Although controversies exist over the extent to which youth engage in criminal activities and whether youth crime is increasing or decreasing, there are few debates about the costs associated with juvenile crime. These costs arise from the damage to victims, the processing of youth through the juvenile justice and correctional systems, and the impact of the activity on youths' future development and contributions to society. Given the costs associated with youth crime, it is not surprising that citizens and politicians alike are regularly preoccupied with the issue.

This preoccupation often takes the form of public fear of youth crime, particularly the danger of being victimized. It frequently results in unduly harsh but politically appealing calls for increased sanctions, longer sentences, and the prosecution of young teenagers as adults (Maguire & Pastore, 1996; Zimring, 1998). Such preoccupation is also reflected in the media, where reports about more dramatic forms of crime receive attention beyond their significance for the majority of youth crime. What has been somewhat absent in recent years in the United States in particular is a focus on how we can prevent and mitigate youth crime through effective treatment.
Introduction

To this end, a primary goal of this book is to direct (or redirect) our attention, as citizens and as professionals, policymakers, and researchers concerned with the problem of youthful offending, to treatment approaches and best practices that can help youth to reduce their criminal behavior. A focus on treatment is consistent with the rehabilitation goals of the juvenile justice system. However, these goals have often been pitted against public outcries for harsher sentences and punitive sanctions as a means of controlling crime. The sanctions in place to address these concerns with the problem of youthful offending, to treatment approaches and best practices that can help youth to reduce their criminal behavior. A focus on treatment is consistent with the rehabilitation goals of the juvenile justice system. However, these goals have often been pitted against public outcries for harsher sentences and punitive sanctions as a means of controlling crime. The sanctions in place will generally depend on probation or some form of incarceration. In recent years, there has also been a downward shift in the upper age limits for being considered a juvenile, with children as young as 12 or 13 years old being remanded to the adult justice system.

In contrast, a rehabilitation and treatment approach emphasizes the responsibility of society to provide adequate care and opportunities for children and youth, particularly those who grow up under adverse social and community conditions. The assumption underlying this approach is that criminal acts represent moral transgressions that can be controlled only by threats of punishment. Young people are seen as making conscious and willful choices to engage in criminal behavior and deemed accountable regardless of developmental history or extenuating circumstances. This perspective leads to an emphasis on formal police and judicial-system processing and the application of punitive sanctions as a means of controlling crime. The sanctions in this case will generally depend on probation or some form of incarceration. In recent years, there has also been a downward shift in the upper age limits for even being considered a juvenile, with children as young as 12 or 13 years old being remanded to the adult justice system.

In contrast, a rehabilitation and treatment approach emphasizes the responsibility of society to provide adequate care and opportunities for children and youth, particularly those who grow up under adverse social and community conditions. The assumption underlying this approach is that criminal acts of youth stem from immature judgment, inadequate skills, poor care, and limited opportunities, wherein society, rather than the individual, carries the burden of responsibility. Of primary importance is the need for a response based on identifying and remediating the factors that contribute to offending behavior. This response enhances the behavioral, social, and emotional competencies of the young person and addresses deficits in his or her environment.

Although it is difficult to identify examples of an exclusive child welfare and rehabilitation orientation in the United States, systems in other jurisdictions at least approach this ideal. An example is Scotland, where most juvenile offenders are dealt with outside the formal justice system. Their needs are met within a larger social support system that provides services to all children and families in need of care. Another example is the Canadian province of Quebec, where the juvenile offender system also tries to deal, as much as possible, with youthful offenders outside the formal legal system.

In practice, rather than represent extremes of the punishment versus rehabilitation continuum, most systems in the United States embody a compromise between these two positions. They have a formal legal system for processing youth and a range of available graduated sanctions, including probation and incarceration, but they may also include services designed for addressing rehabilitation needs. However, these systems differ considerably in the flexibility with which youth are processed through the formal system, the severity of punitive sanctions, and the extent to which educational, psychological, and social services are available for young people. They also vary in the age limits set for being considered a juvenile. Further, the relative emphasis on punishment versus rehabilitation can fluctuate greatly from place to place and across time.

