Chapter 4

What Works
Best Practices with Juvenile Offenders

Nancy G. Guerra
Tia E. Kim
Paul Boxer

The emphasis on rehabilitation of juvenile offenders throughout this volume suggests an obvious question: What works in the treatment of juvenile offenders? To answer this question and to guide programming, policymakers and practitioners increasingly rely on evaluations, reports, reviews, meta-analyses, and certified programs that prevent or reduce delinquency. In some cases, specific programs have been evaluated, replicated, and vetted as “proven” to be effective. In other cases, programs are selected that have been deemed “promising” and/or are consistent with principles of effectiveness. However, even with this push toward scientific evidence as the basis for program selection, programs are selected in other cases because of popular appeal (e.g., boot camps or get-tough programs) or effective marketing, regardless of whether there is corresponding and supportive scientific evidence, or even when they have been proven harmful.

Because we believe that treatment programs should be guided by the best evidence available, we begin this chapter with a summary and review of specific programs that have been rigorously evaluated and are considered effective in the treatment of juvenile offenders. Many of
the programs for youth conduct problems that have been deemed effective (and are frequently cited in reviews of best practices) focus on early prevention of problem behaviors, often without regard to at-risk status, rather than treatment for youth who have entered the juvenile justice system. Indeed, there are very few proven treatment programs for delinquent youth and no proven program models in custodial settings (Greenwood, 2005). If we consider as proven only those programs that have been carefully evaluated with offenders (excluding non-serious status offenders) in multiple settings and include longer-term outcomes, those reviewed by a scientific advisory group, and those used widely (suggesting feasibility, cost-effectiveness), only three programs meet this standard: multisystemic family therapy, functional family therapy, and multidimensional treatment foster care, with the possible addition of aggression replacement training.

Given that the three most effective programs require family involvement—which may be unrealistic for incarcerated offenders or for those from the most seriously distressed families—we also discuss promising programs, including those with evidence based on a single program or limited replication that are used occasionally and may be listed in reviews or catalogs of effective or promising programs. We complement our review of these programs with a discussion of evidence-based principles, building on meta-analytic results that consider simultaneously multiple features of effective programs and how these programs are implemented in different settings and for different populations. In addition, we also recognize the importance of carefully delineating evidence-based principles, given that one size does not fit all and that program adjustments and modifications are the rule rather than the exception.

We also consider the implications of generally modest effect sizes—even under optimal delivery conditions, treatment outcomes are typically only moderate at best. As Guerra, Williams, Tolan, and Modecki discuss in Chapter 2 of this volume, this is due, in part, to the multiple influences on delinquency that vary over time and across contexts. Given that most programs target a small set of risk factors or contexts, it is unlikely that they will have pronounced effects on reducing delinquency. As we point out, it may be important to focus on dynamic or changeable risk factors with the greatest influence. For instance, families are more enduring than peer groups and have a greater investment in their children’s welfare (for younger offenders who are still under the supervision of their families), and individual skills and beliefs may impact behaviors across a wide range of situations and contexts. Programs may also be necessary but not sufficient to prevent further delinquency, particularly given the multiple influences on risk and the concentration of serious delinquency among a small group of the most troubled youth. A particular program may not work alone but may be effective in combination with other interventions.

It is also important to consider the perspectives of offenders themselves regarding their perceived treatment needs and strategies for how to prevent further delinquency. Juvenile offenders are a rich source of information on their own personal history of delinquency as well as their experiences and observations of other delinquents. To this end, we include excerpts from interviews we conducted with incarcerated youth and summarize their suggestions. As described in the literature and discussed by offenders, there are multiple pathways to delinquency and variations in receptivity to change likely to result in significantly different treatment needs and outcomes. We conclude with suggestions for principles of effective treatment that address both programmatic and implementation issues. Guerra and Leaf, in Chapter 5, provide a more in-depth discussion of the implications of these principles for juvenile justice practice.

Proven Treatment Programs for Offenders

Although lists of “proven” and “promising” programs for the treatment of offenders may vary as a function of outcomes chosen, criteria applied, and statistical methods (e.g., meta-analysis) employed, at the top of most lists is a very small number of rigorously evaluated programs that have consistently demonstrated significant positive effects on reducing offending and related behaviors. These include multisystemic therapy (MST), functional family therapy (FFT), and multidimensional treatment foster care (MTFC), which have all been vetted by the University of Colorado Blueprints for Violence Prevention project (Elliott, 1997). A fourth program, aggression replacement training (ART), generally is also considered a proven program based on multiple studies of impact on delinquent behavior, although it has been deemed only “promising” on other highly regarded listings (e.g., Blueprints).

