Implementing Treatment Programs in Community and Institutional Settings

Nancy G. Guerra
Caren Leaf

Translating evidence-based programs into real-world applications requires careful attention to barriers to implementation and how these can be overcome. There are many reasons that findings from juvenile justice treatment research are not embraced in everyday practice, including political, economic, and practical challenges that are often interconnected. Even the most successful and widely used intervention programs, such as multisystemic therapy (MST), can be compromised by poor implementation (Washington State Institute for Public Policy, 2004). For this reason, it is not enough to identify effective programs or practices without also considering how to optimize implementation.

In this chapter we address barriers and challenges to providing effective treatment for juvenile offenders in community and institutional settings. We consider the implementation challenges related to each of the principles of effective treatment discussed in Chapter 4. These principles are consistent with the research literature that has focused primarily on how to optimize outcomes such as improvements in behavior and reductions in delinquency recidivism. How-
ever, using these principles to guide practice requires moving beyond a specification of “what” should be done to more careful consideration of “how” best to do it. To illustrate effective implementation strategies, we provide examples from a recent Continuum of Care Initiative in the state of Colorado as well as a model residential treatment program, Lookout Mountain Youth Services Center (LMYSC), and other relevant efforts. We begin by restating the principles of effective treatment, followed by a brief discussion of the Continuum of Care Initiative and an overview of the philosophy and practices at LMYSC.

Principles of Effective Treatment

In Chapter 4, Guerra et al. provided a review of the empirical literature on what works in the treatment of juvenile offenders. From this literature, the following four principles emerged:

- **Closer-to-home principle.** Whenever possible, youth should receive treatment in the communities where they live, with incarceration in state institutions used as a last resort for purposes of community safety. When youth cannot live with their families of origin, they should be assigned to residential, community-based facilities that provide treatment in small cottages or homes with foster families or teaching family support. Incarcerated youth should retain ties with their home communities in order to develop a positive support system.

- **Rehabilitation principle.** Treatment will be most effective if there is institutional and political support for a rehabilitation orientation in juvenile justice programming. This support must become part of the “culture” of practice, so that it is infused at all levels of the system and provides a set of organizing beliefs to guide services. Efforts should be directed toward “reframing” issues, for instance, so that offenders are seen as young persons who can become productive citizens rather than deviants who must be treated harshly.

- **Evidence-based principle.** Treatment should follow evidence-based principles for programming and implementation. Because of the limited number of treatment programs for offenders with proven effectiveness and concerns about the appropriateness of these programs for girls and boys from different ages and ethnic groups, a range of programs should be considered. These programs should be structured and should address dynamic risk factors most likely to change and most likely to generalize (e.g., family functioning, cognitive-behavioral skills).

- **Risk-focused, strengths-based principle.** Treatment programs for offenders must address multiple types of risk for re-offending and the different patterns of risk through comprehensive programming. Levels of service should be matched primarily to specific risk profiles of offenders. Treatment must also identify and leverage youth strengths as an additional mechanism to reduce risk. Finally, emphasis should also be placed on building strengths to promote desistance from an offending lifestyle.

Colorado Continuum of Care Initiative

Juvenile offenders often receive fragmented, uncoordinated, insufficient, or inappropriate services from multiple agencies and systems (Hsia & Beyer, 2000). Placements in secure residential facilities may be less about public safety and offender needs and more about bed space, funding guidelines, or political currents. Offenders who could be well served by community options may not be afforded this opportunity, just as offenders in the community may not receive appropriate services to reduce risk of re-offending. To address these issues, several states have engaged in comprehensive planning and systems reform toward creating a more integrated, effective, and coordinated juvenile justice system.

For example, the Colorado Division of Youth Corrections recently embarked on a comprehensive systems improvement effort based on a “continuum-of-care” model. The central idea behind this reform effort is that youthful offenders comprise a diverse group needing a broad array of services in settings that range from least restrictive (e.g., diversion, natural supports) to moderately restrictive (e.g., community residential programs) to most restrictive (e.g., secure residential placement). Putting in place a continuum-of-care model requires the statewide availability of a variety of services that meet standards of effectiveness. It also requires a systematic process for matching youth with the most appropriate placements (in order to tailor the type, intensity, and duration of treatment for each youth, based on risk and needs). The overarching goal of this initiative is to match youth with the most effective services in the most appropriate settings to meet their rehabilitation needs. Emphasis is placed on utilizing community-based services when appropriate. Further, for youth who are in the most restrictive settings, efforts are made to transition them to community-based programs at the most optimal time, with a provision for continuing aftercare to facilitate reintegration while on parole.
then becomes one of implementation. In other words, what are the specific barriers to reducing incarceration and increasing community-based options? We may know what to do, but we must also craft policies and practices that specify how to do it, given a variety of political, economic, and practical challenges to implementation.