Historical shifts occur in public concern for youth, fear of crime, beliefs about treatment, and attitudes about the seriousness of specific crimes. In general, as public awareness and fear of youth crime increase, policies shift toward harsher penalties and a lack of confidence in treatment and rehabilitation. Whether punitive sanctions and related programs produce significant reductions in recidivism is of little importance to a public focused on retribution and safety. How, then, can we champion the value and importance of helping youth become productive citizens, particularly when they have committed serious offenses that threaten public safety? How can we hold youth accountable for their actions while simultaneously helping them learn from their mistakes? How do we blend legal and treatment goals in order to meet the needs of society to maintain order and provide for the welfare of children and youth?

Throughout this volume, we emphasize the dual roles of a system designed to control and care for juvenile offenders, and the importance of both accountability and rehabilitation. Accountability does not require harsh punishment; rather, it can take the form of supervision, restitution, and restricted activities (in some cases) that are not counterproductive to treatment and rehabilitation goals. We can also improve our response to juvenile offending by carefully evaluating programs and practices to determine whether they are effective and helpful or even potentially harmful. For example, some recent research suggests that grouping delinquent youth together in educational, mental health, juvenile justice, and community settings (consistent with most current policies) might actually exacerbate offending behavior, particularly when programs group new, first-time offenders with more
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Serious and incarcerated offenders, such as occurs in the “Scared Straight” programs (Sherman & Strang, 2004). Still, focused and carefully targeted rehabilitation efforts have been found to be effective (Lipsey & Wilson, 1993; Krisberg & Howell, 1998). Further, the extant evidence base is mixed with respect to the issue of whether aggregating antisocial youth produces uniformly iatrogenic effects on outcomes (Boxer, Guerra, Huesmann, & Morales, 2005; Weiss et al., 2005).

As we shall see, there is a growing evidence base across multiple disciplines demonstrating the relative merits of different strategies and programs for juvenile offenders. In many cases, this evidence base includes assessment of those for whom the program is most likely to work (e.g., younger vs. older youth, or more serious vs. less serious offenders) as well as optimal conditions for implementation (Guerra, Boxer, & Cook, 2006). Some treatment strategies are focused on specific offender populations such as sexual offenders or offenders with demonstrated mental health problems. What is clear is that we can succeed in addressing the rehabilitation and treatment needs of delinquent youth in general and of special groups within the broader offender population.

Five key themes relevant to the treatment of juvenile offenders are reflected throughout the chapters in this book:

1. Most youth do not engage in serious offending; rather it is a small group of chronic offenders who should be the primary focus of treatment programs.
2. Serious offending behavior is learned over time and reflects a confluence of individual and contextual risk factors that are affected by life events.
3. Assessment of risk factors must address sources of dynamic risk that can be changed while simultaneously building on strengths (i.e., risk-focused, strengths-based).
4. Treatment using evidence-based programs and principles is effective.
5. There are subgroups of offenders with unique risk profiles who require focused interventions.

Overview of Chapters

In Part I, “Understanding Youthful Offending,” we examine patterns and trends in juvenile crime in the United States, contemporary models of offending, and how assessments can facilitate our understanding of individual risk and need for specific interventions. In Chapter 1, Williams, Tuthill, and Lio discuss official and self-report data on the prevalence of youth crime in the United States by age, gender, ethnicity, socioeconomic status, and location. As they point out, the majority of youth do not engage in any form of criminal activity beyond relatively minor transgressions involving, for example, traffic law violations, underage drinking, or petty vandalism.

