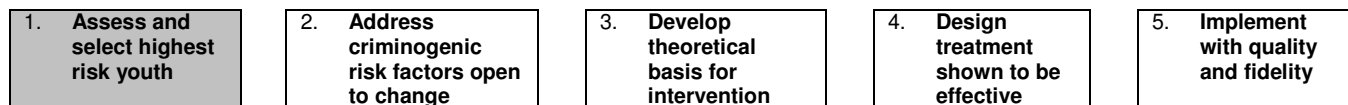
In Washington State, the Washington State Institute for Public Policy and the Washington State Association of Juvenile Court Administrators have developed a statewide juvenile justice risk assessment process to determine eligibility for certain state-funded evidence-based intervention options. The process includes a pre-screen to determine initial risk, and a full assessment if the pre-screen shows moderate to high risk. The risk assessment is also used to develop a case management/supervision plan for youth by juvenile probation counselors. This tool is based on both risk and protective factors shown in the research literature to be related to continued juvenile offending.[14]

How do we do it well?

- Use risk assessment instruments based on research findings of the factors that predict recidivism, which are reliable, and which have been validated for the local population.[15]
- Select risk assessment instruments for assessment with recognition of the particular ethnic, linguistic, and cultural composition of youth in the local juvenile justice system.[16]
- Apply assessment tools as designed.
- Consistently use results of risk assessment to guide selection of more serious offenders for treatment and select specific interventions.
- Use results of risk assessment to guide selection of interventions and other needed referrals.
- Include identification of the strengths of the youth and family upon which intervention and rehabilitation can build.
- Use a standardized and objective needs assessment instrument at the program level to create an individualized profile to guide treatment.

What observable and measurable things would you see in a program that is doing this well?

Examples of indicators include:
1. A screening tool is used to select clients in need of a full assessment.
2. Provider has standard assessment tools that are used for potential/actual clients, and which identify youth at moderate to high risk of recidivism.
3. Instruments are based on research findings about factors for recidivism, and have been validated for the local population.
4. Provider selects youth at moderate to high risk of recidivism for intervention.
5. Staff is trained in the use of risk and needs assessment instruments.
6. Client results on needs assessment are used to create an individualized profile to guide treatment and referrals.

How much difference does it make?

The assessment and selection tools and processes set the stage for whether an intervention will benefit each youth. If either is flawed, there is a high likelihood that neither the youth nor the community will receive positive outcomes from the programming.

Which populations does this apply to?

All juvenile populations to reduce recidivism.

Elements of Successful Programs

Dimension 2. Address Criminogenic Risk Factors Open to Change

Element 2. Target Changeable Risk Factors That Reduce Criminal Activity

Dimensions of Successful Programs
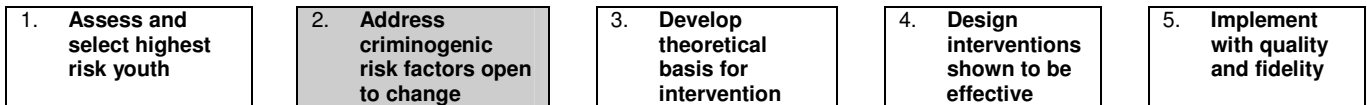
1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design interventions shown to be effective	5. Implement with quality and fidelity

2. Target Changeable Risk Factors that Reduce Criminal Activity

How does this help reduce recidivism?

Identifying and addressing criminogenic needs ensures that resources are properly targeted to reduce criminal activity. Programs and funders need to know which risk factors affect criminal activity in order to design and implement interventions that can reduce recidivism. Otherwise, despite good intentions and strong effort, we may focus resources on factors that have little or no relationship to criminal behavior. If that happens, the interventions will not reduce recidivism and could even worsen some behaviors.

What does it mean?

This element calls for targeting the specific risk factors that, when changed, are associated with reduced levels of criminal activity. These are sometimes called dynamic (changeable) criminogenic needs and include:[17]

- Antisocial beliefs, attitudes and behaviors favorable to crime
- Anger/hostility
- Poor self-management skills
- Inadequate social skills, such as conflict management
- Lack of or anti-social leisure activities
- Antisocial peers
- Substance abuse
- Inadequate work/school skills
- Poor attitudes toward work/school
- Poor parental supervision/monitoring
- Other family problems, such as lack of affection or effective problem solving

"Examples of noncriminogenic needs (areas not associated with subsequent reductions in criminal activity) include:

- Level of self-esteem
- Depression or anxiety
- Vague emotional/personal problems unrelated to criminal activity
- Increasing the cohesiveness of antisocial peer groups"[18]

Examples of "static" characteristics which are predictive of recidivism but cannot be changed by interventions include:

- Age
- Gender
- Past criminal history
- Early criminal involvement

Dimensions of Successful Programs

1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design interventions shown to be effective	5. Implement with quality and fidelity
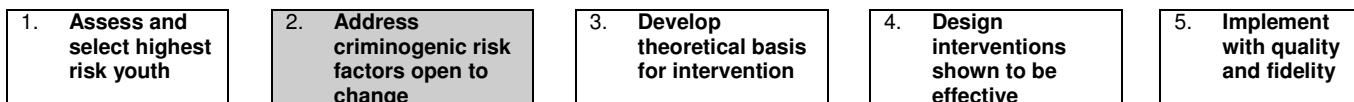
How do we do it well?	▪ Make sure that a high percentage of the program's activities and interventions are directed toward crime-correlated behaviors. ▪ Focus on the relevant risk factors for each individual youth. ▪ Address several of the criminogenic risks factors, not just one of them. ▪ Do not make noncriminogenic needs or static characteristics the focus of interventions.
What observable and measurable things would you see in a program that is doing this well?	Examples of indicators include: 1. The program has a statement describing its approach and protocol that identifies the changeable risk factors addressed in its activities and explains why and how the program addresses them. 2. The program articulates the links between targeted risk factors and its activities and explains how its activities will lead to decreases in risk factors. 3. The program conducts an assessment of each participant that identifies his/her particularly significant risk factors and other needs and determines how to tailor the program to meet her/his needs.
How much difference does it make?	Targeting criminogenic needs rather than those that do not reduce criminal activity could fully determine the success or lack of success of a program. Regardless of the quality of staff, duration of treatment, or engagement of participants, if the wrong behaviors, skills and attitudes are targeted for intervention, the program will not reduce recidivism.
Which populations does this apply to?	All juvenile and adult populations to reduce recidivism.

Elements of Successful Programs

Dimension 3. Theoretical Basis for Intervention

Element 3. Program design based on theory and research
Element 4. Adaptation of program design

Dimensions of Successful Programs

1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design interventions shown to be effective	5. Implement with quality and fidelity
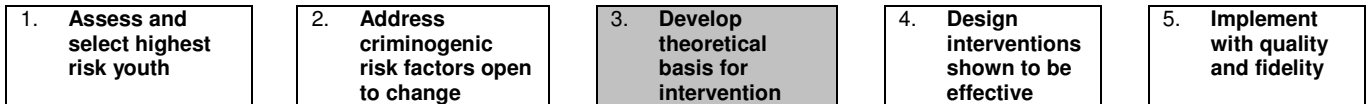
3. Program Design Based on Theory and Research

How does this help reduce recidivism?

Program designs based on a sound theory and relevant research stand a much higher chance of being successful than those based only on the values, experiences, or knowledge of a small handful of people. Because so much is now known about what works and what doesn't work in juvenile offender treatment, using this body of knowledge in program design and implementation can greatly increase the likelihood of reducing recidivism.

In the last 25 years, and particularly in the last 10 years, impressive gains have been made in our knowledge about "what works" in juvenile offender rehabilitation. However, far too little of this knowledge is being used by practitioners and policymakers. Many programs do not apply the existing knowledge; as a result, they are unable to achieve reductions in recidivism. This leaves juvenile offenders without effective interventions, reduces public safety, undermines the confidence of funders and policymakers, and frustrates program staff.

What does it mean?

Basing a program design on theory means that the program is built from a clear expression of the apparent relationship between actions and intended results. The theory explains the reasons why certain strategies and activities are being used, and how, and in what sequence those strategies will achieve the desired change. The theory lays out the cause (action) and effect (result) relationship and the beliefs behind a program.[19]

Basing a program design on research means that the program developer has conducted or relied upon an extensive and timely literature review[20] in the area of juvenile offender treatment and other relevant fields, and that those results are used to select and shape the general and specific dimensions of the program. The research findings inform and give credibility to the program theory.

For purposes of this Guidebook, basing a program design on theory and research means that a provider:

- Provides an explanation of why the provider believes that its chosen approach and activities are likely to lead to the outcomes identified.

- Describes the program's approach to each of the five major dimensions of successful programs featured in this guide, the logical linkages connecting the five dimensions, and how they will lead to the expected results.

- Briefly summarizes the key research findings in support of the chosen approach, and how they support selection of the proposed approach and the likelihood of obtaining the intended results.

Dimensions of Successful Programs

1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design interventions shown to be effective	5. Implement with quality and fidelity
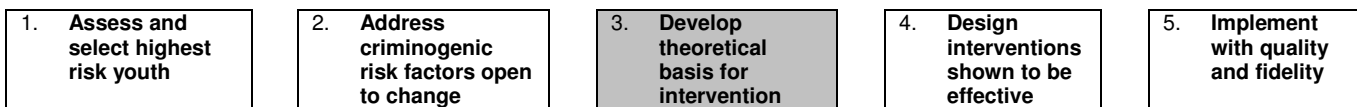
How do we do it well?	▪ Identify and test the assumptions behind the proposed approach (e.g., that 80% of desired participants can be engaged, that 70% will complete the intervention, that 50% will gain the skills or other changes needed to reduce recidivism, that the intervention is suited to the participants, etc.) and then explain how those assumptions, the sequence in which changes will occur, and the explicit program design should produce the desired result.
	▪ Use the elements in this guide to develop your program design, because each element is supported by extensive research findings.
	▪ Assess the theory and the research related to your approach to ensure that the proposed program is:
	o Plausible—the activities can reasonably be expected to reach the desired result;
	o Doable – there are sufficient resources and time to carry out the strategies; and
	o Testable -- clear enough to allow assessment and explicit enough to allow replication, at least within the agency.
	▪ Ensure that every staff person involved with the program has a common understanding of the theory and research behind the program design and his/her role in implementation.
What observable and measurable things would you see in a program that is doing this well?	Examples of indicators include:
	1. The provider has a clear written statement of the reasons why it has selected or created the proposed program and this statement identifies, explains and references the theory and substantiating research that leads the provider to believe that the program will be effective.
	2. The program has a logic model as specified in Element 19 of this Guidebook that clearly illustrates the links among resources, activities, outputs, outcomes, and goals.
	3. The written program description describes the program's general approach and specific activities in terms of the five dimensions of successful programs featured in this guide:
	o Assessing and selecting clients;
	o Addressing criminogenic risk factors that are open to change;
	o Having a theoretical basis for the intervention(s);
	o Using interventions that have been shown to be effective; and
	o Implementing the program with quality and fidelity.
	4. The theory and research identify apparent and logical relationships between proposed activities and anticipated outcomes. A clear summary of these links is provided in the program description.
	5. Staff members are able to articulate the theoretical rationale for their activities.
	6. Theory and research support that short-term program outcomes are likely to lead to the intermediate and long-term outcomes that will reduce recidivism at some stage (though not necessarily observable within the time frame of the program).

7. The program activities include the use of appropriate evaluation techniques based on the theoretical links between activities and outcomes (e.g., a program that seeks to change behavior uses an evaluation tool that measures behavior change and not just change in attitude). See Element 19 for more detailed information on evaluation.

8. If proposing a theory for which there is little or no research support, the program manager can explain why his/her experience or other types of wisdom or knowledge support his/her theory.

How much difference does it make?

A sound theory based on relevant research has the ability to greatly enhance program effectiveness. Conversely, a program lacking a supportable theory and developed without reference to applicable research risks poor results, wasting resources, and even increasing delinquent behavior (as has happened with programs such as boot camps and Scared Straight).

Which populations does this apply to?

All juvenile populations to reduce recidivism.

4. Adaptation of Program Design

How does this help reduce recidivism?

Implementation with fidelity to program design helps ensure that the design factors important to reducing recidivism are actually delivered. If adaptations reduce the effectiveness of those factors, the program may be less likely to reduce recidivism. On the other hand, programs carefully adapted may prove even more effective than those delivered in their original form.

Adaptations or modifications of a program design are sometimes beneficial and can enhance the effectiveness of a program by:

- Adjusting for specific needs of client population
- Greater inclusion of local contextual information
- Allowing efficient use of local resources[21]

Because there is a limited supply of evidenced-based programs currently available, adaptation for different cultures, ages, or gender may be necessary and desirable.[22]

What does it mean?

Adaptation means modification (deliberate or accidental) of a program from the way it was designed. Adaptations can include additions, deletions, or modifications to content, delivery method, target population, setting, or delivery agent. [23]

How do we do it well?

- Involve the program developer, cultural consultants, representatives of desired participant groups, and local staff in developing adaptations.[24]

- Determine which elements are the "active ingredients" essential to the success of a program, and maximize fidelity to those elements.[25]

- Talk to the program developers, if possible, to avoid omission of core critical elements.[26]

- Add adaptations if possible, rather than substituting for regular activities.[27]

- Make sure changes are consistent with the theory on which program is based.

- Base adaptations on sub-group needs assessments.[28]

- Pilot test adaptations.[29]

- Omit culturally or locally inappropriate practices.[30]

- Promote ethnic identity and cultural pride.[31]

- Add local and cultural values.[32]

- Modify evaluation instruments and methods to fit adaptation.[33]

Dimensions of Successful Programs
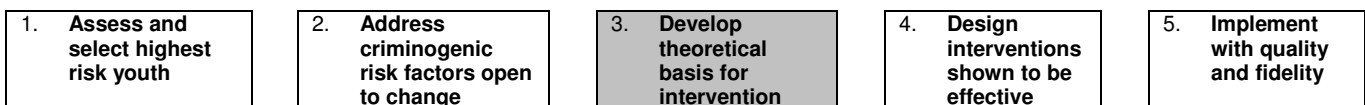
1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design interventions shown to be effective	5. Implement with quality and fidelity

What observable and measurable things would you see in a program that is doing this well?	Examples of indicators include:

1. Policies and procedures describe essential program elements that have been modified and the theory or reasoning upon which changes are based.

2. Stakeholders are included in developing adaptations and approve them.

3. Adaptations are based on recorded needs assessments.

4. Staff can explain why adaptations were required and what affects they seem to be having.

5. Evaluation tools and methods are developed so as to assess program with adaptations.

6. Program is reflective of ethnic diversity and cultural pride; locally inappropriate practices are omitted.

How much difference does it make?

Culturally adapted programs in a family substance abuse prevention program attained recruitment and retention rates that were about 40 per cent higher than the original program.[34] Gender adapted programs [in a substance abuse treatment program for youth] produced effect sizes twice that of programs that were not so adapted. Cultural adaptations can serve to increase engagement, satisfaction, interest and exposure to the programs.[35]

Which populations does this apply to?

All juvenile populations to reduce recidivism.

Elements of Successful Programs

Dimension 4. Design Effective Treatment or Interventions

Element 5. Match services to characteristics of program participants
    Element 5a. Cultural competence
    Element 5b. Serving youth with mental disorders
    Element 5c. Serving youth with substance use problems and co-occurring mental disorders
Element 6. Staff practice, qualifications and support
Element 7. Engagement, motivation and retention of participants
Element 8. Behavioral and cognitive-behavioral interventions
Element 9. Interpersonal skill building and other skill-oriented interventions
    Element 9a. Employment and vocational interventions
    Element 9b. Academic skills and training
Element 10. Individual therapy
Element 11. Family therapy/interventions
Element 12. Group therapy
Element 13. Multiple services, casework/advocacy
Element 14. Wraparound process
Element 15. Avoiding programs with mixed or weak effects
Element 16. Avoiding programs that don't work

Dimensions of Successful Programs

1. **Assess and select highest risk youth**	2. **Address criminogenic risk factors open to change**	3. **Develop theoretical basis for intervention**	4. **Design interventions shown to be effective**	5. **Implement with quality and fidelity**
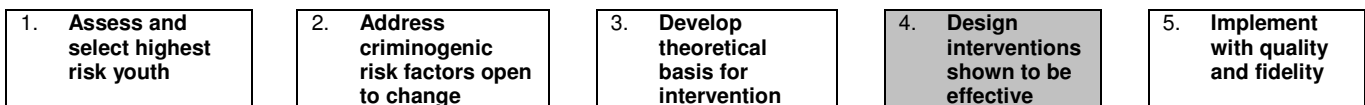
5. Match Service to Characteristics of Program Participants

How does this help reduce recidivism?	Offenders who receive interventions that best match their abilities and characteristics are most likely to engage in and complete treatment and benefit from the intervention, and therefore are less likely to recidivate.

Offenders are more likely to benefit from interventions delivered in the style and mode that fit their strengths/abilities, individualized needs, and personalities. If differences in learning abilities, styles, and readiness are not addressed, a well-designed program may still be somewhat ineffective in reducing recidivism.