Political Challenges to Implementing the Closer-to-Home Principle

Perhaps the greatest political challenge to implementing community-based treatment programs and reducing youth incarceration stems from upswings in public fear of crime. Historically, this escalation in public fear has led to a perception that youth crime is out of control (fueled in recent years by high-profile school shootings and similar events), resulting in calls for stricter enforcement and punishment rather than enhanced prevention and rehabilitation in the community. In the United States since the 1980s, politicians have had a seemingly insatiable appetite for incarceration, even when rates of violent juvenile crime have gone up and then down during this period. Indeed, although there was a marked increase in violent juvenile crime until the mid-1990s, rates in 2001 were as low as in the early 1980s. Yet, the number of youth confined in secure residential institutions nearly doubled during this period. It is particularly troubling to note that although the rate of juvenile violent crime has declined 44% since the mid-1990s, the rate of confinement has remained relatively constant (Snyder, 2003). To further emphasize this intolerance of youth crime, the very nature of adolescence as a transitional stage between childhood and adulthood has been challenged. The public penchant for incarceration has been accompanied by a push to try violent juvenile offenders in adult court at increasingly younger ages, despite research showing that this action will have little impact on crime (Fagan, 1995).

Has this push toward incarceration of youth been driven more by the perceived political costs of being “soft” on juvenile crime rather than true public opinion? Politicians and the media may not always accurately portray the prevailing public beliefs, and resulting policies may be misguided. Several public surveys suggest that citizens overall are more reflective about youth crime and understand the importance of community-based educational and counseling programs. For example, in a comprehensive public opinion survey conducted in the 1990s, the overwhelming majority of respondents said that juveniles who commit serious crimes should be punished, but that they should also benefit from rehabilitation, if at all possible. Almost three-fourths of those surveyed said they preferred a system that provided community-based services rather than secure confinement in institutions (Schwitz, 1992).

It may also be that political currents are catching up with public opinion favoring rehabilitation, because there has been a recent upswing in support for community-based programming and a growing awareness of the costs (and disproportionate impact on minority youth) of secure confinement. In some cases, these costs have been made public through lawsuits challenging harsh conditions in state-run youth institutions (e.g., Farrell v. Hickman in California, as discussed in Safety and Welfare Remedial Plan, 2006). In other cases, there has been a surge in publicity and action from distinguished panels (e.g., National Research Council Panel on Juvenile Crime and Juvenile Justice; foundation initiatives and study groups (e.g., Annie E. Casey Juvenile Detention Alternatives Initiative; MacArthur Foundation Research Network on Adolescent Development and Juvenile Justice); federal reports; and research studies emphasizing the advantages of comprehensive, community-based programming tailored toward the specific developmental and treatment needs of youth. Further enhancement of community-based, “closer-to-home” approaches will require a continued effort to disseminate this information and lead reforms.

Economic Challenges to Implementing the Closer-to-Home Principle

Although secure confinement is the most costly treatment option for youth, costs per youth decrease when institutions run at maximum capacity. This fact creates a somewhat ironic economic incentive to send youth to these facilities and to maintain consistently high levels of commitment. A further incentive to incarceration in state facilities stems from the decreased costs to some counties for sending youth to state facilities. A longstanding policy was one of saddling counties with the costs of local programs while allowing them to send youth to state facilities at little cost. Counties also had relatively little money with which to develop high-quality, community-based programs. Fortunately, this policy has changed in recent years as states reshaped the funding landscape, providing incentives for counties to develop local programs and attaching costs for state incarceration. As Tyler, Ziedenberg, and Lotke (2006) note, “A number of states have shown that by rethinking how they fund their juvenile justice systems, states and localities can succeed in keeping more youth at home, reduce the number of youth incarcerated, and promote better outcomes for young people moving through these systems” (p. 2).
State funding formulas for serious offenders that rely on average daily population (ADP) of commitment (incarceration) also provide economic disincentives for community-based services. Otherwise put, reducing ADP sets in motion a downward funding spiral. For instance, the Colorado Continuum of Care Initiative was made possible through authorization from the General Assembly to flexibly utilize up to 10% of “general fund” appropriation funds from the “purchase of contract placements” line in order to provide treatment, transition, and wrap-around services for juveniles on parole or in community-based residential programs. However, overall funding levels are still based on a formula that uses ADP. If the initiative were successful in more rapidly transitioning youth from restrictive and expensive residential commitment to community-based placements, overall funding levels would decrease. As noted in their baseline evaluation report (Triwest, 2006):

Given that community expenditures … are also funded as a percentage of the overall budget based on commitment ADP, successful community initiatives will undermine the budget on which they depend. Without a shift in funding allocation structures, as better community services become available and Client Managers become more effective in appropriately transitioning youth to community placements, the Division’s resources for both commitment and community-based services could shrink to the point that youth are left without either commitment or community placements. (p. vii)

Using a different strategy, RECLAIM Ohio (Reasoned and Equitable Community and Local Alternative to Incarceration of Minors) began in the mid-1990s by giving counties a fixed state allocation based on average juvenile felony adjudication in the previous 4 years. Although counties with higher crime rates receive more funds, funding was also tied to a reduction in the state bed space used by counties in the previous year (for youth with lower public safety risk but not for certain types of serious and violent offenders who pose a threat to public safety). The fewer non-high-risk (“optional”) youth sent to state facilities, the more monies would be received in the following year. This funding structure encouraged counties to develop local options instead of sending youth to state facilities.