As they discuss, it has been suggested that these less serious and time-limited infractions reflect adolescent experimentation driven by factors such as opportunities for independence, group norms, and immaturity of judgment. This view is consistent with Moffitt’s (1993) description of adolescent-limited offending linked to the development period of adolescence rather than childhood-onset and often life-persistent, escalating patterns of offending. The fact is that most youth are, by and large, responsible and law-abiding citizens, even in high-crime areas marked by urban disadvantage (Guerra, 1997). Indeed, a very small number of young people commits serious crimes or engages in persistent criminal activity—a finding that was first reported in the 1970s (e.g., Wolfgang, Figlio, & Sellin, 1972). In general, this group has an early onset, a high individual offending frequency, and a relatively long criminal career. It is these “chronic” offenders who should receive most of our attention.

As Guerra, Williams, Tolan, and Modecki discuss in Chapter 2, treatment programs designed to prevent or deter juvenile offenders from future criminal behavior hinge on a careful delineation of the causal mechanisms most linked to delinquency. As they point out, a large number of individual and contextual risk factors for adolescent antisocial and criminal behavior has been identified. These risk factors include static (unchangeable) factors such as parental criminality as well as dynamic (changeable) characteristics of individuals, peers, families, schools, and communities. A central idea of integrated risk models is that criminal behavior results from the additive and interactive effects of a variety of individual and contextual risk factors over time and within a given ecology, so that interventions should modify the most influential dynamic risk factors.

However, as Guerra et al. also discuss, more recent elaborations of risk-factor models of offending behavior have integrated both developmental and life-course perspectives, providing a more complex picture of treatment needs linked to the course of offending behavior (Farrington, 2005). Of particular importance is an emphasis on distinguishing risk factors that influence the onset of offending from those that contribute to escalation or desistance. Certain life experiences or “turning points,” such as job stability and marital attachment, can indeed redirect delinquent trajectories toward more positive outcomes.
(Sampson & Laub, 2005). Therefore, treatment programs also must consider the enhancement of strengths that help youth successfully navigate these transitions.

In Chapter 3, Hoge discusses the complexity of evaluating a youth’s risk for re-offending and his or her treatment needs, emphasizing the importance of standardized assessment instruments for these purposes. The chapter begins with a review of relevant terminology and conceptual issues, including criteria that apply to the evaluation of forensic assessment tools. Examples of standardized instruments useful in assessing youth in juvenile justice and correctional settings are reviewed under the following categories: personality tests, behavioral ratings and checklists, attitudinal measures, and academic aptitude tests. Comprehensive risk–need measures are also reviewed, and their importance in juvenile justice settings is emphasized. Finally, practical guidelines for conducting assessments in these settings are discussed.

In Part II, “Treatment Programs and Policies for the General Offender Population,” we review findings from controlled studies of specific interventions, discuss the need for a balance between evidence-based programs and evidence-based principles, address barriers and challenges to effective implementation of treatment programs in the community and juvenile facilities, as well as explore challenges specifically related to policies and practices within the juvenile justice system. Our emphasis is on programs, principles, and practices most relevant for the general offender population (in Part III we turn to a discussion of treatment with special populations).

Given that risk for offending is linked to a complex sequencing of individual and contextual risk factors and strengths that unfold over time, a challenge for intervention and treatment programs is to address these multiple sources of influence in an integrated and comprehensive manner. In Chapter 4, Guerra, Kim, and Boxer review evidence-based programs, pointing out that interventions focused on only one or a limited set of causal influences on youth offending are less likely to have broad impact on behavior (i.e., delinquency) than those targeting a comprehensive array of risk factors while simultaneously building strengths (often called “protective factors”). For example, multisystemic therapy (MST; Henggeler & Borduin, 1990) has been one of the most efficacious delinquency prevention programs because it attempts to strengthen a number of interconnected systems (families, peers, schools, neighborhoods). In this intervention, the family is the primary mechanism for mitigating risk across these contexts. Families also provide continuity over time for youth, although a challenge to MST and similar programs is that youth must have families that are willing and able to participate.