What does it mean?

Matching services to the characteristics of offenders means that interventions should be delivered in "a style and mode that is consistent with, or matched to, the learning styles and characteristics of the offender."[36] This approach is referred to as the *specific responsivity principle*. This principle states that characteristics of motivation, personality, and emotional and cognitive abilities, age/developmental stage, gender, and race/ethnicity can influence an offender's engagement in and responsiveness to various therapists and treatment modalities.[37][38][39]

"The three components of responsivity are:

1. Matching the intervention approach with the learning style and personality of the offender.

2. Matching the client with therapists skilled with working with people with characteristics similar to those of the client.

3. Matching the skills of the therapist with the type of program." [40]

How do we do it well?

- Assess for responsivity factors during intake and throughout interventions.
- Match learning style, personality and characteristics of the offender with the treatment approach and therapist delivering the treatment.[41]
- Utilize the guidance in elements contained in this Guidebook for cultural competence, serving youth with mental disabilities, and serving youth with substance use problems or co-occurring mental disorders.

Dimensions of Successful Programs
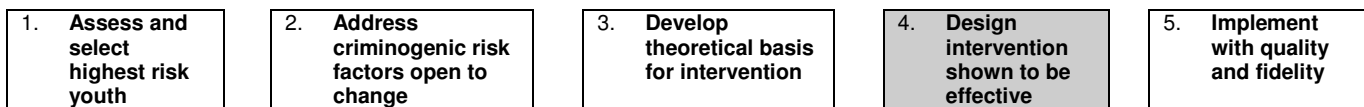
1. **Assess and select highest risk youth**	2. **Address criminogenic risk factors open to change**	3. **Develop theoretical basis for intervention**	4. **Design intervention shown to be effective**	5. **Implement with quality and fidelity**

What observable and measurable things would you see in a program that is doing this well?

Examples of indicators include:

1. Clients are assessed for responsivity factors during intake and throughout interventions, and results are used to match the offender with a treatment approach and therapist.

2. Staff can describe the specific responsivity principle and can identify characteristics that can influence offender's responsiveness to various therapists and treatment modalities.

How much difference does it make?

There are currently no studies that quantify the effect of implementation of the specific responsivity principle.

Which populations does this apply to?

All juvenile and adult populations to reduce recidivism.

5a. Cultural Competence

How does this help reduce recidivism?

Providing services in a culturally competent manner is one way of matching the styles and modes of service to the characteristics of youth in the juvenile justice system. Incorporating cultural competency into interventions for juvenile offenders (and in other systems) is needed to:

1. Respond to the needs of all populations in the juvenile justice system and to projected demographic changes in the United States.

2. Eliminate long-standing disparities in the referral to and treatment of people of diverse racial, ethnic and cultural backgrounds and to ensure that intervention programs do not perpetuate cultural oppression.

3. Improve the quality of services and outcomes.[42]

What does it mean?

Culture is an integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting and roles, relationships and expected behaviors of a racial, ethnic, religious or social group; and the ability to transmit the above to succeeding generations. [43]

Cultural competence is defined as a set of congruent information/knowledge, behaviors, attitudes, skills, policies and structures that come together in a system, agency or among professionals and that enables that system, agency or those professionals to interact effectively in cross cultural situations.[44]

"Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the relevance and quality of services and thereby produce better outcomes." [45]

Cultural competence requires that organizations and their personnel have "the capacity to (1) value diversity and commit to decreasing cultural bias, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to the diversity and cultural contexts" [46] of the individuals served.

Cultural competence at both the organizational and individual levels is a developmental process, evolves over an extended period, and is never fully "completed." "Both organizations and individuals are at various levels of awareness, knowledge and skill acquisition."[47]

Language is a part of culture; *linguistic competence* is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those with low literacy skills or [who] are not literate, and individuals with disabilities.[48]

Dimensions of Successful Programs

1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design intervention shown to be effective	5. Implement with quality and fidelity
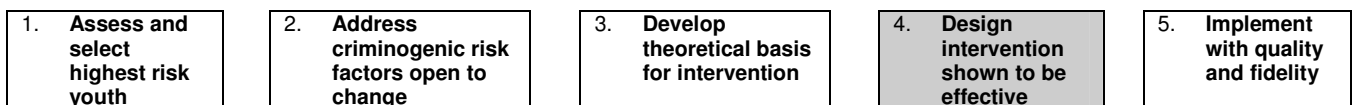
How do we do it well?	- Provide interventions in a culturally competent manner.
	- Acknowledge and address the fact that cultural competence is a complex issue that involves not only learning and operational change, but also attitudinal and emotional shifts. Recognize that discussions of race and culture often lead to discomfort and deep, emotional reactions from even the most well-meaning people.
	- Conduct self-assessment as an ongoing process to determine strengths and areas for growth. Typical assessment domains include:[49]
	
	    o Staff openness and willingness to improving cultural competency
	    o Knowledge of diverse communities
	    o Opportunities to engage or collaborate with diverse communities
	    o Use of resources and contacts in diverse communities
	    o Suitability of program theory, practice and delivery
	    o Policy and procedures
	    o Recruitment, training and development of individuals involved in running the program
	    o Environment where program is offered
	    o Outreach techniques
	
	- Develop a strategic organizational plan based on assessment results with clearly defined short-term and long-term goals, measurable objectives, identified fiscal and personnel resources, and enhanced consumer and community partnerships. Be open to using non-standard evaluation practices to meet the specific cultural needs of diverse populations.
	- Assess individual and collective progress over time.
	- Incorporate cultural competence on an ongoing basis at every level of the organization, including the policy making, administrative, practice and consumer/family levels. Ensure that this incorporation is ongoing.
	- Assess outcomes for different ethnic groups, consider why outcomes might be different for different groups, and determine how the program might need to change based on that information.

What observable and measurable things would you see in a program that is doing this well?	Examples of indicators include: 1. The provider's mission statement, strategic plan, policies and procedure address how the organization will be culturally competent in its overall operations. 2. Board and staff members reflect the culturally diverse groups served by the provider. 3. The provider is serving, in a culturally competent manner, the population it intends to serve (whether limited or broad in definition) and (if practical) is capable of serving youth and families from different cultural groups in its community.

4. The provider actively recruits participants within the cultural communities it is capable of serving.

5. The provider has adequate depth of knowledge about the primary culture(s) of its client population(s).

6. Staff and administrators can describe the strengths, social problems, customs, values, languages, and natural helper resources for the primary cultural group(s) with whom they work.

7. The provider has developed culturally appropriate service delivery protocols (including outreach activities, interviewing techniques, assessments, resources, and program content) for the group(s) it serves. When appropriate, these may include practices not familiar to Western practitioners.

8. The provider has the general ability to bridge the differences between different cultures and the dominant culture and to help participants understand people of different cultures.

9. The provider helps clients understand and co-exist peacefully with people of different cultures.

10. The provider appreciates the roles that power and privilege play between cultures.

11. The staff knows where to get help for clients from cultures with which they are less familiar.

12. The staff members are interested in working with people from cultures different from their own.

13. Staff can identify and address barriers, hindrances, and aids to providing services to a diverse population.

14. Staff has social or professional contacts with the cultural groups in their service area, and uses those contacts to seek input and form collaborations to provide effective services.

15. Staff uses culturally appropriate practices and services to successfully work with culturally diverse populations.

16. The provider regularly offers training to help new and experienced staff to work more effectively with diverse groups.

17. The provider conducts organizational self-assessments regularly, and uses the findings to move toward greater cultural competence.

How much difference does it make?

The effectiveness of ethnically tailored social work approaches is controversial in the social work field. "There are not yet sufficient outcome studies on programs with cultural tailoring to determine if they yield more positive results than comparable programs without such tailoring." [50]

A recent meta-analysis on the effectiveness of mainstream service programs for minority juvenile delinquents relative to Caucasian delinquents found that "there were no significant differences between the overall effects of mainstream intervention services on predominantly minority treatment groups and those on predominantly White treatment groups." [51] The meta-analysis did not analyze the level of cultural competence practiced in the intervention services studied.

This does not mean that issues of cultural sensitivity are unimportant to minority youth served in these types of programs. The effects of programs with cultural tailoring may be larger.[52] It may also be that the likelihood of participation, the acceptance of the program plan, the ultimate satisfaction with the program experience and other such factors not commonly measured in outcome studies are less positive for minority youth in mainstream programs.

"All of the studies included in the meta-analysis involved indigenous minority youth, rather than recent immigrants. The results do not speak to the particular needs of recent immigrant populations or the effectiveness of mainstream interventions for delinquent youth who are newly arrived." [53]

Which populations does this apply to?

All juvenile populations to reduce recidivism.

5b. Serving Youth with Mental Disorders

**How does this help
reduce recidivism?**

Providing services that are appropriate and effective for youth with mental disorders is one way of matching the styles and modes of service to the characteristics of youth in the juvenile justice system. Treating the mental health problems may decrease factors related to criminal behavior.

Because the proportion of youth with serious mental health problems is believed to be much higher among juveniles in detention facilities than in the general population, it is important that mental disorders that contribute to recidivism be identified and addressed. Some researchers contend that individuals with developmental disabilities and other mental health issues do not receive effective services, and instead suffer injustices in the criminal justice system and experience disadvantages because of difficulties understanding, communicating, learning rules, or displaying "appropriate" attitudes.[54]

A minimum of 30% to 50% of youth involved in juvenile crime have special needs. Estimates suggest that from 10% to 40% of youth in correctional facilities have specific learning disabilities; between 16% and 50% have an emotional disturbance; up to 12% suffer from developmental disabilities; and between 20% and 50% have attention deficit hyperactivity disorder (ADHD).[55][56]

Youth with these cognitive, emotional, and behavioral disabilities are at greater risk than their peers for school suspension, school dropout, substance abuse, arrest, restrictive placement, and recidivism.

Some service providers within the juvenile justice system are not sufficiently aware, not trained, or lack the resources to respond appropriately to youth with disabilities related to learning, cognitive development, and emotional and behavioral problems.[57] This can lead staff to misinterpret behaviors relating to mental illness or learning disabilities such as disobedience, defiance, or even threats – and to respond in ways that exacerbate the situation and increase the risk of recidivism.

Three Federal statutes (Section 504 of the Rehabilitation Act, the Americans with Disabilities Act (ADA), and the Individuals with Disabilities Education Act (IDEA) provide legislative mandates for a disability-sensitive juvenile justice system.[58]

Dimensions of Successful Programs

1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design intervention shown to be effective	5. Implement with quality and fidelity
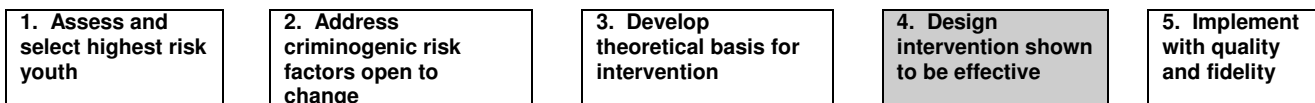
What does it mean?

Mental disorders include a range of conditions that are variously labeled as learning disabilities, mental illnesses, mental disorders, mental health problems, psychiatric disabilities or developmental disorders.[59]

The Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM-IV), published by the American Psychiatric Association is the main diagnostic reference of mental health professionals in the US. It is widely accepted and used for diagnostic classification of learning and developmental disabilities as well as for mental illness or mental health issues for most purposes (legal, school, insurance, etc.). However, in some cases different definitions and approaches to diagnosis and classification of disabilities related to brain dysfunction are used by Federal legislative acts, professional organizations, social service and health agencies, schools, and other programs. Labels used in special education differ from those used by the mental health field; labels in one system may not qualify an individual for services in a different system.

However, there are several dimensions along which disabilities are commonly defined or described. "*Disability* typically refers to how physical or mental limitations are manifested within a specific social or environmental context. Thus, a disability can be thought of as an outcome of an interaction between impairments, or functional limitations, and behavioral/performance expectations of socially defined roles."[60]

Learning disorders are diagnosed when an individual's achievement on individually administered, standardized tests in reading, mathematics, or written expression is substantially below that expected for age, schooling, and level of intelligence;[61] and the learning problems significantly interfere with academic achievement or activities of daily living that require reading, mathematical, or writing skills.

Mental disorder, according to the DSM-IV, means a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom.

Mental disorders common among youth in the juvenile justice system include:[62] [63]

- *Depressive/mood disorders* (including bipolar disorder)
- *Anxiety disorders* (including generalized anxiety, obsessive-compulsive disorder, post-traumatic stress disorder, phobias, panic disorder, and separation anxiety)
- *Disruptive disorders* (including attention deficit hyperactivity disorder, conduct disorders, and oppositional-defiant disorder)
- *Eating disorders* (including anorexia, bulimia, and binge eating)
- *Substance use disorders* (alcohol or drug dependence or abuse). This disorder is usually addressed separately, although it commonly co-occurs with many mental health disorders as well as learning disabilities. See Element 5c for further information on substance abuse and co-occurring mental disorders.
- *Attention deficit hyperactivity disorder*

Developmental disability refers to substantial limitations in cognitive functioning. It is characterized by significantly sub-average intellectual functioning, existing

concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work. Developmental disabilities manifest before age 18.[64]

How do we do it well?

Mental disorders, particularly when a youth has a combination of disorders (a common occurrence), can be extremely challenging for even those who specialize in treating youth with these disorders because social skill deficits make youth with mental disorders more challenging to work with.

There are almost no research evaluations of interventions with court-involved youth with mental disorders. However, the best practices to accommodate youth with these disorders can be selected from research on effective interventions for delinquent youth in general and research in the field of special education. Those eight practices are:[65]

1. *Individual Juvenile Planning* – thorough assessment to determine individual needs; goals and strategies for achieving goals formulated for each youth; close monitoring with adjustments as needed.

2. *Skill Based Interventions* – combining interventions that actively teach a coping, social, academic and/or vocational skill. Interventions should include therapy in the form of cognitive therapy or social cognitive training, social skills training, academic interventions, vocational intervention, and life skills/multimodal approaches.

3. *Medical Interventions* – use of medicine when shown to be efficacious for a youth's diagnosis.

4. *Behavior Systems* – use of incentives and structure to teach pro-social behavior and create an orderly environment so that learning and other interventions can successfully take place.

5. *Family Involvement* – family participation and partnership in the youth's intervention so that families can help the youth accomplish his or her goals.

6. *Transitioning* – preparing and phasing youth into different program types or out of an intervention program to prevent relapse.

7. *Staffing* – care providers have training in how to work with youth with disabilities; relate to youth in interpersonally sensitive and constructive ways; matched to youth's characteristics or adapt behavior and interaction style to match characteristics of youth; cultural awareness and sensitivities permeate all staff interactions.

8. *Assessment of Program Effectiveness* – data collection and evaluation associated with program completion, recidivism, and relapse; information is used to improve programming.

In the mental health field, practitioners are increasingly using a system of care model for young people with severe emotional disturbances. A *system of care* is a "comprehensive spectrum of mental health and other necessary services, which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with severe emotional disturbances and their families."[66] Juvenile justice interventions may become part of the system of care for some youth. The core values and practices of this model are illustrated by high quality wraparound services, as described in Element 14.

Mental health needs of girls in the juvenile justice system. Gender differences show up in prevalence rates and types of mental disorders. Girls are more likely than boys to meet the criteria for a current mental disorder and to be diagnosed with more than one disorder.[67] Substance abuse is highly likely to be a co-occurring disorder (more so in girls than in boys).

"Histories of physical and sexual abuse are virtually universal among girls in contact with the juvenile justice system. This abuse often results in significant and long-lasting mental health problems and may involve self-harming behaviors." [68] Recommendations for effectively addressing girls' unique mental health needs in the juvenile justice system include:

- *Screening and assessment* – include questions that are girl-specific, such as family status, presence of children, and sexual activity.

- *Operating procedures* – Revise standard operating procedures (seclusion, restraint, constant observation, etc.) that can retraumatize girls with abuse histories.

- *Services* – Strengthen and improve all existing generic services by providing care and interventions that are sensitive to girls' experiences, styles of communication, need for empowering relationships, and common presenting problems. (Most existing programs have been developed for boys' experiences and needs.) Expand gender-specific services for girls (such as small, single-sex therapy groups), defined as "those designed to meet the unique needs of female offenders, that value the female perspective, that celebrate and honor the female experience, that respect and take into account female development, and that empower young women to reach their full potential."[69] Use strength-based approaches rather than deficit-based models. [70] [71]

What observable and measurable things would you see in a program that is doing this well?

Examples of indicators include:

1. Staff select, and deliver with integrity, appropriate evidence-based therapies and interventions that (a) create an environment conducive to learning and (b) fit the diagnosis of each youth based on thorough assessments of individual needs, especially those with a combination of disabilities.

2. Staff develops and monitor strategies for achieving programmatic goals for each youth, making adjustments as needed.

3. Staff actively utilize and teach a combination of skill based interventions.

4. Staff uses incentives and structure to teach pro-social behavior.

5. Program includes components related to family involvement and transitional preparation for youth.

6. Program is regularly assessed as to effectiveness based on collected data.

7. Medication is available and used when efficacious for a youth's diagnosis.

8. Care providers have and effectively apply training in how to work with youth with disabilities.

9. Care providers relate with youth in sensitive and constructive ways.

10. Staff match or can adapt to match the characteristics of youth with whom they work, including those from ethnic and disability cultures.