As this example suggests, implementation of closer-to-home programming can be facilitated by funding allocations based both on juvenile crime rates and incentives for developing community-based programs instead of daily population rates in state facilities. This strategy is further supported by studies that have found that community-based residential programs, such as multidimensional treatment foster care (MTFC), are more cost-effective and produce greater impact in recidivism than incarceration (Chamberlain & Reid, 1997; Greenwood, 2005; Lipsey, 2006).

Practical Challenges to Implementing the Closer-to-Home Principle

Comprehensive treatment strategies built around the concept of community-based services require that appropriate opportunities and programs be available. In other words, it is impractical to refer youth to a specific type of program (e.g., MST or other evidence-based family treatment programs) if there are no community agencies providing this service. Given the different needs of youth as related to risk for re-offending, community-based programming requires a menu of available services consistent with best practices. To the extent that agencies or programs follow evidence-based principles (but do not provide specific evidence-based programs), it is also important to establish that programs are indeed consistent with current research evidence. This effort becomes even more problematic when considering the relevance of available programming for youth from diverse ethnic and socioeconomic backgrounds. One mechanism for stimulating agency programming in selected areas and utilizing evidence-based practices is for states and counties to issue requests for proposals (RFPs) for these services. In Colorado the RFP mechanism has been used to further promote partnerships between private residential facilities and community agencies in order to facilitate youth transitions back into the community.

There are a number of other practical challenges related to the reintegration of youth into communities following residential placements, particularly those outside the community and in secure facilities. In many states, incarcerated youth are not allowed to leave institutions under any circumstances until they are released, so they have no exposure to community norms and opportunities or familiarity with new situations they will face. Further, they are often incarcerated far from their home communities, limiting the involvement of their families and the development of opportunities in their communities. Yet allowing youth to build positive community supports requires that they be connected to, rather than isolated from, their families, mentors, and communities, suggesting at the very least policies that allow for off-site programs and opportunities. At LMYSC, youth participate in a number of community activities while they are incarcerated, including sports leagues, community field trips, and home visits, according to their behavior and progress. Further, planning for release begins well
before the release date and includes visits to new living facilities and/or agencies that will assist youth during this transition.

**Rehabilitation Principle**

Implementing juvenile justice treatment, by definition, requires adoption of a rehabilitative approach. That is, a basic premise of treatment is that offenders can change and redirect their behavior toward noncriminal and productive ends. However, as discussed in the introductory chapter of this volume, although juvenile justice in the United States may have gotten its start as a treatment provider, it has never been clear whether its primary intent was to provide care, support, and rehabilitation or to prosecute and punish children and adolescents who commit crimes (Fagan, 1990). These organizational tensions are rarely considered in the implementation of treatment programs, yet they can result in considerable ambiguity of purpose and interfere with continuity of practice. Consider, for example, a secure detention facility where some staff members believe that they can help youth become productive citizens, whereas other staff members believe that these youth are deviants who must be treated harshly. Clearly, rehabilitative treatment is more likely to be effective if there is consistent and widespread support for its importance and effectiveness.

Let us now turn to a discussion of the political, economic, and practical challenges to adoption of a rehabilitation model for juvenile justice treatment. That is, how can we implement policies and practices that engage citizens and staff in supporting the importance of treatment and rehabilitation, underscore their economic benefits, and overcome practical challenges?

**Political Challenges to Implementing the Rehabilitation Principle**

The forces that impact public opinion and political will regarding incarceration are also likely to shape beliefs about rehabilitation. Perceptions that troublesome youth should be locked up in secure facilities are likely to go hand-in-hand with beliefs that punishment is a central goal of juvenile justice. Rehabilitation is also constrained by the notion that positive support for delinquents essentially sanctions or reinforces their behavior. Critics have charged that any "hug-a-thug" approach essentially rewards the undeserving—Greenwood (2005) has referred to this approach as the "paradox of perverse rewards" (pp. 168-169). However, although delinquents often receive additional educational, vocational, and counseling services, in truth, high-risk youth who are more likely to become delinquent typically receive an extended array of government services long before they commit a crime. Further, incarceration without services is more costly than community-based services without incarceration, and it is less effective than rehabilitation. It would be foolish to forgo the benefits of community-based treatment programs that are also less costly simply to serve a collective desire for vengeance, but this desire for vengeance must be acknowledged nonetheless.