Other strategies that emphasize the links between cognition and behavior can provide individuals with a core set of skills and beliefs that can reduce the likelihood of offending across time and situations as individuals “construct” their lives within specific contexts. As Guerra et al. point out in Chapter 4, reviews and meta-analyses of intervention outcomes with delinquents suggest the efficacy of cognitive-behavioral programs. Lipsey’s (1992) exceptionally comprehensive meta-analytic review of about 400 intervention studies shows that skills-oriented, cognitive-behavioral treatments yielded consistently significant and robust effects on a variety of outcomes. Similarly, Tolan and Guerra’s (1994) review of “what works” for youth violence prevention highlighted the effectiveness of cognitive-behavioral programs.

A timely question addressed in Chapter 4 is whether it is necessary to use only evidence-based programs following strict guidelines or whether juvenile treatment strategies should also reflect evidence-based principles. In other words, should replication be limited to formal treatment packages? Recent thinking and empirical work in clinical child and adolescent psychology indicate that successful treatment also can result from a recognition of, and attention to, the theoretical foundations of best-practice principles (Boxer & Frick, in press; Silverman, 2006). By implication, for example, although MST is a well-validated treatment package for the reduction of antisocial behavior, other coherent multimodal treatment plans based on behavioral and family system principles also can be effective (Borum & Verhaagen, 2006; Boxer & Frick, in press).

Even when evidence-based programs and practices have been established, there are a number of practical barriers and challenges to effective program implementation. In Chapter 5, Guerra and Leaf discuss these barriers and challenges, highlighting the experiences at Lookout Mountain, a facility for seriously delinquent boys in Colorado. As they note, in some cases barriers may be programmatic—for instance, if an evidence-based program is chosen that does not seem to fit the ethnic or socioeconomic characteristics of the population served. In other instances, the primary barrier may be funding availability, linked, in part, to public support for prevention and rehabilitation of offenders. States moving toward a greater emphasis on preparing young people to lead healthy lives through developmentally appropriate prevention and treatment programs must often struggle with the price tag of these changes as well as resistance within agencies and systems accustomed to certain procedures and practices. Guerra and Leaf discuss how to create a culture of rehabilitation by using the example of how a simple change in language—recasting the Lookout Mountain
facility as a CommUnity (stressing unity), rather than a juvenile correctional institution—created a sweeping change in organizational culture.

As Siggins and Seidlitz discuss in Chapter 6, barriers and challenges to effective programming for juveniles also occur at the level of the juvenile justice system. As they point out, there is no such thing as one juvenile justice system in the United States—policies and practices vary across states and also vary across thousands of local jurisdictions. A central question addressed is whether reform or effective juvenile treatment programming requires a certain set of external policies, including jurisdictional and statutory practices such as age of jurisdiction, distinction between state and local control, and the placement of juvenile corrections within the specific agencies within a state structure. Similarly, the internal policies that represent the procedures and processes by which the system operates can provide challenges to rehabilitation and treatment. Siggins and Seidlitz discuss various state and local systems, with particular emphasis on the challenges and opportunities of a current effort in California to reform the state correctional system into an evidence-based model emphasizing treatment and rehabilitation.

In Part III, “Treatment Programs and Policies for Specific Offender Groups,” we turn to the distinct pathways and unique needs of special offender populations, including violent offenders; gang members; sexual offenders; youth with mental health, substance abuse, educational, and learning problems; and female offenders. Despite empirical support for the broad developmental-ecological view in accounting for antisocial behavior, some have argued that a cumulative-risk model cannot account adequately for extreme subgroups of youth engaging in specific types of delinquency or for youth whose delinquency is most prominently driven by a related set of problems (e.g., mental health or substance abuse). A focus on specific groups of offenders is consistent with a developmental pathways model (Frick, 2006) that rests on the observation that for some subgroups of persistently and severely delinquent youth, the risk factors for this behavior are more specific than what typically is captured in the general developmental-ecological view.