11. Gender-sensitive assessment, operating procedures and services address the unique needs of female and male participants.

How much difference does it make?

There is a tremendous gap in empirically based knowledge about children and youth with mental disorders, especially those who are either at risk of delinquency or involved in the juvenile justice system.

Researchers have not systematically identified and assessed interventions or practices that focus primarily on youth with mental disorders who are at risk of delinquency or are involved in the juvenile justice system. Therefore, although it is believed that youth with mental disorders will have lower recidivism rates if the services they receive are those most likely to be effective for their diagnosis, there is no information yet that quantifies the extent of this difference.

Which populations does this apply to?

All youth involved with the juvenile justice system who have one or more mental disorders.

5c. Serving Youth with Substance Use Problems and Co-Occurring Mental Disorders

How does this help reduce recidivism?

Many youth involved in the juvenile justice system who need skill-building or therapeutic interventions also suffer from substance use problems, or from both substance use problems and mental health disorders. Interventions for these youth must match the characteristics of youth with these issues, both to ensure the effectiveness of other services provided, but to also reduce the increased risk of recidivism for youth with one or both problems.

Youth with substance use problems and/or co-occurring mental health and substance abuse disorders need specialized treatment and services. Substance abuse, co-occurring disorders, and related behaviors are significant risk factors for violent and criminal behavior and for recidivism.

Substance abuse is common among juvenile offenders, with an estimated 82% of youth committed to the Juvenile Rehabilitation Administration in Washington defined as being either dependent on, or abusing, alcohol or other drugs.[72] An Ohio study found that of youth in juvenile justice facilities, 84% of girls displayed the need for mental health assistance compared to 27% of boys.[73] These studies did not identify the per cent of youth with co-occurring disorders, but the high proportion of youth with either substance abuse or mental health issues indicates there is a sizable overlap.

Mental health problems are extremely common among adolescents that abuse drugs. A study of adolescents who "received inpatient chemical dependency treatment in Washington in 1996 found that 65% of the youth had received mental health services and 45% were taking prescription medications for mental health problems."[74]

There is a lack of information on the number of people (adolescents and adults) with co-occurring disorders, but research has shown the disorders commonly occur together. According to reports published in the *Journal of the American Medical Association (JAMA)*:

• Roughly 50 per cent of individuals with severe mental disorders are affected by substance abuse.

• Thirty-seven per cent of alcohol abusers and 53 per cent of drug abusers also have at least one serious mental illness.

• Of all people diagnosed as mentally ill, 29 per cent abuse either alcohol or drugs.[75]

Among adolescents, studies show a substantial prevalence of co-occurring substance abuse and mental disorders, with approximately half of the adolescents receiving mental health services reported as having a dual substance abuse and mental disorder. One would expect these rates to be higher among youth involved in or at risk of being involved in the juvenile justice system.

Dimensions of Successful Programs

1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design intervention shown to be effective	5. Implement with quality and fidelity
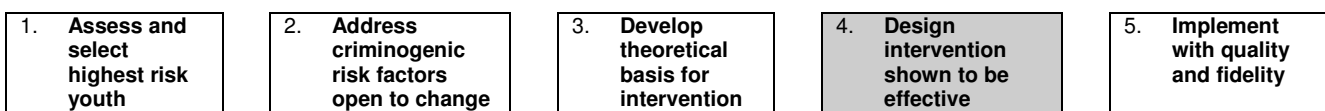
What does it mean?
Chemical dependency is a catch-all phrase that includes alcohol and/or drug abuse or dependence.

> Substance abuse is characterized by a maladaptive pattern of substance use leading to clinically significant impairment or distress (e.g., failure to fulfill major role obligations, recurrent use in situations in which it is physically hazardous, recurrent substance-related legal problems, and/or recurrent interpersonal problems due to use) and continued use despite negative consequences.

> Substance dependence is characterized by chemical tolerance and withdrawal symptoms if use stops.

> Alcohol abuse/dependence involves a destructive pattern of alcohol use over time, leading to significant social, occupational or medical impairment.

> Marijuana abuse/dependence affects memory, judgment, and perception. Abuse can cause withdrawal, depression, fatigue, carelessness with grooming, hostility, deteriorating relationships, changes in academic performance, increased truancy, loss of interest in activities, and changes in eating or sleeping habits.

> Drug abuse/dependence (involving amphetamines, cocaine, heroin, etc.) can be a chronic, relapsing disorder. It is associated with a variety of negative consequences, including risk of serious drug use later in life, school failure, and poor judgment, which can put youth at risk for accidents, violence, unplanned and unsafe sex, and suicide.[76]

Co-occurring disorders means that an individual suffers from both a substance abuse problem and a mental disorder. "Substance abuse and psychiatric disorders share common biological, behavioral and environmental risks that may be precipitated or exacerbated by each other."[77]

Dual diagnosis services are treatments for people who have both a substance abuse problem and a mental disorder.[78] Dual diagnosis services integrate assistance for each condition, helping people recover from both in one setting, at the same time. "Those who struggle both with serious mental illness and substance abuse face problems of enormous proportions. Mental health and substance abuse services tend not to be well prepared to deal with patients having both afflictions. Often only one of the two problems is identified. If both are recognized, the individual may bounce back and forth between services for mental illness and those for substance abuse, or they may be refused treatment by each of them. Fragmented and uncoordinated services create a service gap for persons with co-occurring disorders."[79]

How do we do it well?
There are very few outcome studies on adolescent chemical dependency treatment. The substance abuse field has recognized that adolescent users differ from adults in many ways, and that the treatment process of adolescents must address the nuances of each adolescent's experience,

including cognitive, emotional, physical, social and moral development – and their family and peer environment.[80]

Programs must help clients achieve more than abstinence to effect optimal life functioning. Three goals have been identified for effective interventions:

1. "Maximizing motivation for abstinence and developing strategies for abstinence
2. Learning skills necessary to achieve economic, educational, employment and social adequacy
3. Learning skills necessary for relapse prevention"[81]

The most promising treatment approaches for substance abuse of juvenile offenders include a continuum of care for 12 months. The intensity and treatment should vary over the 12 months based on the adolescent's needs and treatment plan.[82] However, to combat high dropout rates, programs must be relevant to teens.

Based on the current research, treatment programs (both inpatient and outpatient) should include the following elements:[83] [84]

- Use effective assessment tools to match clients with the appropriate level of care, with consideration of gender and cultural relevance.
- Treatment should be delivered in the least restrictive setting, while considering issues of community safety.
- Treatment should be comprehensive and address the problems identified by the evaluation process in an integrated way (e.g., psychiatric disturbance, sexual abuse).
- Treatment programs must specifically address the developmental needs of youth and engage them to make their own internal commitment to change.
- Treatment must be gender and culturally competent.
- Treatment must involve the family, or a family substitute, in all aspects of treatment planning, discharge, and continuing care recommendations.
- Family therapy and cognitive-behavioral therapy should be utilized.
- General life skills, decision making, and coping skills education and training should be provided.
- Teens should be engaged and retained in treatment.
- Relapse prevention should be stressed.
- Treatment should be a continuum of care, with a wide range of coordinated services and supports.

The continuum of care should include the following elements:[85]

- A team of skilled individuals with positive and caring attitudes, including substance abuse treatment specialists, teachers, family members, natural supports, probation officers and social service agency case managers, working in cooperation to provide the continuum of care.

- Some services are delivered in the home (or at a time and place convenient to the family) for the convenience of the family.
- The strengths of the family and adolescent are stressed.
- A flexible approach involving numerous therapy techniques is taken in treating the family and adolescent.
- Pro-social behaviors are reinforced.
- Relapse prevention is stressed.
- Formation of a pro-social peer group is strongly encouraged
- Urine drug screens are randomly taken on adolescents. If results are positive, the frequency of treatment is increased.
- Frequency of therapy slowly decreases over time, allowing for practice and monitoring of treatment gains and the success to which those gains are integrated into daily community life.

Staff delivering services must do so with fidelity to and compliance with the program objectives and treatment design.[86]

"Decisions on intervention choices should be based on a comprehensive assessment of needs, considering each youth's status in several areas of functioning, such as presence of learning disorders or mental health problems, family situation, physical health, history of abuse, severity of criminal history, developmental level, etc. Cultural factors should be considered in placement decisions. For some adolescents, an out-of-home placement can severely disrupt family bonds. For some Native Americans and Pacific Northwest Indians it has been found that removing youth from their family can cause intense emotional strain, which can become counterproductive to treatment." [87]

For individuals with co-occurring disorders, research indicates that integrated treatment is the most effective. "Effective *integrated treatment* consists of multiple health professionals, working in one setting, providing appropriate intervention for both mental health and substance abuse in a coordinated fashion. The caregivers see to it that interventions are bundled together; the consumers, therefore, receive consistent treatment, with no division between mental health and substance abuse assistance. The approach, philosophy and recommendations are seamless, and the need to consult with separate teams and programs is eliminated."[88]

Integrated treatment also requires the recognition that substance abuse counseling and traditional mental health therapy are different approaches that must be reconciled to treat co-occurring disorders.

What observable and measurable things would you see in a program that is doing this well?

Examples of indicators include:

1. Staff uses effective assessment tools to determine the presence of substance use problems and/or co-occurring disorders, as well as levels of functioning and other factors that affect treatment referrals.

2. Programs are designed for adolescents and include an individualized continuum of care plan for at least 12 months with provisions for follow-up care; are comprehensive; involve the family or a family substitute; and use forms of therapy and skill-building shown to be most effective. For co-occurring disorders, integrated interventions are used.

3. Program goals for adolescent clients include: maximizing motivation for abstinence and developing strategies for abstinence; learning skills necessary to achieve economic, educational, employment and social adequacy; and learning skills necessary for relapse prevention.

4. Staff has and effectively applies training in how to work with youth with substance use problems and/or co-occurring disorders.

5. Staff knows and uses effective strategies to engage and retain youth.

6. Records are kept to show the program dropout rate and reasons associated with adolescents discontinuing programming, and staff uses that information to improve program engagement and retention.

7. Staff considers cultural factors when making placement decisions.

8. Staff delivers services with fidelity to and compliance with the program objectives and treatment design.

How much difference does it make?

Among promising approaches presented at a satellite conference by the Office of Juvenile Justice and Delinquency Prevention, one program reported a 19% reduction in recidivism rates after one year for substance abuse treatment completers.[89] In one study of an inpatient treatment program, adolescents evaluated one year after treatment showed a decrease in criminal activity from 53% to 36%.[90] Four years after completion of Multisystemic Therapy (a home-based, brief and intense treatment program to develop independent skills among parents and youth to cope with peer, school and neighborhood problems), only 4% of youth in MST had a substance related arrest compared to 16% for youth in individual therapy.[91]

"A recent report prepared for the Washington State Division of Alcohol and Substance Abuse on adolescent drug treatment reported that following treatment 36% of treated youth had remained abstinent for six months. Similar post-treatment relapse rates for adolescents have been noted elsewhere."[92] However, results are difficult to determine since treatment dropout rates are often as high as 50% and follow-up rates of treated individuals are below 80% in outcome studies. Only a few studies have evaluated gender and racial differences in etiology and treatment of juvenile delinquency and substance abuse, and the majority of studies have focused on predominantly Caucasian populations.[93]

Which populations does this apply to?

All juvenile populations with substance use problems to reduce recidivism.

6. Staff Practice, Qualifications and Support

How does this help reduce recidivism?

Staff practices, qualifications and support ensure the maximum therapeutic impact of intervention programs intended to reduce recidivism. Strength in these areas can greatly contribute to program effectiveness.

What does it mean?

Practice of the core skills of effective correctional treatment means mastery of five dimensions found to best evoke positive behavioral change within offenders. The dimensions are:

1. Effective use of authority ("firm but fair" approach to interacting with offenders; make rules clear; seek rules compliance through positive reinforcement while avoiding interpersonal domination or abuse).
2. Use of anticriminal modeling and reinforcement.
3. Teach problem-solving skills (help offenders resolve key obstacles that result in reduced levels of satisfaction and rewards for noncriminal pursuits).
4. Use of community resources (be actively engaged in arranging the most appropriate correctional services, such as job and medical referrals).
5. High quality interpersonal relationships between staff and clients (interpersonal influence exerted is maximized by open, warm, and enthusiastic communication and development of mutual respect and liking). [94] [95]

Qualifications for staff of most programs focused on reducing recidivism are:

- "Educated (75% of service delivery staff have an undergraduate degree; 10% have an advanced degree)
- Area of study (75% of staff have a degree in a helping profession)
- Experienced (75% of staff have worked in treatment programs with offenders for at least two years)
- Treatment orientation (compatible with services to be provided)
- Personal qualities (empathy, fairness, life experiences similar to client population, problem solving, non-confrontational but firm, satisfaction with own work and accomplishments, etc.)"[96]

Dimensions of Successful Programs

1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design intervention shown to be effective	5. Implement with quality and fidelity
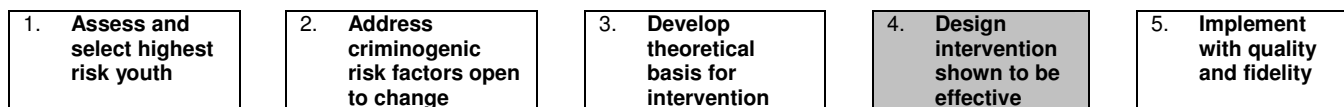
Support for these staff members includes:

- Supervision (regular clinical supervision)
- Assessment (assessed annually on clinical skills)
- Training (initial training of 3 to 6 months in interventions employed; ongoing training at least once per year)

How do we do it well?	- Hire and retain staff members with a treatment orientation consistent with the program design, and who have the core skills of effective correctional treatment and youth and family engagement. - Provide initial and ongoing training for staff in the core skills. - Provide regular clinical supervision. - Assess staff based on the core skills. - Hire staff with undergraduate and advanced degrees in helping professions. - Hire and retain staff members who have worked in treatment programs with offenders for at least two years. - Hire staff with the personal qualities necessary for high-quality relationships between staff and clients.[97]
What observable and measurable things would you see in a program that is doing this well?	Examples of indicators include: 1. Staff has worked in programs for offenders for at least two years. 2. Staff can identify the core skills of effective correctional treatment (described above), and is regularly assessed on these skills. 3. Staff has undergraduate and advanced degrees in helping professions, and resumes and/or biographical descriptions are available for review. 4. Staff reflects the personal qualities necessary for strong relationships with clients. 5. High retention rates for staff. 6. Staff receives initial and ongoing training in the core skills and managers keep a log of trainings received. 7. Supervisors regularly interact with staff in clinical settings.
How much difference does it make?	Staff characteristics should be given equally important consideration as the selection of the treatment element and of offender characteristics. The majority of programs that incorporated elements of core correctional practices were associated with substantially higher positive results than programs that did not – if those programs followed good practice in selecting clients and directing programs to reduce criminogenic needs of those clients.[98] The psychotherapy literature indicates that up to 30% of patient improvement is attributable to a high quality interpersonal relationship between client and therapist, supporting the application of this dimension in correctional treatment.[99]
Which populations does this apply to?	All juvenile populations to reduce recidivism.

7. Engagement, Motivation and Retention of Participants

How does this help reduce recidivism?

Positive changes in delinquent and violent behavior are much more likely when participants are effectively engaged, motivated and retained in the program. Otherwise, high dropout rates or poor results are likely.

Effective techniques can decrease resistance to interventions and increase hope and expectation of change among participants. They can also reduce anger, blaming and hopelessness, and increase the therapeutic alliance. If negativity can be decreased and a respectful alliance can be formed early in treatment, youth and families are more likely to make a commitment to change.[100] Maintaining the successful alliance allows participants to receive the recommended "dosage" of intervention, which will increase the likelihood of reducing recidivism.

What does it mean?

Engagement is "any activity that facilitates the [youth's or] family's willingness to show up for the first session and create an initial positive reaction."[101]

Motivation is state of mind or feeling that stimulates a person to move toward a desirable goal. It creates a context in which change can occur, through helping the participants experience a reduction in anger, blaming, hopelessness, or other barriers.[102]

Retention means that youth and families continue to participate in a program for the desired duration.

Reframing is one of several clinical techniques used to shed a new light on old problems and dynamics and disrupt maladaptive behaviors in order to provide hope and motivation to continue the intervention. Reframing means changing the lens or filter with which a situation is experienced and placing it in another [usually more positive or benign] frame. "A reframe often involves a therapist portraying unacceptable, illegal, noncompliant, violent, delinquent, and other negative behaviors in another light."[103]

How do we do it well?