Political challenges to rehabilitation also come from the beliefs of those inside juvenile justice systems. It is important to recognize how the beliefs of those who manage and staff juvenile justice services can impede or facilitate rehabilitation efforts. For example, California's recent efforts to emphasize treatment as part of the Department of Corrections and Rehabilitation, Division of Juvenile Justice Safety and Welfare Remedial Plan (2006) notes, "An overall shift in practices is needed to move from a punitive model to a rehabilitative model. . . . It is recognized that there will be a substantial learning curve for staff as the components of the new model are implemented" (p. 10). This shift requires not only a change in practices but a change in the culture of juvenile corrections. Accomplishing this shift is particularly difficult for states that locate their juvenile corrections agency within the state corrections agency, because the juvenile authority can be easily overwhelmed and transformed into a mini-adult system. Although some states that maintain this organization have managed to avoid this "takeover," California youth facilities have clearly become prisons. As noted in the California Department of Corrections and Rehabilitation (CDCR) Safety and Welfare Remedial (2006) plan, "The challenge is to transform an operational culture that has become 'adultified' into something quite different" (p. 11). Again, the clear message is that the culture of juvenile corrections provides the foundation for implementation of programming so that efforts to enhance rehabilitation require a parallel investment in creating a responsive cultural climate. This climate must also permeate all residential and nonresidential programs that are part of the juvenile justice system.

One of the most impressive accomplishments at LMYSC, which is also woven into the Continuum of Care Initiative, is a systemwide emphasis on rehabilitation. This emphasis is framed by the "3 Rs" of rehabilitation—relationship building, respect, and responsible behavior. An overarching goal of relationship building is to provide youth with a connection to an adult they may not have had before, although it can be challenging to maintain these connections when youth leave a facility or the system. At LMYSC the number of youth who regularly call or ask to come back and visit after they have left is a testament
to the importance of these connections. The emphasis on respect and responsible behavior covers the total environment, from physical space to social interactions, in order to demonstrate to residents that they are "good enough to succeed." The facility is well maintained, pleasant, even cheerful, and youth walk freely around the scenic grounds. They are taught to be proud of where they live and to take personal responsibility to keep it nice. For instance, instead of staff removing tagging, youth are tasked with making sure that the facility is well maintained and that tagging does not occur. Respect between residents and staff is also mutual, and both are accountable for their actions. In a recent (2007) youth climate survey, more than 80% of youth at LMYSC said that staff “always” or “sometimes” show respect. Walking the grounds of LMYSC, one cannot help but notice the friendly faces, smiles, and general atmosphere of good will.

Even simple changes can promote a culture of rehabilitation. At LMYSC one of the most dramatic shifts came about after the program was reframed as a CommUnity (emphasizing unity) rather than an institution, a simple word change with a much deeper meaning. This change led to questions for both staff and residents regarding how individuals should act in the community and what responsibilities they should have. It should be relatively easy for juvenile justice programs to consider what a language of rehabilitation looks like and make appropriate changes. Terms such as institution, wards, warden, inmates, feedings, and movements reflect a culture of control, whereas terms such as community, residents, director, and mealtimes suggest a culture of participation and engagement more supportive of rehabilitation.

Economic Challenges to Implementing the Rehabilitation Principle

Many of the economic challenges to providing effective rehabilitation programs for juvenile offenders are part of the same funding issues discussed in the previous section. Funding formulas that provide little incentive to develop local treatment programs and minimize the costs of incarceration in state facilities are not conducive to the development of community-based rehabilitation programs. As economic policies shift (e.g., as illustrated in Colorado and Ohio), we can expect that a broader array of rehabilitation options will become available.

Rehabilitation and treatment are clearly more cost-effective than incarceration and punishment. There is little doubt that it is less costly to provide intensive treatment to youth living at home (e.g., MST costs approximately $5,000-$7,000 per youth). Cost–benefit analysis has also examined the actual monetary benefit to society of such programs in terms of preventing crime and reducing victim suffering. For example, the Washington State Institute for Public Policy estimated that the net benefit of MST to taxpayers and victims is more than $130,000 (Aos, Phipps, Barnoski, & Lieb, 2001). The challenge is thus how best to communicate the economic benefits of rehabilitation and to promote the use of cost–benefit analysis for making juvenile justice program allocation decisions.