Multisystemic Therapy

MST is a family-based therapeutic intervention for youth that focuses on helping the families deal more effectively with their children’s behavioral problems and the risk factors contributing to delinquency (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998). These risk factors include low levels of parental monitoring of activi-
ties, poor discipline practices, association with delinquent peers, and poor school performance. In addition to improving parents' abilities to address these causes of delinquency, MST also addresses barriers to family empowerment and effective functioning within the family ecology. MST is both intensive and expensive, providing round-the-clock support for families and locating other family members and adults who can supervise and support the youth. Trained teams of MST therapists typically have a caseload of four to six families and provide 50 hours of face-to-face contact over a 3- to 6-month time period. Cost is approximately $5,000 per family.

A number of well-controlled experimental studies have shown that MST is effective in treating the relatively serious problems of juvenile offenders and their families, resulting in decreased delinquency and incarceration of violent and chronic offenders several years post-treatment (Henggeler et al., 1998; Schaeffer & Borduin, 2005). However, recent effectiveness trials within juvenile justice systems have raised concerns about the difficulty of implementation in real-world settings, particularly when the central training agency, MST, Inc., is less involved, and the potential for no significant differences in impact or even increased recidivism arises when implementation is poor (Washington State Institute for Public Policy, 2004).

Functional Family Therapy
FFT is a family behavioral intervention designed several decades ago to work with less serious and generally younger delinquent youth (Alexander & Parsons, 1973). It is a structured intervention that combines family systems concepts, social learning theory, behavior management, and most recently, cognitive processes (Sexton & Alexander, 2000). A main focus of the program is to improve family functioning through increased family problem-solving skills, enhanced emotional bonds among members, and improved ability of parents to provide structure and guidance to their children. The program is relatively short-term, is delivered in the home by individual therapists, and is less intensive and less expensive than MST. Cost is approximately $2,000 per family. Positive effects on reduction of delinquency and recidivism have been demonstrated across a range of levels within the juvenile justice system, including diversion, probation, alternatives to incarceration, and reentry from custodial settings (Gordon & Graves, 1995; Sexton & Alexander, 2000). Like MST, there is also a central training agency, FFT, Inc. When administered by competent therapists in real-world settings, the program has also been shown to reduce felony recidivism for up to 18 months following intervention, as compared to a control group (Washington State Institute for Public Policy, 2004).

Multidimensional Treatment Foster Care
MTFC differs from MST and FFT because participating youth do not live at home but in a therapeutic living environment with foster parents. As such, MTFC is an alternative to group residential treatment for youth with more serious delinquency who need out-of-home placement. Families from the community are recruited and trained to provide structure and behavior management for these youth, and family therapy is also provided for the youths' biological families. Cost per youth (excluding foster care costs) is similar to that of FFT, approximately $2,000. Studies of youth who have been randomly assigned to group homes or MTFC have consistently demonstrated reduced arrests among MTFC participants (Chamberlain & Reid, 1997). This program is particularly noteworthy as an alternative to incarceration, given that custodial programs generally are less effective than community-based programs for any type of intervention (Lipsey, 2006; Lipsey & Wilson, 1998).

Aggression Replacement Training
ART is a multimodal program for aggressive juvenile offenders that emphasizes skill acquisition, impulse and anger control, and moral reasoning development. It is a 30-hour program, administered with groups of offenders three times per week for 10 weeks. The estimated cost is approximately $750 per youth. Unlike family interventions, ART is appropriate for incarcerated youth and those over age 18, and has recently been adapted for use with older youth and adults. Although it has not been vetted as a Blueprint program (Elliott, 1997), it has been evaluated as showing some positive effects for delinquent youth in a range of settings, including community-based programs, residential treatment facilities, and secure confinement (Goldstein, 2004). This flexibility can make it particularly appealing for juvenile justice systems. Indeed, it is often selected as a best-practice program because of easy adaptation across settings, and it can be effective in reducing recidivism in these settings when implemented by competent counselors (Washington State Institute for Public Policy, 2004). Because a primary focus of this program is on aggression reduction, ART may be particularly relevant for youth who manifest aggressive attitudes or behavior (see Boxer & Frick, Chapter 7, this volume).
Promising Treatment Programs for Offenders