- Build a positive alliance with participants immediately.
- Initially show more interest in hearing the youth or family share their experiences, than in providing instructions for change.
- Make the negative behaviors and emotions in the family the first priority for change, because they preclude the participants from making a realistic commitment to change.
- Identify youth and family strengths; look for clues of positive qualities.
- Show respect to the youth and family.
- Make the youth and family feel comfortable through appropriate clothing, gender and ethnic matches when possible, and a comfortable setting.
- Help families feel in control of the intervention process.
- Use reframing and other effective clinical techniques that provide a more positive context for change.
- Use retention strategies such as 24-hour availability of therapists; providing services in families' homes, and strength-based interventions with goals primarily set with family members.[104] [105]

Dimensions of Successful Programs
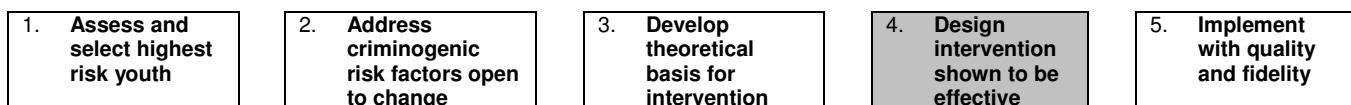
1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design intervention shown to be effective	5. Implement with quality and fidelity

What observable and measurable things would you see in a program that is doing this well?	Examples of indicators include:
	1. Engaging, motivating, and retaining participants are key concepts included in agency policies and procedures.
	2. Staff is trained in, and uses reframing and other proven clinical techniques that provide a positive context for change.
	3. Staff is trained in, and uses retention strategies including those listed above.
	4. Staff identifies youth and family strengths.
	5. Staff is matched with participants based on gender and ethnicity, when possible.
	6. Aspects of program interventions include those listed above, such as: building a positive alliance with participants, showing interest in hearing about participants experiences, showing respect to participants, and helping families feel in control during the intervention process.
	7. Program interventions initially focus on overcoming participants' barriers to engaging in the program.
	8. Records of engagement and retention show the dropout rates are low at all stages and the completion rates are high.
	9. Client satisfaction surveys show that participants believe they benefited from their participation.
How much difference does it make?	Effectively engaging, motivating and retaining participants greatly enhance the chances they will complete and benefit from the intervention.
Which populations does this apply to?	All juvenile populations to reduce recidivism.

8. Behavioral and Cognitive-Behavior Interventions

How does this help reduce recidivism?

Behavioral interventions help youth learn and practice specific ways to reduce antisocial behaviors and increase pro-social behaviors. Cognitive-behavioral interventions provide participants with skills to change how they view the world, especially in those areas that have previously led them to criminal behavior. With these skills, they are able to change their behavior patterns and decrease criminal activities.

Behavioral programs, especially those including cognitive elements, are widely recognized for being among the strongest of all interventions for reducing recidivism.

Reducing recidivism requires changes in behavior. As noted researcher Mark Lipsey says, "If you desire behavior change, then treatment dealing directly with behavior seems best advised. Interventions targeted on psychological processes may well produce psychological change but that, in turn, may not result in behavior change."[106]

Cognitive-behavioral interventions include techniques to change participants' thought patterns that lead to troublesome behavior to more balanced thinking that opens the door for behavior changes.[107]

Behavioral approaches are also an effective technique to help implement or enhance other interventions. They can help create a consistent and positive atmosphere and help moderate youth behavior so that other learning can take place.[108] [109]

What does it mean?

Most offender behavioral programs are based on the principles of *operant conditioning*. At its core, this involves *reinforcement* (the strengthening or increasing of a behavior so that it will be performed in the future) or *punishment* (weakening or suppressing undesirable behavior by providing unpleasant or harmful consequences).[110]

Behavioral therapy is generally of short duration. It tries to change behavior without resolving a person's inner conflicts. It strives to reduce problem behaviors and teach new, more adaptive behavior.[111]

Specific behavioral change techniques, which should be customized for each individual, include:

1. *Token economies*. "A reinforcement system for motivating offenders to perform pro-social behaviors." [112] Tokens can be tangible or symbolic (such as points).

2. *Modeling*. "The offender observes another person demonstrating a behavior that he or she can benefit from imitating." [113]

Dimensions of Successful Programs

1. Assess and highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design intervention shown to be effective	5. Implement with quality and fidelity
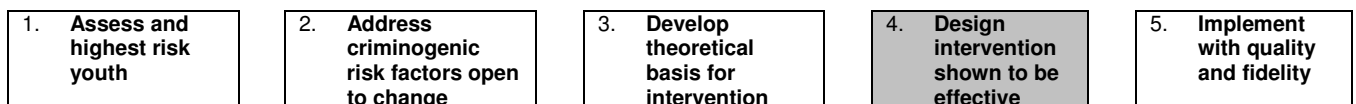
3. *Cognitive-behavioral interventions.* Approaches that attempt to lessen serious antisocial and violent behavior by changing the cognitive mechanisms linked with such behavior, as well as the behavior itself. Cognitive mechanisms include our various ways of "knowing" or viewing the world: perception, memory, thoughts, judgments, etc. These interventions are designed to change the offender's thought patterns, attitudes, values, and expectations that maintain anti-social behavior.[114] This method aims to identify and correct distorted thinking patterns that lead to feelings and behaviors that may be troublesome, self-defeating, or even self-destructive.[115]

The goal is to replace such thinking with a more balanced view that, in turn, leads to more productive behavior.

For example, "a person who is depressed may hold with great conviction the belief, 'I'm worthless.' With a therapist's help, the individual is encouraged to view this belief as a hypothesis rather than fact, and to test other beliefs by running experiments. . . Individuals may also be encouraged to log thoughts that pop into their minds (called "automatic thoughts") to help them determine what biases in thinking may exist." [116]

Most cognitive-behavioral interventions include training participants in one or more of the following areas:
- Cognitive self-control
- Anger management
- Social perspective taking
- Moral reasoning
- Social problem-solving
- Attitude change[117]

Although some programs addressing only one of these components have been found effective, more promising results have been noted for programs that address several of the components. This is especially true for anger management programs.

How do we do it well?

Effective components of a behavioral intervention include:
- A behavioral system tied directly to the achievement of specific cognitive skills, overt behaviors, and self-control skills.
- Using at least two of the following behavioral programs: cognitive self-control, anger management, social perspective taking, moral reasoning, social problem-solving, and/or attitude change.
- Target criminogenic risk factors of offenders that are amendable to change (antisocial attitudes, styles of thinking and behavior, peer associations, chemical dependencies, and self-control issues).
- Use incentives that each individual youth actually wants and can actually have as positive reinforcers.[118] Involve the youth in identifying what the reinforcers will be. Options include activities (shopping, sports, music, television, socializing) or social (attention, praise, approval) types of reinforcers. Both are natural consequences of a person's life. Social reinforcers are cost effective and require limited effort.

- Deliver reinforcement as soon as possible following the achieved goal.
- Deliver reinforcement consistently.
- Use a variety and continuum of incentives, and the opportunity to earn special incentives to maintain motivation.
- Reinforcement and behavioral strategies should be enforced in a fair but firm manner.
- "Positive reinforcers should exceed punishers by at least 4 to 1." [119] [120]

Cognitive-behavioral therapists should be active, problem-focused and goal-oriented.

What observable and measurable things would you see in a program that is doing this well?

Examples of indicators include:
1. Staff members can describe the specific behaviors and cognitive shifts they are helping clients to achieve and the techniques they are using to achieve desired changes, focusing on those risk factors that are amenable to change.
2. Staff enforces behavioral and reinforcement strategies in a fair manner.
3. Staff uses appropriate incentives.
4. Staff can demonstrate that positive reinforcers are used at least four times as often as punitive reinforcers.
5. Staff has training in effective behavioral and cognitive-behavioral techniques.
6. Programs use multiple types of cognitive-behavioral interventions.

What are some examples of interventions of this type?

- Aggression Replacement Training (ART) works with groups of 8 to 10 juvenile offenders in an attempt to reduce their anti-social behavior and increase their pro-social behavior. "ART has three components. In the 'anger control' component, participants learn what triggers their anger and how to control their reactions. The skills component teaches a series of pro-social skills through modeling, role playing, and performance feedback. In the 'moral reasoning' component, participants work through cognitive conflict in 'dilemma' discussion groups."[121] [122]
- Dialectical Behavior Therapy (DBT) is a modification of standard cognitive behavioral treatment, which was originally developed for chronically suicidal patients with Borderline Personality Disorder. It has now been adapted as a treatment for adolescents who are depressed and suicidal and is being used by the Juvenile Rehabilitation Administration in Washington State. DBT includes individual therapy, a skills group, and telephone coaching. DBT balances the therapist's acceptance of the client's feelings and behaviors with encouragement for positive changes.[123]

How much difference does it make?

For noninstitutionalized juvenile justice programs for all types of offenders, behavioral type treatment reduced recidivism rates by about 20 per cent. For serious offenders, these types of treatment reduced recidivism rates 40 per cent.

Which populations does this apply to?

All juvenile populations, including serious offenders, to reduce recidivism.

9. Interpersonal Skill Building and Other Skill-Oriented Interventions

How does this help reduce recidivism?

Many youth involved in delinquent or criminal behavior have deficits in their social skills. These deficits result in a failure to establish positive social relationships with family members, teachers, peers, and community members. Teaching these youth effective social skills can provide them with constructive relationships and help them avoid behaviors that can lead to delinquent or criminal behavior.

Skill-oriented approaches show substantial positive effects for all types of juvenile offenders, in both juvenile justice and community settings. Thus, interventions that actively teach a skill have been shown to help reduce criminal behavior. Whether through counseling, classroom instruction or other modes, skills-oriented approaches are among the most effective at reducing recidivism.[124]

What does it mean?

Skill-oriented approaches are a mixture or group of categories that actively teach specific skills, such as academic training, vocational training, employment, social skills, etc. [125] [126]

"*Social skills* may be defined differently because of the influence of culture, but generally consist of three categories:

1. *Overt interaction skills* are discrete social behaviors, such as sharing, self-disclosure, complementing others, negotiating, accepting criticism, disagreeing, introducing people, and resisting peer pressure.

2. *Cognitive social skills* are thinking skills that are applicable to a variety of social situations and that lead to or influence overt social behavior. They include defining a problem clearly, goal setting, alternative solution thinking, step-by-step planning, perspective taking or empathy, identifying social pitfalls and consequential thinking.

3. *Social self-control skills* are a combination of overt social skills and cognitive skills that help prevent a youth from displaying aversive or antisocial behavior. For example, the social skill of impulse control in a potentially hostile situation would include both the cognitive skills of positive self-talk and the strategy of walking away from the situation. Self-control skills include delay of gratification, anger management, impulse and aggression control, emotional self-awareness, self-talk and self-monitoring."[127]

Dimensions of Successful Programs

1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design intervention shown to be effective	5. Implement with quality and fidelity
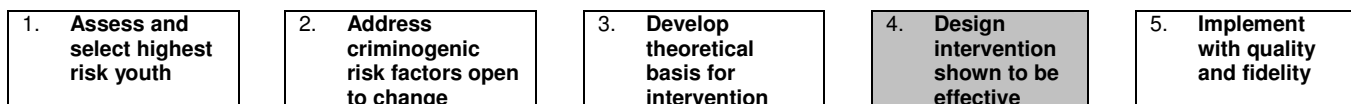
How do we do it well?

Skill development approaches that are specialized for each individual, rather than standard in nature, are generally more effective. Therefore, each youth's social skills needs should be assessed, ideally by a professional along with family members or others who are or have been able to observe the youth interact in a variety of social situations with both peers and adults.

For some youth to benefit from skill building interventions, they may first need help developing a behavioral system that brings order to their lives.

"A social skills program for court-involved and at-risk youth has three goals, each utilizing a mix of the three types of social skills described above:

1. *Enhance a youth's likelihood of making pro-social choices* in solving social problems or in fulfilling psychosocial needs (e.g., need for recognition or need for affiliation) so that antisocial and criminal behavior and recidivism are reduced. Cognitive and self-control skills are targeted to reach this goal.

2. *Enhance a youth's social interaction skills* so that the youth can establish satisfying social relationships and pro-socially negotiate social encounters. Overt interaction and self-control skills are most effective for this goal.

3. *Reduce social conflict in the youth's life* by eliminating negative or antisocial behavior or substituting more pro-social behaviors. Self-control and cognitive skills are needed to accomplish this goal.

To effectively teach a social skill, one must identify and operationalize the subskills involved. Specific steps in performing each task must be clarified so a youth can understand and practice how to perform the skill. For example, effectively negotiating (in some cultures) would include eye contact, a positive tone of voice, respectful expression of feelings or desires, taking the perspective of the other, suggesting a compromise and identifying its benefits, expressing willingness to compromise, and expressing gratitude if the negotiation is successful or compliance, if appropriate."[128]

Teaching several skills, along with other types of interventions needed, is likely to be more effective than focusing on a single skill.

The *basic instructional components of an effective social skills program* are:

▪ *Presentation of the idea*. A concerted effort to "sell" the benefits of using the skill, often by having trainees in a group identify situations where they have failed to use the skill and situations where they might use the skill.

- *Modeling.* The trainers works with a role-play partner to demonstrate use of the skill, while verbalizing what is being done and all of the substeps that make up that skill.

- *Role-play/guided practice.* Trainees practice implementing the skill in role-play situations.

- *Corrective feedback.* The trainer and peers help the trainee identify what they did well in the role-plays and what aspects of the skill need changes or improvements.

- *Generalization training.* The trainer helps the trainee identify different types of situations where the skill might be used.

- *Coaching and reinforcement.* The youth produces the skills in daily living, with coaching and reminders to use the instructed skill. An incentive system and praise should be tied to the youth's successful use of the skill (see Element 8).

- *Recycle learning.* As necessary, the trainer will again model the skill and have the trainee role-play the skill with corrective feedback.

- *Review.* Instruction should be reviewed in follow-up sessions and trainees should be helped to identify where they are having success or difficulty using the skill.

- *Maintenance.* Staff model, coach and reinforce youths to use the skills they are being taught. Staff themselves exhibit the targeted social skills and verbalize to youth their own thinking process when making a decision about how to behave, and encourage and remind a youth to use a specific skill in a specific situation.[129]

What observable and measurable things would you see in a program that is doing this well?

Examples of indicators include:

1. Staff assesses participants' needs and can explain why they chose the components of an implement individual skill development plan or approach and the techniques they are using to achieve skill acquisition.

2. Family members, teachers, and peers are included in the development and implementation of intervention for participants.

3. Staff can describe the subskills that must be mastered to acquire a larger skill and demonstrate how the subskills are taught.

4. Staff can describe and demonstrate how they are using the basic instructional components listed above in their program.

5. Staff can describe, based on verbal reports and observations, how their participants use taught skills in daily living and in a variety of situations.

6. Staff teaches culturally appropriate social skills.

7. Staff is trained on the basic instructional components of social skills programs.

8. Programs teach multiple types of social skills and utilize varied interventions.
9. Program records document skill building interventions and skills acquired for each youth.

What are some examples of interventions of this type?

- *"To teach a youth assertiveness skills* (defined as the ability of a youth to assert ownership of one's own experience and a willingness to express it to another in a mutually beneficial way), the following skills may be among the most relevant:

  - Dealing with positive and negative feedback
  - Initiating interactions
  - Dealing with dating situations and sexuality
  - Disagreeing
  - Learning how to say no
  - Asking for help
  - Negotiating

- *Important problem-solving skills include:*

  - Defining and recognizing a problem
  - Understanding others' point of view and feelings
  - Clarifying the problem
  - Identifying relevant variables of the situation
  - Setting clear and realistic goals
  - Estimating one's own ability to solve the problem adequately
  - Connecting cause and effect
  - Predicting and evaluating consequences
  - Anticipating pitfalls in carrying out a solution
  - Developing an internal locus of control orientation

- *Teaching self-control involves creating competence in skills such as:*

  - Impulse control
  - Regulation of anger and aggression
  - Social self-monitoring
  - Emotional self-awareness"[130]

How much difference does it make?

Skill-oriented interventions have been shown to reduce recidivism among all juvenile offenders who are not institutionalized by 32 per cent, and among serious and violent offenders by 42 per cent.

Which populations does this apply to?

All juvenile populations, including serious offenders, to reduce recidivism.

9a. Employment and Vocational Interventions

How does this help reduce recidivism?

Jobs can provide delinquent youth with income and productive ways to use their time, which can replace prior delinquent patterns.

There is a positive correlation between youth unemployment and delinquency. Effective employment and vocational programs that increase employment can reduce delinquent behavior and recidivism.

What does it mean?

Vocational programs provide vocational training, career counseling, job search, and interview skills. Vocational programs vary along a number of dimensions ranging from simple career awareness to certified training and job placement.

Employment programs involve work experience through paid employment.[131]

How do we do it well?

- Engage youth in their own development
- Set consistently high expectations for all youth
- Tailor the services for each youth
- Provide services for the age/developmental stage of the participants [132]
- Emphasize the development of skills, knowledge and competencies that lead to careers and self sufficiency
- Stress the connection between learning and work; relate academic learning to real-life work issues and situations; stress active learning
- Actively engage employers [133]

What observable and measurable things would you see in a program that is doing this well?