Practical Challenges to Implementing the Rehabilitation Principle

Rehabilitation also takes more work because it is based on positive expectations for success, skill building, and change. In a punitive culture, a positive outcome is that "nothing happens," that is, no incidents are reported; but a culture of rehabilitation involves positive change. It is also important not to minimize the importance of providing a safe and secure environment so that rehabilitation does not compromise safety and security. This is a clear implementation challenge of the rehabilitative approach because it takes more energy, requires more staff, and involves more work. It also requires a particular type of staffing, with a focus on counseling rather than control. Not all staff are well suited to this approach, suggesting a need for careful screening and ongoing training. However, in systems with entrenched staffing infrastructures and strong unions, it may be extremely difficult to change staff culture, particularly with a culture that is more demanding. Youth also see it as more work, so they must be convinced of the benefits of this approach as well.

Another important practical implementation concern is how best to achieve a consistent philosophy and orientation across state and private services. This consistency issue has been a particular challenge for the Continuum of Care Initiative. With approximately 1,400 youth committed to the Department of Youth Corrections in 2005–2006, Colorado currently has 11 state-operated facilities, with 65% of beds contracted in privately operated programs. Youth regularly go in and out of state and private programs, suggesting a need to coordinate policies and practices across the public and private sector. To this end, the initiative directs energy toward building consensus around rehabilitation so that there is consistency in core values, standards of care, and key practices. This consensus building is achieved through a variety of mechanisms, including statewide trainings and targeted funding opportunities.

Finally, rehabilitation in practice is often accompanied by unrealistic expectations for success and rigid consequences for failure. Most
adolescents engage in normative rule testing and risk taking from
time to time, with some cushion or margin of error (e.g., warnings,
lectures). However, for youth in the juvenile justice system there is
virtually no slippage allowed, particularly after youth are released
from institutions into the community. Parole revocation can occur for
the slightest infraction—a standard which is hard for any teenager to
maintain. There is also little respite or “time out” for youth on parole
and in crisis who need a brief intervention to help them stay on
course. Implementation could be enhanced by providing at least
some degree of flexibility and tolerance for occasional missteps when
progress is being made.

Evidence-Based Principle

Over the past decade, considerable attention has been focused on doc-
umenting and disseminating evidence-based programs for juvenile
justice (and a host of other social and health programs). Funding
guidelines regularly require adoption of evidence-based programs or
consistency with evidence-based principles and approaches. However,
in practice, evidence-based programs have not been broadly or consis-
tently implemented, and it is even more difficult to determine what
constitutes an acceptable evidence-based principle or approach. For
instance, because cognitive-behavioral therapy is considered a best
practice in treating youth offenders, should any and every program
that targets offender cognitions be recommended? As we discuss,
implementing evidence-based practices in juvenile justice presents
several political, economic, and practical challenges.

Political Challenges to Implementing
the Evidence-Based Principle

Amid increasing needs and decreasing funding for juvenile treatment
services, the mantra of evidence-based programming has clearly gen-
erated political support. Indeed, it is common practice for RFP and
funding streams to require selection of prevention and intervention
programs based on high-quality evidence. What is more problematic
is whether political will translates into high-fidelity implementation
or appropriate adaptation in “uncontrolled” real-world settings. The
implementation challenge is not one of generating political support for
the evidence-based principle, but rather of generating support for
follow-through in order to achieve broad and consistent implementa-
tion (suggesting an economic challenge that is discussed later). Over-
all, the alignment of science and politics has created a general sense of
encouragement in the field, with relatively few political challenges to
adoption of evidence-based programs.

More perplexing and also relevant to the practical reality of imple-
menting evidence-based programs is why some programs continue to
garner political support and persist despite evidence that they do not
work. In the juvenile justice literature there are three clear examples of
programs that don’t work but have persisted: boot camps, “shock”
programs such as Scared Straight, and waiver of juveniles to adult
court. For instance, several evaluations have demonstrated that boot
camps, particularly mainstream military-style programs, do not affect
recidivism. A “second generation” of programs developed in the mid-
1990s added more treatment and rehabilitation components, but still
had a lackluster impact on recidivism (Austin, 2000). Although these
programs have subsequently declined, they persisted (and still persist)
despite a lack of empirical support. Shock programs such as Scared
Straight have not only failed to impact offending, but in some cases
participants have done worse than those in comparison probation
groups that did not participate in this type of programming (Lewis,
1983). Similarly, despite evidence that waiver of juveniles to adult
court has a negative impact on both youth and public safety (Pagan &
Zimring, 2000), virtually every state in the United States has enacted
legislation supporting this process.