In light of the increasing emphasis on evidence-based programs for prevention and treatment of delinquency, the small number and limited range of effective programs are quite striking. For youth who live with their families (or foster families) in communities, the news is relatively good. However, except for ART, for youth who are incarcerated, no longer live with their families, or do not have families who are motivated to participate in programming, there is less to draw from, at least in the way of well-documented, cost-effective, and practical programs that have been evaluated with different youth populations and in different settings. Rather, we must turn primarily to individual evaluations of programs most likely to reduce delinquency because of their specific focus on factors linked to delinquent behavior and juvenile justice involvement. Following this review of individual programs, we consider general standards of evidence-based principles, as gleaned from recent reviews and meta-analyses.

Beyond the family programs reviewed previously, effective programs focus primarily on individual offenders. These programs typically attempt to change the way offenders think about situations that may potentially involve delinquency, including how they interpret their social surroundings, relate to others, and solve interpersonal problems. They are alternately labeled cognitive-behavioral programs and cognitive-behavioral skills programs. Although social skills may be addressed, the focus is on the central role of cognition in skill acquisition and use. Indeed, there is robust literature linking attitudes, beliefs, and social-cognitive problem-solving skill deficits to aggressive and delinquent behavior (e.g., Guerra & Slaby, 1990). Most cognitive-behavioral programs include training participants in one or more of the following areas: (1) cognitive self-control, (2) anger management, (3) social problem solving, (4) social perspective taking, (5) empathy, (6) moral reasoning, and (7) changing attitudes and beliefs. Typically, they use a variety of intervention techniques, including role playing, modeling, and group discussions, to promote social-cognitive development.

In general, programs that focus on any one of these components in isolation (e.g., those that focus only on anger management or only on empathy) are less effective than more comprehensive and multi-component cognitive-behavioral programs (Tolan & Guerra, 1994). It may be that changing one aspect of how an offender thinks, for instance, by teaching cognitive self-control skills, is less effective in preventing future delinquency if he or she still believes that violence and delinquency are acceptable behaviors and has little regard for their impact on others. It may also be that single-component cognitive-behavioral programs can be effective for youth who have specific deficits. For instance, anger management may be more helpful for decreasing relationship violence for youth with anger problems than for predatory delinquency or for youth with significant substance abuse or mental health problems (as discussed by Veysey, Chapter 10, this volume).

Comprehensive cognitive-behavioral programs have been found to yield significant improvements in associated cognitions and skills as well as corresponding improvements in antisocial and delinquent behavior for both incarcerated and those on probation. For example, Hawkins, Jenson, Catalano, and Wells (1991) randomly assigned incarcerated delinquent males and females in Washington State to either a control condition or a 10-week cognitive-behavioral skills training. The skills taught included self-control, consequential thinking, negotiation, and the ability to refuse drugs and alcohol. This program emphasized preparation for community reentry and aftercare. Aftercare included continued contact with case managers for 6 months following release. Because of the multiple components, effects on recidivism due only to the cognitive-behavioral training are difficult to extract. However, the program was effective in increasing targeted skills in the intervention group relative to the control group.

In another study with incarcerated male and female delinquents, Guerra and Slaby (1990) randomly assigned youth offenders in California to a cognitive mediation training program, an attention control group, or a no-treatment control group. The cognitive mediation training group received the Viewpoints program, a 12-session intervention designed to enhance interpersonal problem-solving skills and simultaneously change normative beliefs that support aggression. The intervention resulted in significant improvements in problem-solving skills and reductions in normative beliefs that support aggression as well as short-term changes in problem behavior within the institution. Furthermore, the changes in normative beliefs supporting aggression were directly related to changes in behavior.

In a more recent cognitive-behavioral program for incarcerated youth, Rohde, Jorgensen, Seeley, and Mace (2004) randomly assigned male offenders in Oregon to either an intervention condition or a usual-care condition. Youth in the intervention condition participated in the Coping Course, a 16-session cognitive-behavioral intervention designed to teach a variety of cognitive skills, including cognitive restructuring, relaxation, coping, and problem solving. The intervention yielded significant improvements, relative to controls, for a num-
ber of skills as well as for externalizing problems, which are most closely linked to antisocial behavior.