Examples of indicators include:

1. Standardized academic and vocational skills assessments (if culturally appropriate) are used or reviewed to determine needs and goals for each youth and are periodically re-administered at logical and consistent intervals.
2. Staff can describe and provide a written, individual development plan for each participant.
3. Records of assessment are maintained and tracked in files to effectively gauge progress toward individualized development plans.
4. Program staff can describe why the program provides a focus on vocational training or educational interventions or both and why the services offered will prepare participants for specific, attainable jobs in their community.
5. Staff members can describe and demonstrate how they are ensuring that participants have obtained the core competencies of job attainment, job survival, communication, leadership, teamwork, career development, personal self-development and problem solving. This may include pre- and post-program assessments completed by staff, youth, and work supervisors.
6. Supervisors can demonstrate how staff is accountable for the success rates of participants.

Dimensions of Successful Programs

1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design intervention shown to be effective	5. Implement with quality and fidelity
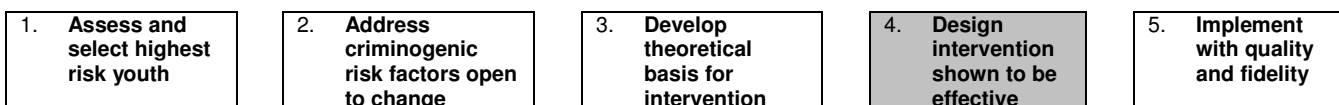
What are some examples of interventions of this type?	The *Behavioral-Employment Intervention Program* (an alternative to juvenile incarceration) was guided by four basic considerations:

1. Provide job placement as an essential ingredient of the program.

2. Increase the likelihood that employers would use positive behavioral strategies for promoting the delinquents' effective task performance (employers were given basic training in positive reinforcement philosophy).

3. Provide participants considerable training to help correct a lack of basic job skills and positive job attitudes (e.g., attendance, performance, grooming).

4. Hold the program director, the participant, and the employer accountable to specific obligations that were described in a contingency contract signed by all of them.

How much difference does it make?

Employment programs have shown their best results for programs delivered by the justice system to juvenile offenders in general (36 per cent reduction in recidivism), and for noninstitutionalized serious juvenile offenders (22 per cent reduction in recidivism).

The influence of vocational training alone has been difficult to assess, because it is often delivered in a program that also offers employment components.

Which populations does this apply to?

All juvenile populations, including serious offenders, to reduce recidivism.

9b. Academic Skills and Training

How does this help reduce recidivism?

Increased academic skills and achievement can provide more learning or employment opportunities, offering alternatives to delinquent behavior. These skills also help to keep youth in school and therefore decrease the likelihood of delinquent behavior.

"Low literacy is consistently related to delinquent and criminal behavior. A variety of research has shown that increasing a youth's academic skills will have a positive effect on recidivism."[134]

What does it mean?

Academic or education training consists of standard or special academic programming, remedial education, and/or individual tutoring. [135]

How do we do it well?

Successful programs:

- Conduct or review a comprehensive assessment to identify any learning disabilities.

- Develop an individual plan for each youth with appropriate academic services based on the results of the assessment.

- "Because a high percentage of at-risk and court-involved youth have learning, attention and behavioral disabilities, it is important to apply principles of instruction that are effective for these youth. These principles are also helpful for instruction with all youth:

  o *Brevity*. Attention and concentration are greatest in short activities. Frequent brief lessons covering small segments of information will result in greater learning. Ensure appropriate transition time/routine between activities.

  o Variety. Present the same material in slightly different ways or with different applications. Using a variety of verbal and visual methods works best. Youth who perceive an activity as repetitive or boring will have difficulty staying on task.

  o Structure/routine. A consistent routine, with a highly organized format for activities will provide a focused environment for easily distracted youth. Specific daily schedules with smooth, well-defined transitions are optimal for disorganized youth. Rules, expectations, and consequences should be clearly stated and specific."[136]

Dimensions of Successful Programs
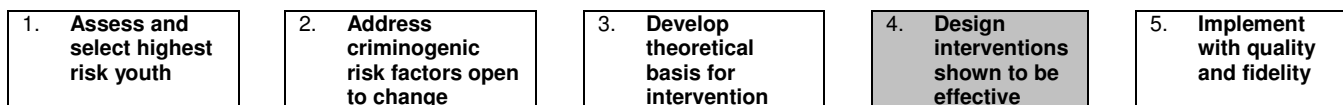
1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design interventions shown to be effective	5. Implement with quality and fidelity

What observable and measurable things would you see in a program that is doing this well?	Examples of indicators include:
	1. Standardized academic skills assessments are used or reviewed to determine the needs of each client.
	2. Academic program is tailored to the individual needs of each youth.
	3. Learning activities effectively engage youth.
	4. Records of assessments, individualized learning plans, and re-assessments are maintained and tracked in client files.
	5. Academic progress is monitored regularly.
	6. If youth are in school, information on academic progress observed and interventions needed is shared between program and school (to the extent that privacy laws allow).
How much difference does it make?	Programs that increase academic skills have been shown to decrease recidivism among all offenders by 20 per cent, and among serious and violent offenders by 20 per cent.
Which populations does this apply to?	All juvenile populations, including serious offenders, to reduce recidivism.

10. Individual Therapy

How does it work to reduce recidivism?

Individual therapy in which the therapist and client have a positive relationship, and that successfully addresses criminogenic factors, can change thought patterns or behaviors so that criminal behavior is reduced. Some adolescents may have emotional or behavioral issues that experienced professionals believe are best addressed, at least in part, by one-to-one interactions between a therapist and client. An underlying mental disorder may be contributing to delinquent behavior.

What does it mean?

Individual therapy refers to a "variety of techniques and methods used to help a person experiencing difficulties with emotion and/or behavior." [137] It relies on one-on-one communications between a therapist and client as the basic tool for bringing about change in a person's feelings and behavior in order to identify and resolve problems. "Individual therapy is frequently done in combination with family or group therapy, and, when needed, psychopharmacology. Individual therapy may take the actual form of a verbal dialogue, art therapy, or several other applicable forms depending on the adolescent's age, development and diagnosis."[138]

Theories or schools of thought on which individual therapy for children and adolescents are based include:

1. *Psychoanalytic*. In this theory, a therapist tries to reverse the course of an emotional disturbance by reenacting and desensitizing a traumatic experience. This is accomplished through free expression in an interview or play format. The goal is to help the young person understand his or her subconscious feelings and fears. While many practitioners use this form of therapy, there is in fact still very little evidence available to demonstrate that "it works."

2. *Behavioral*. The therapist intervenes in helping the adolescent (and/or parent through parental management training) to either learn appropriate behavior that was never learned or in unlearning inappropriate behavior.

3. *Family Systems*. The basis of this theory is for the therapist to understand the role each person, and particularly the client, has developed within the family, and how that role or roles is reflected in the young person's disorder. Very few studies have been conducted to show that this form of therapy "works," even though for some adolescents it may in fact be effective.

Dimensions of Successful Programs

1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design interventions shown to be effective	5. Implement with quality and fidelity

4. *Developmental Theories.* This theory involves the knowledge and understanding of children's age-appropriate behavior and skills (social, motor, emotional, intellectual, etc.). With individual therapy for an adolescent, parental involvement beyond the initial stage of information gathering varies from an active role in therapy (such as parental management training) to merely providing transportation and bill paying.[139]

5. *Cognitive-Behavioral.* The therapist helps the youth change his/her cognitive mechanisms (thought patterns, attitudes, values and expectations) that maintain anti-social behavior. Replacement of more balanced thinking can lead to productive behavior changes.[140]

How do we do it well?

- Match learning style, personality and characteristics of the offender with the therapist delivering the treatment.

- Conduct a comprehensive assessment.

- Develop and follow an individual service plan to address issues identified in assessment.

- Involve family members appropriately in the development and implementation of individual plans.

- Use effective approaches to create emotional or behavior changes that reduce factors associated with criminal activity.

- Use techniques that are effective to help adolescents become motivated from within to make changes.

What observable and measurable things would you see in a program that is doing this well?

Examples of indicators include:

1. Therapists tailor treatment plans - with short-term and long-term goals and identified strategies for reaching each goal – to the individual needs of each youth.

2. Therapists can describe their conceptualization of the problem (does it encompass biological, psychological, social/environmental, developmental or family factors?) and the specific issues they are attempting to treat and the approach they are utilizing to affect these changes (in ways that do not compromise counselor-client privacy ethics).

3. Family members are involved appropriately in the development and implementation of treatment plans.

4. Therapists are trained in individual therapy theories appropriate for adolescents and have experience working with adjudicated youth.

How much difference does it make?	For all juvenile offenders, individual therapy showed little or no ability to reduce recidivism. For serious offenders, individual therapy reduced recidivism rates by 44 per cent.
	It is not known why individual therapy seems to be much more effective with noninstitutionalized serious juvenile offenders than with other offenders.[141]
	Nondirective client-centered/psychodynamic therapy has been found *not* to reduce recidivism.
Which populations does this apply to?	Serious juvenile offenders, to reduce recidivism.

11. Family Therapy/Interventions

**How does it work to
reduce recidivism?**

Families have a wealth of information about the youth that is important in assessment and in selecting appropriate interventions.[142] The family is likely to have a major influence on the youth during and after intervention or treatment. Families can reinforce the positive changes the youth is making, monitor the situation for early signs of relapse, and initiate relapse prevention help.

Family structure and interaction style, along with other factors, are often related to youth antisocial behavior and aggression – and family therapy and interventions may shift the dynamics to support more pro-social behavior by the youth.[143]

"All families typically have an established, often implicit/unconscious, structure and set of roles for each individual. The therapist helps the family to understand these roles and patterns and how they contribute to the youth's problem(s) and behavior. The theory underlying family therapy is that the youth will not change unless the whole system fosters change and itself changes the behaviors/roles which are reinforcing the youth's misbehavior." [144]

What does it mean?

Family therapy involves discussions and problem-solving sessions with relevant family members facilitated by a therapist. The therapy is intended to help family members improve their understanding of, and the way they respond to, one another.[145]

**How do we do it
well?**

"Programs must have effective and clear strategies for engaging the family and establishing family rapport.

Family therapy programs or interventions are carefully structured or focused with regard to specific family problems or client needs,"[146] using those theoretical components that demonstrate the most successful outcomes as noted in associated research.

A combination of cognitive problem-solving training and parent training can be effective.

"Effective programs help the family help the youth to accomplish four goals:

1. Recognize their problem pattern.

2. Understand details of their problem pattern including early warning signals and high risk situations.

3. Learn and practice new behaviors in place of the old problem behavior.

4. Learn how to prevent falling back into the old pattern."[147]

Dimensions of Successful Programs
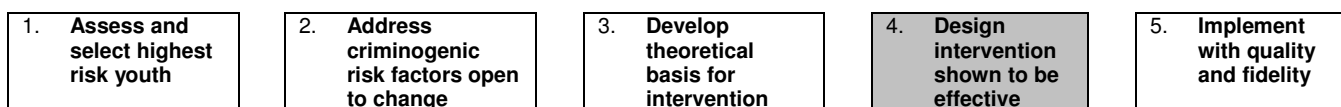
1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design intervention shown to be effective	5. Implement with quality and fidelity

What observable and measurable things would you see in a program that is doing this well?	Examples of indicators include:

Examples of indicators include:

1. Therapists can describe specific strategies for engaging and establishing rapport with the family and youth that are related to reducing recidivism and mitigating other problem patterns.

2. Therapists can describe how they help the family and youth recognize their problem patterns.

3. Therapists can describe how they use multiple, effective techniques (social development, cognitive-behavioral, etc.) to help the family and youth practice new behaviors.

4. Family and youth are actively engaged in the process, as measured through attendance and through evaluation processes including surveys and therapeutic measurement tools.

5. Family and youth demonstrate observable behavior modification, specifically in areas discussed in therapy sessions.

6. Family and youth have an increased understanding of problem behaviors and how to change them.

What are some examples of interventions of this type?

Multisystemic Therapy (MST) is an integration of empirically-based treatment approaches into a broad-based framework that addresses a range of pertinent factors across family, peer, school, and community contexts. Therapists focus on helping parents obtain the tools and skills they need to support the desired changes in the relevant domains. The mix of modalities used for a youth and their family is based on matching their needs to empirically-supported types of interventions, such as strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies.[148]

A short-term behavioral family intervention that showed positive results in an experimental design involved a set of clearly defined therapist interventions with delinquent families designed to "(a) assess the family behaviors that maintain delinquent behavior; (b) modify the family communication patterns in the direction of greater clarity and precision, increased reciprocity, and presentation of alternate solutions; (c) all in order to institute a pattern of contingency contracting in the family designed to modify the maladaptive patterns and institute more adaptive behavior. . . Therapists actively modeled, prompted, and reinforced (a) clear communication of substantive behaviors as well as feelings; (b) clear presentation of "demands" and alternative solutions; all leading to (c) negotiation, with each family member receiving some privilege for each responsibility assumed, to the point of compromise."[149]

How much difference does it make?

For community-based juvenile justice programs for all types of offenders, family therapy reduced recidivism rates by 10 per cent. For serious offenders, noninstitutionalized family therapy reduced recidivism rates by 18 per cent.

Which populations does this apply to?

All juvenile populations, including serious offenders, to reduce recidivism.

12. Group Therapy

How does this help reduce recidivism?	Group dynamics and peer interactions can increase understanding of problem behaviors[150] that increase the risk of recidivism and how to change them. Group therapy can also be cost effective.
	Groups help adolescents to discuss feelings and ideas and practice new behaviors openly in a structured environment that is safer than other settings where they may feel susceptible to teasing or ridicule. Groups also help adolescents understand that their concerns and behaviors are not unique to them and that there is not something specifically "wrong" with them. Adolescents more readily accept constructive feedback from peers than from adults.[151]
What does it mean?	Group therapy usually involves groups of from four to 12 people who have similar problems and who meet together regularly with a therapist. The therapist uses the emotional reactions of the group's members and purposeful exercises to help the participants get relief from distress and/or modify their behavior.[152]
How do we do it well?	▪ Research suggests that carefully focused group therapy can be successful if it avoids nondirective approaches, such as those emphasizing personal insight or self-esteem building.[153]
	▪ Group therapy should be designed to accommodate the developmental stages of participants.
	▪ Group therapy should provide active and "hands on" activities that further the objective for the group session.
	▪ Follow professional guidelines for successful group therapy, covering items such as group size, scheduling, setting, and time limits.
What observable and measurable things would you see in a program that is doing this well?	Examples of indicators include:
	1. The group design has specific objectives, with characteristics and activities that are effective in meeting the objectives, and which are measured on an ongoing basis.
	2. Participants are actively engaged in the group process, as measured through attendance and through evaluation processes, including surveys and therapeutic measurement tools.
	3. Participants demonstrate observable behavior modification, specifically in areas discussed in group therapy sessions.
	4. Participants have an increased understanding of problem behaviors and how to change them.
	5. Therapists demonstrate a variety of styles suited to the personality and situation of participants.
	6. Therapists are trained in, and follow, professional guidelines for successful group therapy.

Dimensions of Successful Programs

1. **Assess and select highest risk youth**	2. **Address criminogenic risk factors open to change**	3. **Develop theoretical basis for intervention**	4. **Design intervention shown to be effective**	5. **Implement with quality and fidelity**

What are some examples of interventions of this type?	There are many types of groups, including those that address social skill-building, substance abuse, employment support and parent support.
How much difference does it make?	Community-based group therapy shows reductions in recidivism from 10 to 18 per cent (with the lower rate for serious offenders).
Which populations does this apply to?	All juvenile populations, including serious offenders, to reduce recidivism.

13. Multiple Services, Casework/Advocacy

How does this help reduce recidivism?

For youth who have multiple needs, the presence of a caseworker helps the youth and family understand and navigate multiple systems and services that can provide the combinations of interventions needed by these youth. The caseworker helps with linkage to services, follow through and completion.

Connecting youth to certain combinations of services may have considerably more relevance to clients and more power to reduce recidivism than any one intervention alone.

What does it mean?

Multiple services or multimodal services provide youth with an array of services, selected and monitored by a case manager or advocate.

Casework or advocacy involves knowing which high quality programs are available and matching the individual needs of clients to those programs. In addition, the caseworker takes the necessary steps to enroll the client in needed services, follows up on progress, and coordinates and sequences multiple services. The caseworker efficiently utilizes resources to achieve optimum results.

How do we do it well?

Caseworkers/advocates should work from a plan, based on a thorough assessment, which defines goals and the strategies for achieving them. The plan should include how the youth's progress will be monitored and who is responsible for each goal. Goals should be updated as the youth progresses or fails to progress. Families should be involved in the development and implementation of the plan when applicable.

For moderately serious and very serious offenders, programs should target at least two of the following three factors.[154] This breadth of intervention reflects the deficits and difficulties of these youth.