In some sense, these programs benefited from the same political
momentum that generated a series of get-tough policies in juvenile
justice. They are all high-profile programs with some degree of dramatic
appeal that can easily line up with political agendas designed to
accommodate public fear of youth crime. Promotional efforts and
salesmanship also facilitate adoption. Lack of clear evidence from a
few studies has been attributed to just that—there are still very few
studies—when political and economic conditions favored implemen-
ation. In addition, these programs were relatively low cost when com-
pared to alternatives, suggesting the need to consider carefully the eco-

Economic Challenges to Implementing
the Evidence-Based Principle

Many evidence-based programs are derived from studies of the causes
and correlates of behaviors or outcomes. The primary emphasis is on
developing programs that address relevant risk and protective factors
and promote desired changes. Funded by research grants that provide
required funds for high-quality implementation and evaluation, there
generally is less emphasis on developing and evaluating low-cost pro-
grams. As a consequence, evidence-based programs tend to be intensive, demanding, and costly. In practice, few settings have the funding and resources to adequately implement these programs, particularly with the same degree of fidelity and monitoring. Otherwise put, high-fidelity implementation of evidence-based programs can be obtained but only when there are sufficient resources and technical support. When resources and technical support are lacking, poor implementation and adaptations are more common. Poor implementation, in turn, compromises program outcomes, resulting in a loss of program effectiveness.

As new treatment programs for juvenile offenders are developed and evaluated, they should be informed by the economic realities of the juvenile justice enterprise. Even with a focus on comprehensive programming, it is still possible to consider the minimal intensity needed for change. Research funding streams should emphasize not only the theoretical and empirical bases of programs but also comparisons of approaches that range in intensity and costs. For instance, it may be possible to replace intensive interventions with more extensive interventions that rely on multiple contacts over time, using lower-cost strategies. There may be a minimum threshold needed to effect change, but the added benefits beyond this threshold may not justify the additional costs. It also may be possible to experimentally evaluate core components of evidence-based interventions and determine their relative contribution to overall effectiveness. At the very least, comparisons of intervention components and competing approaches based on cost should be encouraged.

**Practical Challenges to Implementing the Evidence-Based Principle**

In addition to economic concerns, there are a number of practical challenges to implementing evidence-based juvenile offender treatment programs. To begin with, programs with clear treatment and implementation guidelines and associated technical support still may not be implemented effectively. It is often difficult to attain competence, even with this support, as evidenced by the uneven implementation of MST in Washington. In this case, the state responded by establishing adherence and outcome standards to ensure quality implementation of juvenile justice research-based programs (Washington State Institute for Public Policy, 2003, 2004). However, adherence standards hinge on carefully developed manuals and implementation protocols. Yet in truth, very few research-based treatments for juvenile offenders have been replicated and translated into packaged or manualized programs.

Even fewer programs specify which modifications are or are not permissible (in part, because it is unlikely that programs have been evaluated with specific modifications).

It is also likely that the most careful delineation of program components and implementation guidelines still would not translate into 100% adherence in the real world. First, many treatment studies use small and potentially unrepresentative samples of youth, such that results may not generalize across gender, ethnicity, and context. It requires a leap of faith to assume that evidence of treatment effectiveness from carefully controlled trials on small samples can generalize to a wide variety of populations (Green, 2001). Second, there are several instances where program evidence is inconclusive—for example, some studies demonstrate effectiveness and others do not, or early evidence of effectiveness is refuted by additional replications.

The Quantum Opportunities program illustrates this point. This program is a comprehensive multiyear program for high-risk youth that includes skills training, service opportunities, mentoring, and financial incentives for participation and completion. Results of early evaluations show that participants were less likely than controls to be arrested during high school, and it was designated as a model "blueprint" program (Elliott, 1997). However, subsequent evaluations from the Department of Labor did not report positive outcomes, and it was demoted to "promising."

Packaged interventions also provide little room for active participation or ownership in developing the treatment and implementation strategy. Yet, research suggests that perceived ownership increases the likelihood of effective implementation. As Backer (2005) comments:

> No matter how good the intervention or the science behind it, no matter how good the implementation strategy, efforts to promote change in any complex system are very likely to fail unless the change effort has the support and active involvement of the people who live in that system. In particular, those who will be implementing the intervention need to feel some sense of ownership for it, and some degree of active participation in developing the implementation strategy. (p. 4)

An awareness of community conditions and drive for ownership thus sets the stage for program adaptation. If adaptation is the rule rather than the exception, research must keep pace by determining which program elements are core components and should not be changed and which elements can be implemented with greater flexibility. This research focus can be facilitated through greater collaboration and partnerships between researchers and juvenile justice practitioners.
Risk-Focused, Strengths-Based Principle

The risk-focused, strengths-based principle specifies that interventions should seek to modify dynamic (changeable) risk factors of juveniles related to their risk of offending, building on strengths or protective factors. However, not all youth experience the same set of risk and protective factors. For example, some offenders may come from relatively stable families but have strong associations with delinquent peers and poor academic performance. In contrast, other offenders may do well academically but come from extremely dysfunctional families and live in high-crime neighborhoods. To address this diversity across individual offenders, comprehensive programming must be available. As Hoge discusses in Chapter 3, a cornerstone of this strategy is the development and use of reliable and valid assessments.