A similar but more intensive program for youth on probation, Time to Think, was developed and evaluated by Ross, Fabiano, and Ewles (1988). The program included 80 hours of group intervention focused on changing offender cognitions. High-risk juvenile offenders were randomly assigned to the intervention, a life-skills program (attention control), or a control group. Groups were led by trained and supervised probation officers. Recidivism rates for the three groups were 18%, 48%, and 70%, respectively. This finding suggests that life-skills training is more effective in reducing recidivism than no intervention, but that cognitive-behavioral programs are even more effective than skills programs that lack a cognitive component.

In addition to programs developed and evaluated by researchers, such as those described above, there have been several large-scale efforts to design and implement programs for offenders within a cognitive-behavioral skill model. For example, the State of California contracted with Change Companies to develop an intensive cognitive-behavioral journaling intervention, with individual modules focused on particular problem areas (e.g., gangs, anger management). Many states use the Thinking for a Change program developed by the National Institute of Corrections (Bush, Glick, & Taymans, 1997). This program includes 22 lessons focused on listening, giving feedback, self-control, perspective taking, anger management, and social problem-solving skills. Both programs are grounded in cognitive-behavioral principles. To date, there have been no carefully randomized evaluations of these programs, although they are clearly consistent with evidence-based principles for treatment of juvenile offenders in community or institutional settings.

Evidence-Based Principles for Treatment of Juvenile Offenders

Two factors have been primarily responsible for the delineation of evidence-based principles for treatment of offenders and their blending into policy and practice. First, as mentioned previously, the evidence base for effective programs is quite limited for juvenile offender populations, particularly for incarcerated youth. However, there have been many individual programs with reasonable evaluations that allow us to extract common elements linked to their success. Second, even when evidence-based practices are carefully specified, such as in the Blueprints programs, they are rarely implemented exactly as detailed. Note the implementation of MST in Washington State: When the central MST training agency was less involved in program oversight, the local implementation fell short, and MST was not related to reductions in recidivism (Washington State Institute for Public Policy, 2004). Further, even programs that have demonstrated effectiveness in multiple settings may not be relevant in all settings. For instance, youth institutions across the United States vary greatly in terms of the demographics of those served, including such issues as the extent of juvenile gang problems. These differences, however, may limit or require modification of existing programs beyond what is detailed in program guidelines. Specification of evidence-based principles thus can guide program selection, implementation, and modification when needed.

To date, there have been several reviews and meta-analyses of effective programs. Some reports suggest that many different types of interventions can be effective with offenders (beyond cognitive-behavioral programs and including individual and group counseling, life-skills training, behavior management, mentoring, employment-related programs, and remedial education), although some elements and configurations tend to have stronger effects (Lipsey, 1992, 2006; Lipsey & Wilson, 1998). To maximize the likelihood of positive outcomes, particularly with new programs that have little or no evaluation data, it is important to consider these common elements and the configurations linked to the strongest effects. These can be discussed in terms of critical components of program focus (what should be done), critical components of implementation (how and where it should be done), and youth most likely to benefit (who should receive a particular type of program).

Critical Components of Programs

The empirical evidence from multiple program evaluations leads us to consider four critical components of programming for juvenile offenders: (1) highly structured interventions rather than unstructured programs produce greater effects; (2) interventions that involve a cognitive component linked to specific skills are more effective; (3) interventions that engage families and reduce familial risk for delinquency are more effective; and (4) interventions that are more comprehensive and address multiple risk factors across different contexts are more effective than single-component programs.

Promising interventions tend to be highly structured, emphasizing individual skills and beliefs. Less structured interventions that rely exclusively on individual or group counseling generally have not been
shown to be effective. In part, this may be due to the wide variation in activities that are considered as counseling, variations in staff training and skills, duration of counseling, and difficulties in evaluating unstructured programs. The recommendations, in general, suggesting that counseling is largely ineffective, have led to a certain amount of confusion in the field (e.g., Sherman et al., 1997).

Although counseling may not be effective alone, it can be an important component of more structured programs, and even increase the likelihood of success. In other words, counseling combined with intensive case management, cognitive-behavioral skills programs, or educational and vocational services may increase the likelihood of effectiveness (Lee & McGinnis-Haynes, 1978; Shore & Massimo, 1973). Individual counseling using mental health professionals as part of other more structured programs also has shown some promise, particularly in noninstitutional settings (Lipsey & Wilson, 1998). An intensive counseling component can even lead to effectiveness for programs previously deemed ineffective. For instance, the general lack of support for wilderness challenge programs has relegated them to the “doesn’t work” category (Greenwood, 2005; Sherman et al., 1997).