- Skill/capacity deficits
- External pressures/disadvantages
- Internal difficulties

Dimensions of Successful Programs
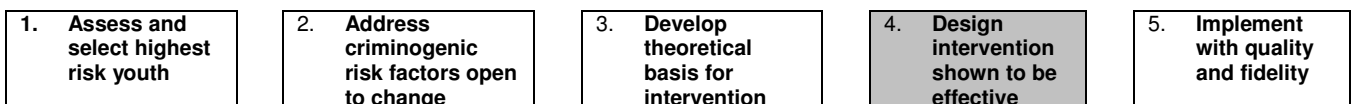
1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design intervention shown to be effective	5. Implement with quality and fidelity

What observable and measurable things would you see in a program that is doing this well?	Examples of indicators include: 1. A caseworker is assigned to each client, the caseworker rarely changes, and his/her caseload allows sufficient time for him/her to meet the needs of his/her clients. 2. Staff can describe and provide a copy of an individual plan for each participant. 3. Staff can describe a wide variety of services and supports that are routinely available to which they match clients. 4. Staff can describe and provide a copy of records tracking the progress of each participant, and demonstrate that changes in goals and services are made that are responsive to information received through reviewing relevant records. 5. Families are appropriately involved in the development and implementation of individual plans, when applicable.
What are some examples of interventions of this type?	▪ "A probation program offered 24 different treatment techniques, with no juvenile receiving more than 12 or fewer than four. The core procedure trained responsible citizens from the community to act as unofficial counselors, friends, and role models. Other interventions included group counseling, work crews, alcohol awareness, and vocational training."[155] ▪ Youth were placed under intensive case management and received an array of services to meet their particular needs. Categories of interventions included recreation, after-school programs, inpatient and outpatient therapy, supervised group and independent living services, and vocational placement.[156] ▪ "Youth on probation received three months of intensive services, followed by nine months of follow-up services. Primary services included educational testing and remediation, disability testing and remediation, employment counseling, cultural education, recreation, and client advocacy."[157]
How much difference does it make?	Use of multiple services with a broker/caseworker showed reductions in recidivism rates of 20 per cent among all juvenile offenders, and 28 per cent for community-based programs for serious offenders.
Which populations does this apply to?	All juvenile populations, including serious offenders, to reduce recidivism.

14. Wraparound Process

How does this help reduce recidivism?

Wraparound considers multiple dimensions of youths' lives (family, school, community and culture), which increases the chances of reducing interconnected risk factors for delinquent or violent behavior. Natural support people with a personal attachment to the family provide more enduring, more culturally relevant, and less expensive supports. Wraparound also balances the power of families and agencies, which increases the engagement of the youth and family.

Wraparound's philosophical elements are consistent with a number of psychological theories of child and youth development, as well as with recent research on children's services that demonstrate the importance of services that are flexible, comprehensive, and team-based. Although the research base on wraparound is small, available evidence supports wraparound's effectiveness.

Wraparound has been used to get youth out or keep them out of institutional settings, by providing community-based flexible and comprehensive services for youth with complex needs.

What does it mean?

Wraparound is a process, not a specific type of program, service or treatment. Through the wraparound process, a youth and their family may receive a range of services and supports that are individually tailored to their needs. Wraparound may be implemented in a variety of ways while still adhering to essential values and practices. The wraparound concept has been developed and applied in the fields of mental health, developmental disabilities, child welfare, education, and juvenile justice.

The wraparound process is a collaborative, team-based planning approach that results in an individualized set of community services and natural supports for the youth and their family to achieve a positive set of outcomes. Through the wraparound process, teams create plans to meet the needs – and improve the lives – of children and youth with complex needs, as well as to meet their families' needs.[158] The wraparound process is also known as Individualized Service/Support Planning, or ISP.

Wraparound team members (the identified youth, parents/caregivers and other family and community members, mental health professionals, educators, and others) meet regularly to design, implement, and monitor a plan to meet the unique needs of the youth and family. A person, often an agency professional with the greatest contact with the family, serves as a facilitator. Responsibility for outcomes is shared by the team, including the family and youth.

"'Wraparound' has [mistakenly] become common shorthand for flexibility and comprehensiveness of service delivery." [159]

Dimensions of Successful Programs

1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design interventions shown to be effective	5. Implement with quality and fidelity
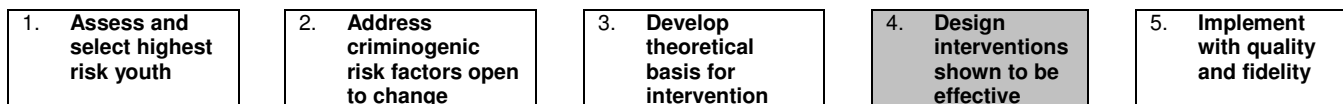
High quality wraparound requires team members to work together in ways that are often radically different from what they are accustomed to. In addition, the agencies and larger systems within which the teams operate must also increase their collaboration and flexibility. However, until recently there has been no formal definition of the techniques, behaviors, or procedures that make up the wraparound process.[160]

Recently, through several studies and the work of many people and organizations supportive of the wraparound approach, the core elements and a framework can that be referenced by service providers have been developed.[161]

How do we do it well?

The ten essential elements of wraparound, as determined by a group of family advocates, wraparound trainers, providers, and researchers, are:

1. *Voice and Choice*. The youth and family must be full and active partners at every level and in every activity of the wraparound process.
2. *Youth and Family Team*. The wraparound approach must be a team-driven process involving the family, child, natural supports, agencies, and community services working together to develop, implement, and evaluate the individualized plan.
3. *Community-Based Services*. Wraparound must be based in the community, with all efforts toward serving the identified youth in community residential and school settings.
4. *Cultural Competence*. The process must be culturally competent, building on unique values, preferences, and strengths of children and families, and their community.
5. *Individualized and Strength-Based Services*. Services and supports must be individualized and built on strengths, and must meet the needs of children and families across life domains to promote success, safety, and permanence in home, school, and community.
6. *Natural Supports*. Wraparound plans must include a balance of formal services and informal community and family supports.
7. *Continuation of Care*. There must be an unconditional commitment to serve children and their families.
8. *Collaboration*. Plans of care should be developed and implemented based on an interagency, community-based collaborative process.
9. *Flexible Resources*. Wraparound child and family teams must have flexible approaches with adequate and flexible funding.
10. *Outcome-Based Services*. Outcomes must be determined and measured for the system, for the program, and for the individual child and family. [162]

A framework of the *necessary conditions* that must be met if high-quality wraparound is to be achieved and sustained has recently been

developed, based on research evidence that supports the rationale for including each condition as "necessary." The framework includes the team, organizational and system levels – all of which are interrelated. The necessary conditions at the *team level* are:

- *Practice model*: Team adheres to a practice model that promotes team cohesiveness and effective planning in a manner consistent with the value base of wraparound.

- *Collaboration/partnerships:* Appropriate people, prepared to make *decisions* and commitments, attend meetings and participate collaboratively.

- *Capacity building/staffing:* Team members capably perform their roles *on* the team.

- *Acquiring services/supports:*
  o Team is aware of a wide array of services and supports and their effectiveness.
  o Team identifies and develops family-specific natural supports.
  o Team designs and tailors services based on families' expressed needs.

- *Accountability*: Team maintains documentation for continuous improvement and mutual accountability.[163]

Necessary conditions at the organizational and system levels are those that support teams to meet their necessary conditions.

What observable and measurable things would you see in a program that is doing this well?

Indicators should be selected from the standardized tools described below, which were developed to assess the wraparound process.

Three assessment tools have been developed at the team level for the wraparound process:

1. The *Wraparound Fidelity Index (WFI)* is an interview process that measures adherence during implementation to the recognized wraparound elements. WFI assesses the fidelity of implementation of a wraparound process by having the parent, youth and resource facilitator rate four items that are considered essential service delivery practices for each of the essential elements of wraparound listed above. For example, within the element of Voice and Choice, the questions are:

   o Does the parent express their opinions even if they are different from the rest of the team?

   o Are important decisions about the youth and family made when the parent is not there?

- o Do team members "overrule" the parent's wishes regarding the youth?
- o Does the parent make all major decisions about services and supports with help from the team?[164]

2. The *Checklist for Indicators of Practice and Planning (ChIPP)* provides a list of indicators of the extent to which teams demonstrate, during team meetings, that the necessary conditions (listed above) of a high-quality wraparound process are present. It can be used as a self-assessment or as an observational tool. For example, within the necessary condition of adhering to a practice model that promotes team cohesiveness and high quality planning in a manner consistent with the value base of wraparound, the indicators are:
   - o Team adheres to meeting structures, techniques, and procedures that support high quality planning.
   - o Team considers multiple alternatives before making decisions.
   - o Team adheres to procedures, techniques and/or structures that work to counteract power imbalances between and among providers and families.
   - o Team uses structures and techniques that lead all members to feel that their input is valued.
   - o Team builds agreement around plans despite differing priorities and diverging mandates.
   - o Team builds an appreciation of strengths.
   - o Team planning reflects cultural competence. [165]

3. The *Wraparound Observation Form – Second Version (WOF-2)* was developed to reflect the delivery of services based on the wraparound approach to children and youth during team meetings in community-based systems of care.[166] The WOF-2 is completed based on a user's manual by an observer of the meeting. For example, within the characteristic of community-based resources, the indicators are:
   - o Information about resources/interventions in the area is offered to the team.
   - o Plan of care includes at least one public and/or private community service/resource.
   - o Plan of care includes at least one informal resource.
   - o When residential placement is discussed, team chooses community placements for child(ren) rather than out-of-community placements, whenever possible.
   - o Individuals (non-professionals) important to the family are present at the meeting.[167]

Assessment tools have also been developed for the organization and system levels of the wraparound process.

How much difference does it make?	No precise estimate has been made of the percentage reduction in recidivism generated by use of a high quality wraparound approach. However, meta-analyses indicate that "multiple services" and "multidimensional/broker" approaches (the generic categories most closely related to wraparound) are able to reduce recidivism for serious juvenile offenders by 28 per cent, and to reduce recidivism for juvenile delinquents by 20 per cent.
Which populations does this apply to?	Violent or seriously delinquent youth, to reduce recidivism.

15. Avoiding Programs with Mixed or Weak Effects

Why do we need to know what programs and strategies show mixed or weak positive effects?

Limited resources are poorly used unless they are used to pay for implementing approaches shown to be effective in reducing recidivism. Using resources on programs that lack evidence of effectiveness also deprives youth of interventions that would be more effective.

What are some examples of interventions that show mixed or weak positive effects?

- Wilderness challenge programs (e.g., Outward Bound and Vision Quest) [168][169]
- Programs involving large groups of antisocial adolescents, especially in residential settings[170]
- Aftercare[171] (programs or activities designed to help juvenile offenders leaving an institution to reintegrate into the community)

Why don't these programs and strategies show positive effects?

There are only a small number of studies conducted to date on wilderness challenge programs, with inconsistent results as to which groups of delinquent youth might benefit from them.

Interventions that place antisocial youth together in groups may inadvertently promote friendships and alliances that undermine the goals of the interventions and may promote further antisocial behavior rather than reducing it. Some studies have indicated that antisocial youths improved most in groups made up of both antisocial and conventional adolescents without risking the well-being of conventional youth. If antisocial youth are together in a group, the leader or therapist must be skilled in neutralizing the negative reinforcements delinquents give each other.[172]

Evaluations on aftercare programs are sparse. Two reviews of aftercare programs reached different conclusions.[173] Aftercare programs that emphasize punitive measures tended to be less effective. Programs that employ principles of effective programming for other types of interventions and which address the behavioral antecedents believed to be most responsible for failure to reintegrate in the community are likely to be more successful.

Which populations does this apply to?

All juvenile populations, including serious offenders. There are some differences in effectiveness of programs for serious and violent offenders compared to other juvenile offenders, and of programs for noninstitutionalized versus institutionalized youth.

Dimensions of Successful Programs

1. Assess and select highest-risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design intervention shown to be effective	5. Implement with quality and fidelity
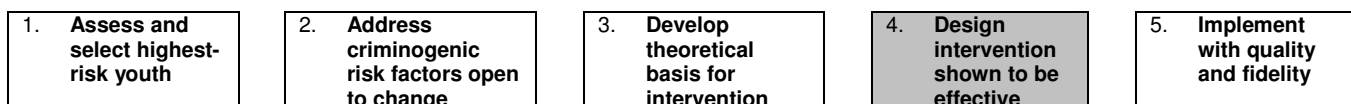
16. Avoiding Programs That Don't Work

Why do we need to know what programs and strategies don't work?

Many of the research findings about what doesn't work to reduce recidivism are in sharp contrast to "public opinion" of what stops offenders from committing more crimes. These opinions are fueled by politics and media images that support programs with popular appeal. While punishment serves the purpose of exacting a penalty from one who has wronged society and keeping incarcerated persons "off the street," it makes little contribution to reducing recidivism. Studies show that some types of punishment actually increase recidivism.[174]

Sanctions provide the opportunity for interventions that have the power to produce change in offenders.

What are some examples of interventions that don't work? [175] [176] [177] [178]

- Confrontation[179]

  - *Scared Straight/shock incarceration*: Brings youth into prisons and subjects them to some of the dynamics of prison life or uses other methods to expose them to the realities of incarceration as a deterrent.

  - *Boot camps:* Requires incarcerated youth to follow the structure and live in the atmosphere of military inductions training camps, using discipline, drill and ceremony.

- Traditional psychodynamic, nondirective or client-centered therapies (as distinguished from individual therapy aimed at specific emotional or behavioral changes)

  - Includes processes such as "talking" cures, unraveling the unconscious and gaining insight, fostering positive self-regard, externalizing blame to parents or society, ventilating anger

  - Open and non-focused family therapy

- Vague unstructured rehabilitation programs

  - Increasing cohesiveness of delinquent/criminal groups[180] (allowing delinquent youth to bond with other delinquent youth in ways that could increase criminal behavior through peer influence)

  - Targeting non-crime producing needs (e.g., self-esteem, depression, anxiety, vague emotional or personal problems)

Dimensions of Successful Programs

1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design interventions shown to be effective	5. Implement with quality and fidelity
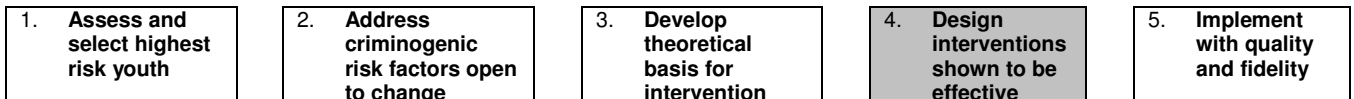
Why don't these programs and strategies work?	Punishments may not work well for juveniles because their judgmental maturity may not yet be well developed. Also, youth have no control over most of the risk factors that underlie their problem behaviors – especially their parents, schools and communities.[181]
	In addition, punishment only trains a person what not to do; it does not provide opportunities to learn socially acceptable behavior. When punishment is inappropriately applied, in can result in an increase in the frequency of the behavior that is being punished.[182][183]
	Boot camps are not effective in reducing recidivism because they bond criminal and delinquent groups together, target behaviors not correlated with criminal activity, and model aggressive behavior.[184] [185]
	The psychological effects of boot camps have caused concerns, as they have been shown to produce high levels of anxiety in juveniles, which can negatively affect recidivism. There is also a risk of psychological, emotional, and physical abuse of youth, which can be particularly damaging for young people with histories of abuse and family violence.[186]
	Traditional psychodynamic and nondirective therapies, and unstructured rehabilitation programs in general, are not effective because they do not target changeable criminogenic factors and may not translate into behavior change.[187]
	Increased cohesiveness among participants involved in delinquent or criminal activities can reinforce negative behaviors and create peer pressure to avoid positive changes.[188]
How much difference does it make?	A meta-analysis of evaluations of adult and juvenile programs that used a variety of "punishing smarter" techniques (surveillance, home confinement, frequent drug testing, restitution, shock incarceration and boot camps) showed these programs produced a 2% *increase* in recidivism.[189]
	Restitution was the punishment option with the best results – a 6% decrease in recidivism.[190]
	Neither the certainty nor the severity of punishment decreases recidivism among most juveniles.[191]
Which populations does this apply to?	All juvenile populations, including serious offenders.

Dimension 5. Implement with Quality and Fidelity

Element 17. Implementation of Practice as Designed
Element 18. Sufficient Intensity and Duration
Element 19. Evaluation and Continuous Improvement

Dimensions of Successful Programs

1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design intervention shown to be effective	5. Implement with quality and fidelity
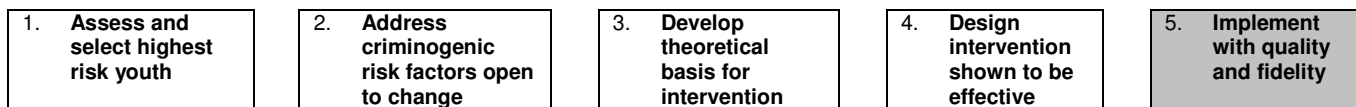
17. Implementation of Practice as Designed

How does this help reduce recidivism?

Implementation with fidelity to program design helps ensure that the design factors important to reducing recidivism are actually delivered. If those factors are delivered in ways likely to reduce recidivism, the program has a higher likelihood of achieving its desired results. The effectiveness of programs can be seriously eroded without adherence to critical design features.

What does it mean?