In recent years, justice systems have increased their reliance on assessments that include both a severity of offense/re-offending risk score (primarily to inform placement decisions) as well as detailed descriptions of the risk and protective factors linked to specific youth profiles (primarily for treatment planning). Still, there are implementation challenges for assessment as well as implementation challenges to link assessments with treatment planning and delivery. Beyond the political and economic challenges of providing adequate funding for treatment options (similar to issues raised in the discussion of challenges to rehabilitation), most of these challenges involve practical issues. Therefore, in this section we limit our discussion of implementation challenges to these practical concerns.

Practical Challenges to Implementing the Risk-Focused, Strengths-Based Principle

An important component of systems improvement in juvenile justice treatment is the utilization of comprehensive needs assessments to plan services most likely to reduce recidivism (Hsia & Beyer, 2000). Much progress has been made both in development of comprehensive screening tools and integration of these assessments into treatment planning. In many states, these assessments are also used to identify particular needs beyond risk for re-offending, such as mental health, special education, or specific substance use problems, so that focused treatments or specialized assignments can be made. In practice, there are often weak links in the chain.

First, assessment data may not follow a youth through various stages in system involvement. For example, in reviewing the use of assessments at the California Youth Authority, the California Department of Corrections and Rehabilitation Remedial Plan (2006) notes that the Youth Authority employs an exemplary assessment approach involving extensive assessments and significant staff time, but that these assessments are not adequately incorporated in day-to-day custody, treatment, and training decisions:

Assessment data is not simply translated or summarized for those staff who supervise the ward on current living units. There is virtually no passing on of these assessment data to the YA parole staff who prepare the youth for return home, or to those field staff who must supervise the ward on release. Because the detailed Reception Center assessments are not routinely repeated, there are concerns expressed that these data are badly outdated for those youths who remain in the YA for substantial terms. (pp. 13-14)

Clearly, assessments must be repeated appropriately in order to detect change, and utilization of assessments must occur during all phases of treatment.

Second, careful screening to identify specific areas of risk assumes that treatment programs to address this risk are available either in the community or in residential and detention facilities. As discussed previously, given the different needs of youth in relation to risk for re-offending, comprehensive treatment programming requires a menu of services, available within residential and detention facilities as well as at the community level, consistent with best practices. Yet in a climate of relatively scarce resources there are few examples of juvenile justice systems that are able to provide this breadth of programming. Systems are more typically characterized by “inadequate risk assessment procedures, lack of alternative programs, inadequate special programs (e.g., mental health, gender-specific) and poor supervision in probation and aftercare” (Zavlek, 2005, p. 4).

This area becomes even more problematic when we consider the availability of evidence-based programming for offenders in general (i.e., independent of particular resources in a state or county system). In truth, there is a relatively scant evidence base that has been translated into standardized treatment protocols—and this is limited primarily to family interventions such as MST, with more general support for cognitive-behavioral strategies. To the extent that an offender’s risk is linked to family problems or patterns of thinking, and assuming that evidence-based programs are available in a particular setting, treatment can follow assessment. However, there are many clear risk factors for delinquency and re-offending that have not been amenable to treatment thus far.
A prime example is the influence of antisocial and delinquent peers, one of the most robust predictors of concurrent and subsequent delinquency. When we consider association with peers in the context of the influence of youth gangs, we are hard pressed to find an adequate number of evidence-based programs or even any clear principles for working with gang-involved youth, particularly for youth in correctional settings. Yet as Parker et al. discuss in Chapter 8, gangs present significant problems in communities, treatment settings, and juvenile detention facilities. Most surveys have reported that approximately 75% of incarcerated youth have some gang affiliation, although rates vary by states (Knox, 1991). Youth who are gang involved on the streets often solidify their attachments in correctional facilities, only to return to the streets with even stronger gang alliances. Yet there are few programs that have been effective in breaking the cycle of street-gang membership, gang involvement in youth correctional facilities, and continued gang involvement in communities to which incarcerated youth return. Identifying youth risk in relation to affiliation with antisocial peers or gang memberships means little if we do not develop and evaluate programs to address this need.

Third, although juvenile justice practice generally embraces the principle of targeting the most intensive services to those most at risk (labeled the risk principle), this may be more applicable to the lower ends of the continuum. In other words, youth with relatively low levels of risk (for whom delinquent behavior may be more adolescent-limited or occasional) are likely to desist from offending without any treatment services. However, for youth at the high end, for instance, those incarcerated in secure detention, it is unclear whether variations in risk within this group warrant more extensive services. It may be that the highest-risk youth who are most entrenched in a delinquent lifestyle would be most resistant to change, and that slightly lower-risk youth within this group might be more responsive to treatment efforts. The challenge for implementation is to provide services for those most likely to benefit, beyond consideration of risk level—a point that has not been carefully delineated (in other words, characteristics of youth within a high-risk group most associated with positive change and characteristics most associated with resistance to change).