However, a careful examination of these interventions suggests they can be effective when they incorporate a distinct, well-structured therapy component (Wilson & Lipsey, 2000).

One of the most robust and widely cited findings from comparison of effective elements of programming emphasizes the central role of changing youth cognitions in order to change their delinquent behavior (Lipsey & Wilson, 1998). For example, Izzo and Ross (1990) conducted a meta-analysis of 46 delinquency intervention programs, noting that programs that included a cognitive component were more than twice as effective as programs that did not. One reason for this increased effectiveness is that internal factors such as cognition are more likely to generalize across situations as compared with strict behavioral programs that may be effective only when contingencies are maintained (Kazdin, Bass, Siegel, & Thomas, 1989). Less is known about the specific components of cognition most linked to behavior change, although the Viewpoints intervention study by Guerra and Slaby (1990) highlighted the importance of changing normative beliefs about the appropriateness of aggression in mediating subsequent behavior change.

In addition to the importance of including a cognitive component in individual interventions, the most compelling evidence for best practices suggests the importance of involving families, particularly with younger adolescents who are more likely to remain with, or return to, the same familial environment that influenced their initial delinquent behavior. Considering the proven effectiveness of family interventions such as MST and FFT, it is surprising that more efforts have not been made to develop such interventions for incarcerated youth and to address family issues in cognitive-behavioral interventions. In part, this absence may be due to logistic constraints, particularly with incarcerated offenders who may be far from their homes, neighborhoods, or families.

One exception is brief strategic family therapy (BSFT). This program is a time-limited, structured approach designed to improves adolescent behavior by improving family relationships most directly linked to the problem behavior, and to improve relationships between family members and other important systems in their social ecology (Robbins & Szapocznik, 2000). It has potential with incarcerated offenders when implemented as a one-person family therapy. The idea behind this approach is that a change in the behavior of the juvenile offender should lead to corresponding changes or adjustments in the behavior of other family members, such that family interactions can be changed even when the whole family does not participate in the intervention. Although there have been only limited evaluations with offenders, findings suggest that BSFT can be as effective as family-based interventions in changing the behavior of juvenile offenders (Perkins-Dock, 2001).

Another lesson learned from evaluations of proven programs such as MST is that programs that address the multiple determinants of delinquency are more likely to be successful than those that focus on a single area (e.g., anger management) within a single context. A principal feature of MST is that it helps families leverage support from other developmental contexts, including the school and community. As noted throughout this volume, delinquent behavior is the result of a complex interaction of individual propensities, situations, close interpersonal relationships, institutions, culture, and societal influences.

Given the complexity of risk, it is unlikely that intervening in any one area for a brief period will carry over and maintain effects over time. Yet, most interventions focus on changing one promising risk factor within a relatively short time frame, and most emphasize changing individual characteristics. This may also be a reason for the relatively modest effect sizes of treatment programs. Still, there is very little in the way of treatment programming that (1) simultaneously promotes the development of multiple individual skills, (2) shifts norms and practices of relevant proximal contexts (e.g., peers, families), and (3) increases opportunities within the community to utilize these skills.

In addition to these four critical components of effective interventions (highly structured, cognitive component, engage families, com-
prehensive), there is also a growing interest in shifting towards strength-based rather than risk-focused intervention programming. This does not mean turning risks into strengths, but rather leveraging youth strengths to address risk. For instance, a youth who struggles with family problems may also do very well academically. Rather than ignore academic functioning because it does not contribute to risk status, this strength can be leveraged in treatment planning, for instance, by working with the youth to mobilize this protective factor to counteract risk.

Finally, as discussed by Guerra et al. in Chapter 2 of this volume, the emergence of developmental, life-course perspectives (DLC) on offending provide another lens through which to conceptualize treatment programs, moving beyond reducing risk and building protective factors. A DLC framework stresses the importance of differentiating predictors of delinquency onset from predictors of desistance from offending. An important focus thus becomes identification and promotion of assets that can redirect youth from a delinquent lifestyle toward more conventional personal and social ties.