Fidelity means the degree of fit between the components of a program as designed and its actual implementation in a given community setting.[192] "Fidelity is high when the number and nature of activities remain the same over several implementations," [193] and the implementation is consistent with the design.

Fidelity is often an issue in the replication of research-based programs. However, the concept is equally important in the implementation of locally-designed programs. Fidelity to program components includes implementation of program adaptations that have been developed (see Element 4).

Concerns about fidelity could arise regarding many aspects of a program, including the assessment of participants, the methods used by staff, the duration of treatment, the type of relationships between staff and participants, and the theory or beliefs under which staff are acting.

How do we do it well?

Those wishing to implement a research-based program or a new locally-designed program need to fully comprehend the model and all that it entails.

To ensure fidelity to a research-based or locally designed program, there must be quality control processes and instruments that track the extent of fidelity.

Quality control processes can include site visits by specialists; regular and effective supervision; regular and effective staff training; a specified means of taking corrective action; etc.

Instruments to assist in tracking fidelity can include:[194] [195]

- Checklists for staff recruitment compared to required qualifications
- Checklists for consistency of program materials with those described in design
- Checklists for site observations
- A structured assessment instrument for staff delivering the program
- A structured assessment tool for the environment and administration supporting programs
- Forms for tracking participant attendance and engagement

Dimensions of Successful Programs
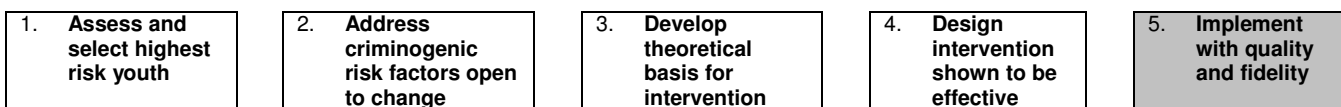
1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design intervention shown to be effective	5. Implement with quality and fidelity

What observable and measurable things would you see in a program that is doing this well?	Examples of indicators include:
	1. Staff understands and can identify specific, critical program design elements.
	2. Policies and procedures include instructions for on-going quality control processes, which may include site visits, additional staff training, and assessment.
	3. Staff uses instruments, such as those named above, to track fidelity and these documents are filed for program review to document key components of program delivery.
How much difference does it make?	The results of research-based programs that are delivered by persons other than the original researchers may be 25 to 50 per cent lower, as a result of lack of fidelity to the initial model, reflecting the inherent difficulty of replication, and the type and nature of resources available in community settings.
Which populations does this apply to?	All juvenile populations to reduce recidivism.

18. Sufficient Intensity and Duration

How does this help reduce recidivism?

A treatment or intervention must deliver a sufficient dosage to be effective. Just as doctors prescribe the amount, timing and length to take a medicine or undergo a course of treatment, juvenile justice practitioners need to know the amount and timing of treatment needed to achieve the desired change in participants.

If the dosage is too low or not timed properly, a program may not be effective. If the dosage is too high or too long, unnecessary costs may be incurred and program slots may be taken up unnecessarily while other participants needing interventions are left waiting. Providing services of sufficient intensity and duration increases the likelihood that a treatment or intervention will reduce factors that contribute to criminal activity.

What does it mean?

Intensity refers to providing concentrated amounts of service or treatment with relatively short intervals between contacts. (In this way, it is similar to the concept of "intensive care" in health care settings.) The intensity of a service is determined by both the total number of hours provided and the frequency of contacts.

Duration refers to the period of time that a course of treatment takes. It is the elapsed time from the beginning to the end of treatment.

In general, services for juvenile offenders with a fairly high level of intensity and which last at least four to six months are more effective at reducing recidivism than those with low intensity and shorter duration.[196]

Across a broad range of programs for juvenile offenders, programs with the following factors related to dosage were more effective:

- More than 26 weeks in duration
- Two or more contacts per week
- More than 100 hours of total contact[197]

For programs in general use (rather than research or demonstration programs), more effective programs had the following characteristics:

- At least 18 weeks duration
- At least five hours per week of service contact time[198]

How do we do it well?

Unless prior evaluations indicate that a higher or lower dosage is more effective:

- Design and implement programs that last at least six months.
- Provide at least 100 hours of total contact.
- Provide at least two contacts per week.

Dimensions of Successful Programs

1. **Assess and select highest risk youth**	2. **Address criminogenic risk factors open to change**	3. **Develop theoretical basis for intervention**	4. **Design intervention shown to be effective**	5. **Implement with quality and fidelity**

What observable and measurable things would you see in a program that is doing this well?	Examples of indicators include: 1. The program articulates (in references, best practice protocols, or its own program evaluation results) evidence that the intensity and duration of the program activities are adequate to achieve the desired level of change. If the intensity or duration is less than that recommended for best practices, the program explains why it thinks the reduced intensity and/or duration will still be effective. 2. The program keeps records of activities and attendance for each participant that demonstrate that most participants are receiving the planned minimum levels of intensity and duration even with anticipated average absences and service interruptions.
How much difference does it make?	Providing treatment dosage at the recommended levels while using effective types of treatment can reduce recidivism rates by about three per cent. This equates to a six per cent improvement in program performance, and is a meaningful contribution to overall program effectiveness. For noninstitutionalized serious juvenile offenders, longer periods of treatment were also found more effective. However, the number of hours per week of treatment was negatively correlated with effectiveness; that is, fewer contact hours were associated with more positive effects.[199]
Which populations does this apply to?	All juvenile populations to reduce recidivism.

19. Evaluation and Continuous Improvement

How does this help reduce recidivism?

Operation of a continuous improvement and outcome-based evaluation system maintains focus on the results of the program and helps identify needed changes to make or keep it effective in providing intervention services to juvenile offenders.

Identifying and tracking outcomes has the power to successfully guide planning and prioritize activities that will achieve powerful results in people's lives. A continuous improvement process helps ensure that services are delivered as designed. Outcome-based evaluation helps ensure that the delivered services are producing the desired results and helps determine what changes in service provision may be needed.

Results from monitoring and evaluation provide information useful for strategic planning and for helping programs constantly learn, self-correct, and improve, yielding increased effectiveness.

What does it mean?

"Outcome-based evaluation is a systematic way to assess the extent to which a program has achieved its intended results. . . The main question addressed in outcome-based evaluation is:

> *What has changed in the lives of individuals, families, organizations, or the community as a result of this program?"*[200]

This kind of evaluation should not be confused with *process evaluation* (used to determine if a program is being implemented as planned) or *cost-benefit analysis* (used to determine whether or not a method is worth using).

Common planning tools for evaluations include a theory of change, a logic model, and an evaluation plan. Data collection tools such as client surveys, focus groups, interviews, and client record reviews provide the data that are analyzed to determine the extent to which desired program outcomes are being achieved.

A *theory of change* is an explanation (often accompanied by a graphic representation) of why the program believes that its chosen approach and activities are likely to lead to the outcomes identified. It may also explain what resources, partners, or processes are used.

A *logic model* is a representation of the linkages between program activities and the changes those activities will produce, presented in a clear graphic format. The key elements are resources, activities, outputs, outcomes, and goals (see definitions and an example of a logic model for a juvenile justice program in the pages below). [201] The logic model is the foundation of outcome-based evaluation.

Dimensions of Successful Programs

1. **Assess and select highest risk youth**	2. **Address criminogenic risk factors open to change**	3. **Develop theoretical basis for intervention**	4. **Design intervention shown to be effective**	5. **Implement with quality and fidelity**

Elements of a Logic Model[202]

Process   **Outcome**

RESOURCES	ACTIVITIES	OUTPUTS	OUTCOMES	GOALS
Program inputs. **Elements or ingredients that constitute the program**	*Methods for providing the program.* **Specific processes or events undertaken**	*Units of service or product units.* **How many, how often, over what duration**	*Short-, intermediate or longer-term changes anticipated in participants' lives and/or in organizational or community conditions*	**Ultimate impact(s) expected to occur, usually beyond what one program alone can achieve**

Program Evaluation Logic Model
A Juvenile Justice Program Example

RESOURCES	ACTIVITIES	OUTPUTS	OUTCOMES	GOALS
Program Staff Community service partnerships with school district, juvenile court and gang prevention board At-risk and juvenile offender youth Setting: youth center and 3 auxiliary sites Juvenile Court, school and community referral process Service linkage model Treatment and training curricula Federal and county funding	Case management services for at-risk and offender youth Client assessment Employment training programs Educational support training program and school re-entry classes Provision of linkages to other community services and programs Alternative school for selected youth Work and community service projects with community partners	All youth receive intake and regular contact with a case manager All youth receive an assessment of needs All youth are offered services needed by staff or through referrals 60 youth receive employment training 100 youth receive tutoring and other support to improve learning capabilities 20 youth are enrolled in alternative schools 80 youth participate in work or community service projects	Improved employability skills Improved employment status Improved educational attainment Improved coping skills Improved youth-family relationships Reduction in gang-related activities Decreased entry into the criminal system (among at-risk youth) and decreased recidivism (among offender youth)	At-risk and adjudicated youth receive the services, education, training, and support that they need and become well-adjusted adults Society can reduce the costs of criminal behavior by reducing the numbers of youth who continue criminal behavior

What does it mean (continued)?

The program logic model identifies both the process and outcome(s) of the program; clarifies each element of a program; provides a graphic summary of how program parts relate to the whole; shows the relationship of program inputs (resources and activities) to expected results or outcomes; helps identify major questions the program evaluation should address; identifies categories to measure in the program evaluation; defines the outcomes for which the program can be held accountable; and makes explicit the underlying theory of a program.[203]

"*Outcomes* are the changes in participants' lives, community conditions or organizational conditions that are expected to occur as a result of the program. They should be realistic and achievable and directly related to program processes. The outcomes are the focus of the program evaluation." [204]

Programs usually identify and measure short-term outcomes (observable changes during the course of the treatment or program) such as increased knowledge of the effects of alcohol on the brain or understanding three useful methods for resisting violent impulses. They may also anticipate and measure intermediate-term outcomes (e.g., attitudes or behaviors that take longer to acquire such as improved family communication) or long-term outcomes that take even longer to achieve or measure, such as increased high school graduation rates or reduced numbers of re-arrests among program participants.

Outcomes are measured with indicators. *Indicators* are detailed examples that can be seen, heard or read that demonstrate that outcomes are being met. They state outcomes in specific and measurable terms (e.g., improved knowledge of parenting techniques or change in attitude toward people from different cultures might be measured using questionnaires administered at the beginning and end of programs designed to address these issues). [205]

Often, programs use specifically designed *data collection tools* to gather the data specified in the indicators. The tools may be surveys of clients or mentors on their attitudes or behaviors or observations of client behavior. Other methods include case record data on performance in certain skills being taught, interviews with parents or youth, focus groups with a group of clients or former clients, or checklists of skills acquired and demonstrated. The data collected may be quantitative (described in numbers such as a one-to-five scale) or qualitative (described in words from an interview or open-ended survey question).

The *evaluation plan* provides details on how each of the outcomes in the logic model will be measured and when.

Continuous improvement is a management technique with constant cycles of plan-do-check-act, with the goal of maintaining programs at a level of excellence or making changes that will move them there. Process and outcome-based evaluations are central to this technique.

Implementing a process evaluation can tell program stakeholders how well the program is implementing the planned activities but cannot tell

them how well it is achieving the desired results. Implementing the outcome-based evaluation plan provides the feedback needed to know how the program is working and how well it is achieving its goals. Thus, it is important to insure that the evaluation results are read and used by those with program management responsibilities and other stakeholders.

Once improvements are developed and implemented, the evaluation may be adjusted to focus on new or different outcomes. The two processes complement each other and should be designed and implemented together in order to ensure that the program is working under a continuous improvement framework.

How do we do it well?

- Commitment by agency leadership and staff to a continuous improvement strategy[206], including the funding of evaluation efforts and the dedication of staff time to them.
    - View evaluation as a means to improve program performance and quality.
    - Involve staff in the development and implementation of evaluation, as well as the ongoing process of program improvement.[207]
- Develop a theory of change to illustrate the program's and/or organization's assumptions, processes and view of its influence on outcomes and goals.
- Develop a program logic model as a foundation for outcome-based evaluation.
- Develop an evaluation plan (ideally, before the program begins) and keep to a schedule that will provide the most meaningful data (e.g., conducting pre-program and post-program assessments at strategically defined points in the program).
- Track the short-term and intermediate outcomes that are likely to lead to reduced recidivism, including customer satisfaction.
- To the extent possible, track recidivism for at least six months after a client leaves the program.
- Try to identify a comparison group or benchmark against which you can measure your success. Measure client progress on objective and standardized assessments, to the extent feasible and reasonable.
- Ensure that evaluation results are discussed internally as a basis for program adjustments.
- Define the people who will review the evaluation data and results and dedicate the time to the process.

What observable and measurable things would you see in a program that is doing this well?

Examples of indicators include:

1. Existence of a current written plan outlining a process for assessing and improving overall program performance, which assigns responsibilities and sets timelines for implementation.

2. Existence of a current written evaluation plan developed with staff input that describes an outcomes measurement system for each program, including the outcome of customer satisfaction.

3. Regular participation by stakeholders in an ongoing improvement process.

4. A theory of change for the program and/or organization.

5. A written logic model for each program, developed with staff input, and routinely updated.

6. Appropriate outcomes, which contribute to the goal of reduced recidivism.

7. Evaluation data are tracked in a system (such as computer spreadsheets or data bases) to allow comparisons of changes in individuals over time and comparisons of program outcomes over time or with different populations.

8. Client recidivism is tracked for at least six months after clients leave the program.

9. Documentation on how evaluation findings are used to improve performance and quality.
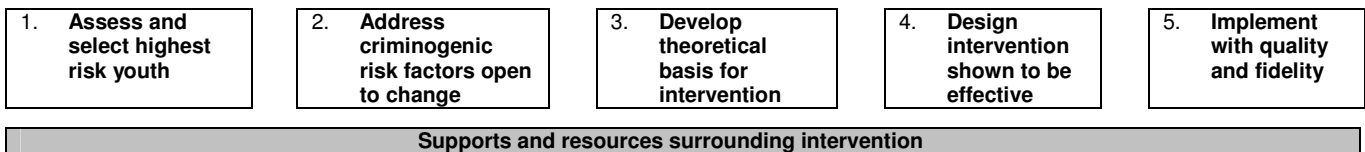
Which populations does this apply to?

All juvenile populations to reduce recidivism.

Elements of Successful Programs

Supports and Resources Surrounding Intervention

Element 20. Agency Mission
Element 21. Agency Leadership
Element 22. Agency Funding and Financial Management
Element 23. Community Support
Element 24. Connections across Programs and Services

Dimensions of Successful Programs

1. **Assess and select highest risk youth**	2. **Address criminogenic risk factors open to change**	3. **Develop theoretical basis for intervention**	4. **Design intervention shown to be effective**	5. **Implement with quality and fidelity**

Supports and resources surrounding intervention

20. Agency Mission

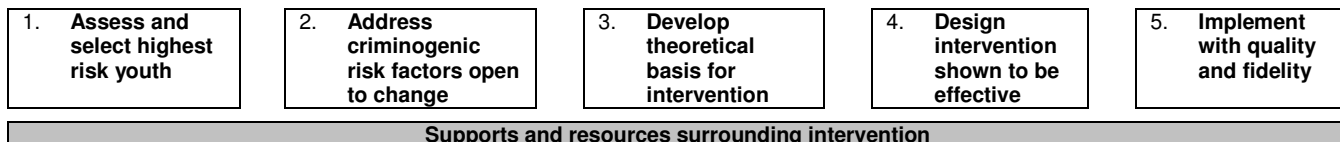|	
How does this help reduce recidivism?	A mission statement that reflects the organization's commitment to reducing recidivism sets the foundation for effective programs to reach that goal. It aligns the organization's purpose with programs seeking to reduce recidivism.
	A clear mission statement provides information to participants, staff, funders, and other organizations about what the organization does, for whom, and what it hopes to accomplish. It guides the activities, goals, and desired outcomes of the organization's programs. It provides internal and external areas of focus and parameters.
	The mission statement becomes the criteria against which success is determined. It helps the board and staff build momentum for specific activities, and to weed out activities inconsistent with the mission.
What does it mean?	A mission statement describes the role, or purpose, by which an organization intends to serve its stakeholders. It states what the organization does, who it serves, and what makes the organization unique (its justification for existence).
How do we do it well?	▪ Develop a written mission statement with stakeholder involvement that clearly defines how the organization supports and enhances the lives of its target population.[208] [209]
	▪ Design and operate effective programs that reflect clear priorities and goals, as detailed in its mission statement (in terms of the type of participants targeted; what the programs seek to accomplish; and the kinds of services, supports and activities they offer).[210]
	▪ Clearly communicate the mission to staff, board, participants, and target populations for services.[211]
	▪ Reviews the mission at least once every five years to reflect changing community or participant conditions.
What observable and measurable things would you see in a program that is doing this well?	Examples of indicators include:
	1. Written mission statement that clearly defines the role and purpose of the organization, as well as how it intends to serve its stakeholders/target population.
	2. Program is designed based on clear priorities and goals developed from mission statement; coherent links are evident.
	3. Mission statement is included in program materials; it is regularly communicated to staff, board, participants, and other stakeholders.
	4. Mission statement is reviewed every five years, and revised as necessary.
Which populations does this apply to?	All juvenile populations to reduce recidivism.