For example, Frick and colleagues (Frick & Morris, 2004) recently have identified a pathway within the childhood-onset group of persistent offenders (Moffitt, 1993). Some children in this high-risk category manifest even more elevated risk for serious and persistent offending by virtue of their generally callous and unemotional (CU) interpersonal style (e.g., lacking guilt and remorse, disregarding others’ feelings, tendency to ignore conventional obligations). Antisocial youth with high scores on measures of CU traits tend to engage in more severe violent and nonviolent delinquent behaviors and show earlier and more persistent patterns of offending (Frick et al., 2003). As Boxer and Frick discuss in Chapter 7, the specific treatment of violent youth offenders must account for these CU tendencies as well as other individually located factors (e.g., social-cognitive biases; Slaby & Guerra, 1988) that enhance risk for violent behavior.

Another critical issue in the treatment of juvenile offenders is the influence of gangs in the perpetration and escalation of offending behavior both in the community and in juvenile institutions. As Parker, Negola, Haapanen, Miranda, and Asencio review in Chapter 8, the link between gangs and juvenile crime is striking, whereas the effectiveness of intervention programs designed to reduce gang membership and/or gang violence is limited. Indeed, one of the biggest challenges reported by correctional staff is the management of gang-involved youth and violence within institutions. At the community level, results from programs such as The 8% Solution, Spergel’s comprehensive model, and the Gang Resistance, Education, and Training Program (G.R.E.A.T.) have been modest at best. Suppression programs such as Operation Night Light and Community Resources Against Street Hoodlums (CRASH) (Los Angeles) are often touted as alternatives to treatment, but results from these programs are also weak. As Parker et al. point out, there is a lack of well-designed evaluations of gang prevention, intervention, and control programs both at the community level and within institutions, limiting our ability to institute evidence-based programs or practices.

Just as serious and persistent violent offenders may follow a distinct pathway, O’Reilly and Dowling also suggest, in Chapter 9, that sexual offenders differ from other offenders in key psychological characteristics and can be further grouped into distinct and different typologies. In reviewing best practices for working with offenders who sexually abuse others, a particular emphasis is given to the assessment, intervention, and moving-on (AIM) framework. In Chapter 10, Veysey discusses the prevalence of mental health and substance use disorders and how they impact treatment for justice-involved youth. As she points out, screening for specific mental health and substance use problems is essential for assignment to treatments, management, and supervision. Veysey underscores the particular role of traumatic experiences in the life histories of juvenile offenders. In so doing, she proposes a treatment model aimed first at reducing the array of psychological and psychiatric symptoms often present in those offenders who have experienced abuse and other traumatic events.
Educational disabilities and school problems also increase risk for serious offending and present challenges for treatment. As Eggleston points out in Chapter 11, comprehensive treatment must address not only the psychological and behavioral needs of offenders, but also the remedial and learning needs that can limit offenders' concurrent and future employment prospects. The need to prepare offenders for future employment is an important part of treatment planning and is consistent with developmental life-course models of crime that emphasize the importance of turning points in redirecting criminal trajectories (Sampson & Laub, 2005). Indeed, as Lipsey (1992) demonstrated in his meta-analysis of treatments offered as part of the justice system, the specific effects of employment training and opportunities produced the largest impact on reducing future delinquency (i.e., these interventions predicted desistance). Successful adjustment to a noncriminal lifestyle requires psychological and practical skills that open doors for success.

In Chapter 12, Hoge and Robertson discuss the unique risk patterns and needs of female offenders. As they point out, males comprise the majority of youthful offenders and generally have been the focus of research on etiology and treatment. There is, however, a growing recognition that significant numbers of females are at risk for criminal activity, and a belief that conclusions based on research for males may not necessarily generalize to females. Hoge and Robertson review the limited empirical research on best practices for girls in both community and institutional settings.

As the organization and content of this book suggests, we set out to advance a comprehensive and integrated model for understanding how best to address the rehabilitation and treatment needs of juvenile offenders, in general, and for special groups within the broader offender population. The chapters draw from basic social, criminological, and developmental science as well as applied practice and evaluation research on juvenile offenders. They present an optimistic but realistic assessment of treatment programs and practices that should form the cornerstone of comprehensive and integrated rehabilitation programming.

References