**Critical Components of Implementation**

A valuable lesson learned from reviews and meta-analyses of intervention programs for offenders is that how and where programs are implemented are just as important as what is done. Recall the outcome evaluation of Washington State's evidence-based programs for offenders discussed previously. The impetus behind this evaluation was to determine whether proven or promising programs could work statewide in a "real-world" setting. Findings suggested that these programs worked only when implemented in a competent manner. However, it proved quite difficult to attain competence—in the case of FFT, fewer than half of the implementation efforts were rated as competent, and low levels of competence in implementation actually predicted increases in recidivism of offenders. Implementation of MST varied widely across counties and across agencies tasked with implementation, rendering it impossible to determine effectiveness (Washington State Institute for Public Policy, 2004).

What factors are associated with successful implementation of treatment programs? Findings suggest that the integrity with which a program is implemented increases the likelihood of success. Integrity can be enhanced by involving the researcher (or agency set up to provide training) and by carefully monitoring the implementation process. Well-established programs also tend to have better mechanisms for training and oversight and appear to produce greater effects. This finding is somewhat problematic because there are very few well-validated programs with national organizations that provide such training. With or without such guidance, it is still beneficial to have program delivery and oversight by certified counseling staff, based on findings that treatment programs administered by mental health professionals have stronger effects than similar programs administered by correctional staff (Lipsey & Wilson, 1998).

Interventions that are implemented as group treatment programs also must take into account the potential impact for increased delinquency due to "deviant peer contagion" (Dodge, Dishion, & Lansford, 2006). Given that association with antisocial peers is among the most robust predictors of delinquency, it seems almost paradoxical to group offenders together for the purposes of treatment. Indeed, concerns that grouping antisocial youth together for treatment or placement would result in negative social influence among participants is anything but new—the history of the juvenile justice system in the United States reflects efforts to minimize these negative peer effects. Yet, treatment, supervision, funding, and public safety needs often necessitate aggregating youth in programs or facilities. Does this practice increase delinquency or counteract the effects of treatment?

To address this concern, some program evaluations have examined the potentially negative or iatrogenic effects of group treatment programs as well as variations in outcome for group versus individual interventions. The deviant peer contagion hypothesis followed from studies reporting increases in delinquency for youth who participated in group-based interventions. For example, Dishion and colleagues (Dishion & Andrews, 1995; Dishion, Andrews, Kavanagh, & Soberman, 1996) reported on the Adolescent Transitions Program (ATP), an intervention for high-risk boys and girls that compared the effects of parent focus, teen focus, combined, and attention control programs on subsequent antisocial behaviors and delinquency. Long-term follow-up of the 12-week program suggested that the teen focus group showed increased negative behaviors compared to controls; the effects of participating in the teen group even undermined the positive effects of the parent group for participants in the combined intervention. However, effects were generally marginally significant, suggesting that this influence is still relatively weak (Weiss et al., 2005).

Corroborating this finding in a recent meta-analysis of group versus individual treatment effects with delinquent youth, Lipsey (2006) found that group treatments did not produce smaller effects than individual treatments, although effects were smaller when groups were...
more heterogeneous (i.e., mixed serious and less serious delinquents) or consisted of less delinquent youth (i.e., prevention). This finding suggests that group treatments are less effective for younger and less delinquent youth, especially when they are mixed with more delinquent youth, but that overall, deviant peer influences in group treatment are small or negligible. This observation is consistent with a recent meta-analysis conducted by Weiss and colleagues (Weiss et al., 2005), who demonstrated a lack of support for contagion or deviancy training effects in group treatment. Further, recent analyses of data from the Metropolitan Area Child Study project shows that aggressive youth in small group treatment can socialize each other to become more or less aggressive over time, depending upon the average pretreatment levels of aggression across all group members (Boxer, Guerra, Huesmann, & Morales, 2005).

There are also examples of efforts to leverage the powerful influence of the peer group by intentionally trying to shift peer norms away from deviancy toward a “positive peer culture.” A wide range of programs has been implemented under this rubric, beginning with the original tradition of “guided group interaction” (Empey & Erikson, 1974) and referred to by a variety of labels, including positive peer culture, peer group counseling, and youth leadership training. The central idea is that peers themselves are best able to turn around a negative subculture and mobilize the power of their group to promote prosocial, helping, and caring behaviors (Vorrath & Brendtro, 2005). Although there have been a number of evaluations of this approach over the years, they generally have suffered from significant limitations, including nonrandom assignment to condition, limited follow-up, and outcome assessments for some youth limited to the time when they were still incarcerated (i.e., limiting their opportunities to get arrested). At best, evaluations of positive peer culture suggest it has no measurable effects; at worst, it may have negative consequences, particularly in less restrictive settings (Gottfredson, 1987).