Finally, the field generally has embraced the notion of strengths-based programming, without clear guidelines for implementation. In practice, strengths-based nomenclature has been translated into a focus on “building” protective factors or turning risk factors into strengths or protective factors. A youth who is not doing well academically (risk factor) is encouraged to participate in educational activities so that he or she can develop this particular strength. Following this logic, it is unclear how a focus on strengths is different from a focus on risks, assuming that the goal of any risk-focused approach is to turn risks into strengths. Helping youth “build strengths” sounds less negative than helping “reduce risks,” but it is still a deficit-based model (although possibly masquerading as something less negative). A different strategy, consistent with many community development approaches (e.g., Kretzmann & McKnight, 1993), is to use assessments to identify strengths and to build on these strengths as a strategy to reduce risk. Rather than “check off” an area because the youth is already doing well, these strengths could be mobilized to help the youth do even better. For example, some offenders may have good grades and academic credits, whereas others may have concerned and involved families. The question then becomes how these strengths can be identified both to provide a positive context for youth and to become a foundation for treatment planning.

Summary and Conclusion

In this chapter we have discussed several political, economic, and practical challenges to implementing treatment programs for juvenile offenders. As we have illustrated, in order to optimize translation of evidence-based programs and principles, we must also examine potential barriers to implementation and how these can be overcome. We conclude with three overarching themes that are critical for effective program implementation.

First, we must build a broad foundation of support for rehabilitation and community-based treatment. The research and practice literature provide clear evidence that youth do better with comprehensive treatment programming in their communities rather than secure confinement in institutions. Yet, political pressures and beliefs about punishment can interfere with support and funding for treatment, despite evidence that it is more effective (or even generate enthusiasm for ineffective programs such as boot camps and waiver to adult court). Support for rehabilitation must not only be garnered from citizens and politicians but also from those within the justice system who work directly with youth. The experience at LMYSC provides compelling evidence of the importance of creating a culture of rehabilitation within treatment settings.

Second, we must expand the evidence base of treatment programs for offenders in order to address additional risk factors (e.g., influence of antisocial peers, gang involvement) with different populations (e.g., gender, ethnic differences). It is also important to consider the relative merits of programs with differing costs (e.g., from least expensive to
Researchers have ignored the costs of intervention for too long—yet this is often a primary barrier to implementation in real-world settings with limited resources. Very few jurisdictions are able to foot the bill for 24-hour on-call therapists working with small caseloads, even if the evidence for this strategy is compelling. We must also develop strategies for strengths-based programming that identify and use individual strengths in order to redirect youth toward a more conventional and law-abiding lifestyle.

Third, we must develop clear implementation protocols for evidence-based programs that identify critical core components and those that can be modified. Given that strict compliance with treatment protocols is unlikely and that implementation can actually be enhanced through local ownership, flexible programs are more likely to take hold than those requiring rigid adherence. Yet we know relatively little about specific components of evidence-based programs that are essential for change. For instance, cognitive-behavioral programs often target a multitude of attributions, beliefs, and problem-solving skills, yet it is unclear whether these are all equally important in preventing subsequent antisocial and delinquent behavior.

It is encouraging that the research community is also paying attention to the importance of implementation in the translation of evidence-based programs. A number of recent federal and state funding initiatives have focused on methods for dissemination, adoption, and implementation of interventions, rather than the effectiveness of the interventions themselves on outcomes. Community participatory research that encourages collaborations between practitioners and researchers can facilitate the design and evaluation of interventions that more easily translate to real-world settings. Dialogue between justice professionals and academic researchers can generate a new generation of juvenile offender treatment studies designed to optimize both outcomes and feasibility of implementation.

Note

1. In the remedial plan filed in response to the Farrell v. Hickman lawsuit, the state also has delineated specific actions to address this problem.

References

Juvenile justice policies provide the foundation for the implementation of treatment programs. For example, as discussed in the introduction to this volume, policies supporting a rehabilitation emphasis are more likely to lead to funding and support of treatment programs for offenders than policies emphasizing punishment and control. For this reason, one of the challenges faced when selecting and implementing treatment programs is that they must be integrated into existing (or changing) juvenile justice systems. As such, the policies that guide these systems can have a significant effect on which programs are most likely to be adopted and how they will be implemented. Enhancing treatment programs for offenders thus requires careful articulation of relevant juvenile justice policies and how they can influence programming.

This chapter explores the range of policies and how they vary among different juvenile justice systems. As we point out, there is rarely one juvenile justice system in any jurisdiction. Further, juvenile justice systems frequently undergo changes in policies in response to public opinion and political will. Treatment programs (and the per-