Dimensions of Successful Programs

1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design intervention shown to be effective	5. Implement with quality and fidelity

Supports and resources surrounding intervention

21. Agency Leadership

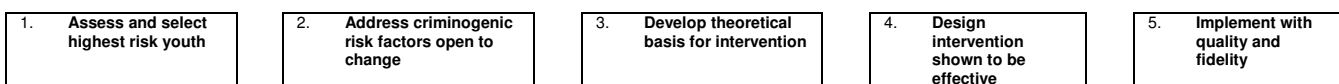|	
How does this help reduce recidivism?	Strong leadership helps attract and maintain funding, maintain community support, ensure qualified and consistent staffing, and administer quality programs – all of which are necessary to reduce recidivism.
	Effective programs to reduce recidivism require leadership and commitment from all levels of the organization – the governing board, chief executive officer, program managers, and front-line staff. Front-line workers need motivation, recognition and support within the organization for their difficult work with a challenging target population. Leadership by the chief executive officer and program managers provide external and internal linkages to help programs be successful and obtain sustainable funding.
What does it mean?	Leadership involves inspiring, motivating and guiding others to meet organizational goals. Leaders can influence staff and community members so they will strive through internal motivation to achieve the organization's mission. Leaders promote the organization's vision, have clear and observable values, and high expectations of themselves and others. Leaders create environments that help people do a better job of attaining the organization's mission. [212]

How do we do it well?

- Recruit and retain a governing board with skills and knowledge important to the organization, especially financial management, knowledge of communities served, ability to fund-raise, and organizational knowledge.[213]
- Select an executive who has strong management skills, is committed to the mission of the organization, can set and reach realistic goals, and work effectively with the governing board.
- Identify the leadership skills needed for staff positions and select persons with those skills.
- Ensure that people hired to carry out leadership and supervisory functions are qualified for the position in which they serve or will serve.[214]
- Provide regular (at least annual) reviews of all staff (with input from supervisors, peers and supervised staff) and assistance in facilitating personal growth and advancement.
- Maintain the following qualifications and associated job responsibilities for program leaders:
  - "Have at least three years experience working with offenders
  - Are trained in a helping profession
  - Are directly involved in designing the program, if new, or implementing it
  - Are directly involved in hiring, training and supervising staff
  - Provide some direct service to offenders" [215]
- Provide formal training and/or on-the-job training and support; both at the time a person enters a leadership position and ongoing.
- Provide sufficient staffing levels so that leaders have time to focus on leadership tasks.

Dimensions of Successful Programs

1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design intervention shown to be effective	5. Implement with quality and fidelity

Supports and resources surrounding intervention

What observable and measurable things would you see in a program that is doing this well?

Examples of indicators include:

1. Board membership includes people with skills and knowledge in financial management and organizational management, and reflects a diversity of additional skills and knowledge important to the organization.

2. Leadership skills, and other associated requirements, needed for staff positions are included in job descriptions and program policies and procedures.

3. Qualifications and job responsibilities for program leaders include: three years of experience working with offenders, training in a helping profession, and knowledge of program design and implementation, involvement in staff hiring and training, and some direct service provision.

4. Initial and on-going leadership training for head executive and program leaders.

Which populations does this apply to?

All juvenile populations to reduce recidivism.

22. Agency Funding and Financial Management

How does this help reduce recidivism?

Sufficient, well-managed funding allows an organization to make the commitment to effective programs and qualified staff that are necessary to reduce recidivism.

Effective programs to reduce recidivism require intensive, longer-term services and trained, experienced staff. Funding for services to reduce recidivism is often limited, making it essential that the organizations providing these programs acquire and manage their financial resources carefully and resourcefully.

Lack of sufficient funding can create the temptation to offer less-intense services and/or to offer services for a shorter than necessary period of time, which will reduce the likelihood of reducing recidivism. Unstable and insufficient funding can also make it difficult to attract and retain qualified staff.
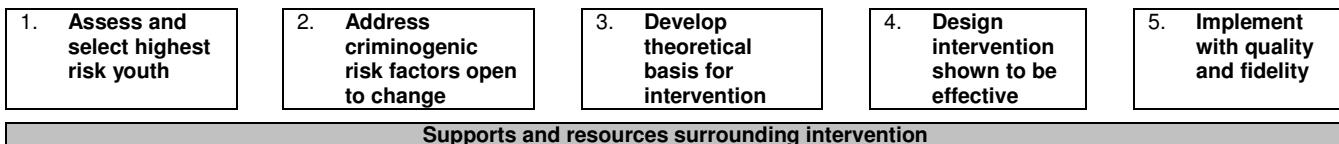
What does it mean?

Funding and financial management cover a broad range of activities designed to acquire and prudently manage, on an ongoing basis, the resources necessary to provide services of the quality and duration most likely to reach the program's desired outcomes with its target population.

These activities require a realistic long-range funding plan with assigned responsibilities and timelines; regular monitoring of financial resources; staff with strong fund development and financial management skills; and board commitment and oversight.

How do we do it well?

- The governing board ensures adequate resources to support high quality and effective services.

- Programs do all they can to make services affordable for the target population.

- The board and Chief Executive Officer seek and retain stable, predictable, and diverse sources of revenue,[216][217] as appropriate to the agency's structure, mission and programs.

- The Chief Executive Officer regularly provides the governing board with information on financial status, anticipated problems, financial planning, and funding options.[218]

- The Board and Chief Executive Officer manage financial affairs according to prudent fiscal management, sound practices, and applicable legal and professional requirements.[219]

- Programs leverage resources through collaboration.[220]

Dimensions of Successful Programs

1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design intervention shown to be effective	5. Implement with quality and fidelity
Supports and resources surrounding intervention				

What observable and measurable things would you see in a program that is doing this well?

Examples of indicators include:

1. Governing board has developed and implemented a long-range funding plan with assigned responsibilities and timelines.
2. Financial resources are leveraged through collaboration.
3. Governing board regularly monitors financial status of program.
4. Chief Executive Officer regularly reports to the governing board regarding financial status, anticipated problems, financial planning, and funding options.
5. Program services are priced to be affordable to target population.
6. Staff manages financial affairs of program utilizing sound fiscal management practices and applicable legal and professional requirements.
7. Staff involved in seeking and managing funds have experience in fund development and financial management skills.
8. Stable and predictable sources of revenue are sought and retained.

Which populations does this apply to?

All juvenile populations to reduce recidivism.

23. Community Support

How does this help reduce recidivism?

Community support can boost the resources and credibility of an effective program, and allow informal supports in the community to be tapped. Those with whom the staff and board members network can lead to connections to other services and collaborations.

Programs that seek to reduce recidivism among juvenile populations can rarely succeed relying only on internal resources. If the program and its leadership are not known and valued throughout the community by those who have a stake in their success, the program can lose funding, advocacy, referral sources and more.

What does it mean?

Community, in the context of supporting a program to reduce recidivism among juvenile populations, can include people living in the geographic areas served by the program; groups of individuals concerned about youth crime, such as parents, youth, business people, teachers, religious leaders, law enforcement, and the courts; racial, ethnic, or socioeconomic groups; and/or networks of agencies providing similar or complementary services independently or within a system of services.
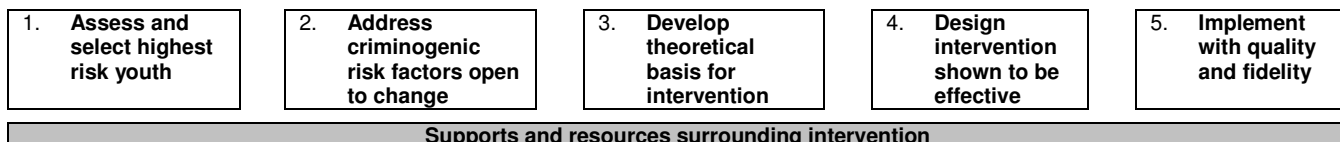
Specific community support can come from families, youth, and natural support people serving as team members in a wraparound process or system of care model (see Element 14). These individuals can gain support from parent to parent or youth to youth peer support groups offered through community agencies. They can also serve on the board and in other roles that guide service delivery that meets community needs.

Support can take the form of speaking up for or advocating on behalf of the value of a program; providing volunteer, in-kind or financial resources; linking a program to informal sources of supports; offering a welcoming neighborhood for a program and its participants; referring clients to the program, etc.

How do we do it well?

- Maintain stable, or increasing, levels of community support.
- Engage program participants and their families in program design and delivery.
- Identify key individuals and organizations within the geographic, demographic, or service communities that should know and think highly about the program and the benefits it provides.
- Actively network with key individuals and organizations to get to know them and to update them periodically.
- Produce communication tools appropriate to the different audiences the organization wants to reach or engage.

Dimensions of Successful Programs

1. Assess and select highest risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design intervention shown to be effective	5. Implement with quality and fidelity

Supports and resources surrounding intervention

- Educate the community about the organization's purpose, function, and role in the community services system.

- Publicize the organization's role and programs to other organizations, governmental bodies, community service professionals, or others relevant to the agency's services.

- Meaningfully involve community stakeholders in service activities and policy development.

- Develop governing and/or advisory boards that reflect the demographics of the populations served and the interests of those populations.[221]

What observable and measurable things would you see in a program that is doing this well?

Examples of indicators include:

1. Community education and support-seeking activities are noted as specific tasks and responsibilities in appropriate staff job descriptions, policies and procedures, and materials describing board roles.

2. Program has advisory and/or governing boards that reflect community interest groups and that are involved in program activities and policy development.

3. Levels of community support are regularly measured.

4. Levels of knowledge among stakeholder groups regarding organization's purpose, function, and role are regularly measured.

5. Community advocacy and education activities are routinely carried out among stakeholder groups.

Which populations does this apply to?

All juvenile populations to reduce recidivism.

24. Connections across Programs and Services

How does this help reduce recidivism?

Ensuring that clients and their families receive help for the full range of issues related to youth criminal offending is much more likely to prevent future offenses than only addressing one or a few of the relevant concerns.

Given the multiple service needs among juvenile delinquents and offenders, most programs or agencies will need to refer clients to, or work with, other programs within the agency or other agencies to best address the range of client and family needs. Building and maintaining connections with other programs and agencies will support the referral or team approach process and subsequent results.

When agencies coordinate services, they can minimize the burden on families, reduce duplication, and improve effectiveness.

What does it mean?

"Service coordination activities can include:

- Coordination by professionals and organizations from whom the person or family receives services.
- Arranging for direct provision of services, referrals, and transfers of persons served by other organizations.
- Providing ongoing communication, including written agreements, as necessary with other involved providers.
- Exchanging relevant information (as permitted by law and/or with permission of participants) when individuals commence services, are referred to other services, are transferred to other providers, or when services are terminated."[222]
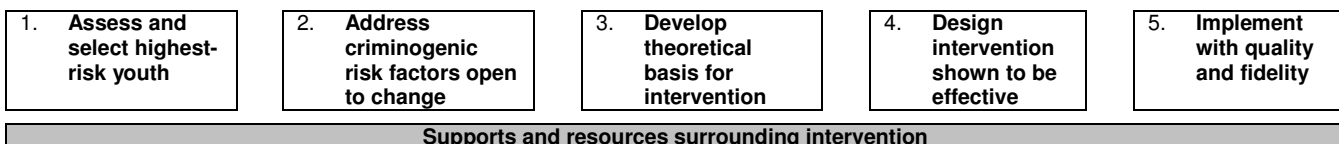
Comprehensive coordinated approaches to meeting children and family needs may include the wraparound model (see Element 14), which embodies a system of care approach.

Service collaborations can involve the organization working among similar agencies or working among different service systems to improve access to quality, coordinated services for participants.

How do we do it well?

- Staff has knowledge of the availability and quality of a broad range of services and supports in the community that their clients may need.
- Staff builds positive relationships with staff in other agencies to facilitate referrals or joint work with clients.
- "The organization views itself as part of a continuum of services and strives to ensure that its participants receive service, care or interventions through an integrated system that responds based on individual needs and wishes." [223]

Dimensions of Successful Programs

1. Assess and select highest-risk youth	2. Address criminogenic risk factors open to change	3. Develop theoretical basis for intervention	4. Design intervention shown to be effective	5. Implement with quality and fidelity

Supports and resources surrounding intervention

What observable and measurable things would you see in a program that is doing this well?

Examples of indicators include:

1. Regular trainings for staff regarding available services and supports.
2. Assessments of clients are designed to identify services needed beyond what the program can provide.
3. Networking with other agencies is included as a specific task in staff job descriptions and agency policies and procedures.
4. Service coordination activities, as noted above, are routinely carried out by agency staff.
5. Agency is involved in appropriate service collaborations.
6. Continuum of services and integrated systems concepts are included in agency materials and supported by staff and the governing body.
7. Staff educates participants about services and supports available to them in the community.
8. Intake or other client records indicate other services received, other organizations engaged, contact staff and phone numbers.
9. Records show referrals or consultation notes made during the program and whether client received services to which they are referred.

Which populations does this apply to?

All juvenile populations to reduce recidivism.

Glossary of Terms

Note: Most terms used in this Guidebook to Elements of Successful Programs are defined and explained at the beginning of individual elements within the Guidebook. Therefore, this glossary only contains a few terms that are important for understanding the overall approach of the Guidebook, and how it differs from other methods of program delivery to reduce repeat incidents of crime by juveniles.

Best practices/proven or model programs. Terms commonly used to describe an entire program that has demonstrated positive results and has been widely recognized as effective in producing the desired outcomes. These programs typically have been reviewed by national experts and rigorously evaluated to ensure replication of outcomes. For reducing juvenile recidivism, these programs include Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), and Aggression Replacement Training (ART).

Criminogenic. Beliefs, attitudes and behaviors that, when changed, are associated with reduced criminal activity.

Effect size. The magnitude of the difference between the average rate of recidivism for the individuals receiving the named intervention and the average rate of recidivism for a control group (i.e., those of similar demographics and situation not receiving any intervention, or receiving the standard intervention). It represents the difference in standard deviation units between the intervention group and the control group.

Elements of successful programs. Characteristics of programs that have shown the greatest contribution toward reducing recidivism. The elements are identified primarily through a rigorous research method called meta-analysis.

Evaluation plan. Provides details on how each of the outcomes in the logic model will be measured and when.

Fidelity. The degree of fit between the components of a program as designed and its actual implementation in a given community setting.[224]

Indicator. A detailed example that can be seen, heard or read that demonstrates that outcomes are being met.

Logic model. A representation of the linkages between program activities and the changes those activities will produce, presented in a clear graphic format.

Meta-analysis. "A statistical method for evaluating the conclusions of numerous studies to determine the average size and consistency of results for a particular intervention strategy common to all of the studies."[225] Helps determine the relative effectiveness of types of treatment and interventions, and to show which interventions are most likely to make programs effective.

Outcome-based evaluation. A systematic way to assess the extent to which a program has achieved its intended results.

Outcomes. The changes in participants' lives, community conditions or organizational conditions that are expected to occur as a result of a program or activity.

Process indicators. Detailed examples that can be seen, heard or read that demonstrate that outcomes are likely to be met. They define a process in specific and sometimes in measurable terms, and can be used in process evaluation to determine if a program is being implemented as planned.

Pro-social behavior. Behaviors that demonstrate sensitivity to the needs of others, perspective taking, and willingness to engage in social interactions. These behaviors include a broad range of activities: sharing, comforting, rescuing, and helping. Pro-social behavior refers to a pattern of activity,

Psychodynamic therapy. Free expression by the client, through which the therapist tries to help a person understand his or her subconscious feelings and fears. The purpose of this understanding is to help the client reverse the course of an emotional disturbance by reenacting and desensitizing a traumatic experience.

Recidivism. A relapse into violent or criminal behavior. The information in this Guidebook about which types of interventions reduce recidivism by specific amounts uses several different measures of recidivism – most commonly used were police contact/arrest, court contact, or parole violations.

Responsivity/responsivity principle. The characteristics of a program participant (age, gender, race/ethnicity, developmental stage, learning style, etc.) likely to affect his/her engagement in and responsiveness to various therapists and treatment modalities.

Theory of change. An explanation of why the program believes that its chosen approach and activities are likely to lead to the outcomes identified. It may also explain what resources, partners or processes are used.

Therapy. A variety of techniques that attempt to assist an individual, family, or group in the amelioration or adjustment of mental, emotional, or behavior problems, and includes therapeutic techniques to achieve sensitivity and awareness of self and others and the development of human potential. The term "counseling" may be used by individuals and the juvenile justice system to refer to therapy. (Note: In Washington State mental health counselors and marriage and family therapists must be licensed and meet education and experience requirements to obtain that license.)

Wraparound process. A collaborative, team-based planning approach that results in an individualized set of community services and natural supports for a child/youth and their family to achieve a positive set of outcomes.

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