More recent efforts to improve peer culture have emphasized creating a positive normative climate that extends beyond the peer group. When applied in institutional settings, this approach can be seen in organizational structures that emphasize respect, support, caring, and close supervision to encourage positive behavior. For instance, when youth are assigned to smaller residential units with close supervision and a family atmosphere, as in the “teaching family model,” results are encouraging (Lipsey & Wilson, 1998). Similarly, the residential program at Lookout Mountain in Colorado (discussed in more detail in Chapter 5) builds on principles of restorative justice that govern many aspects of daily life. In summary, it appears that implementing programs with groups of juvenile offenders requires sensitivity to potential for contagion, but this contagion can be counteracted by providing close supervision, creation of a positive climate, and commitment to a treatment and rehabilitation orientation.

A final note on implementation of treatment programs concerns the location of programming, specifically the relative benefits of community-based versus residential treatment. Placing offenders in residential settings should be the last resort, particularly when they are removed from their families and communities. It is difficult for youth to learn skills and behaviors that allow for institutional adjustment and subsequently utilize these skills in their home communities. Similarly, it is difficult to engage families in the treatment process—an obstacle that is particularly problematic if family risk factors contributed significantly to delinquency risk. In addition to the significantly increased costs of incarceration, programs are more effective in community settings. As Greenwood (2005) notes, “the most important reason for avoiding group placements is the clear evidence that all types of preventive programming produce better results in community settings rather than in institutions” (p. 289).

**Youth Most Likely to Benefit**

Summary judgments of “what works” fail to identify the potential differences in outcomes for different youth. In other words, if programs are deemed effective, does this mean that they work equally well for girls and boys of different ages, with different delinquent offense histories, and from different ethnic groups or community settings? Although the field has long acknowledged the importance of examining differential response to interventions, in truth, most evaluations examine differences in group means or averages between intervention participants and a comparison control group. Some of the more rigorously evaluated and widely used programs (such as MST) have examined program effectiveness with different samples of youth, for instance, girls and boys and youth from different ethnic and community backgrounds. In general, the more comprehensive programs have not shown wide variations in effects for different groups of offenders. Still, there is some concern about the unique needs of specific groups of delinquents within the general offender population. For instance, there has been considerable recent attention to issues surrounding girls’ delinquency. As discussed by Hoge and Robertson in Chapter 12 of this volume, there is a growing recognition that a significant number...
of girls are involved in delinquent activities and that research on causes and treatments for males may not necessarily generalize to females.

There has also been relatively little research examining differences in effectiveness of interventions for youth from different ethnic and community backgrounds. To the extent that the relations between risk and offending are similar across ethnic groups, we would expect the effectiveness of interventions to reduce risk to be relatively constant (although some ethnic groups may experience elevated risk due to their life circumstances). However, there are also unique risk factors for offending associated with the experience of minority status in the United States (e.g., oppression and marginalization of some ethnic groups) as well as cultural practices of different ethnic groups that may impact intervention outcomes (Guerra & Phillips-Smith, 2005).

Another problem with considering only average differences in intervention outcomes is that we are unable to distinguish whether an intervention is differentially appropriate for youth with different levels of risk for re-offending. This area is particularly important for community-based programming, where participants are likely to vary greatly (as compared with offenders incarcerated in state institutions) as to their likelihood of re-offending. The “risk principle” of effective practice suggests the need to target intensive services on higher-risk youth; as a corollary to this principle we should also examine whether programs are equally effective for this group. On the other hand, within settings that serve all high-risk youth (e.g., institutions for serious offenders), targeting services to the “highest of the high-risk” group may be less productive, given that these youth are likely to have the longest histories of offending and behaviors most resistant to change. As Boxer and Frick discuss in Chapter 7, the cognitive and emotional characteristics of these very high-risk and often violent offenders present unique and quite difficult challenges to effective treatment.

Not only is program impact likely to vary as a function of risk of re-offending, it may also be that programs are differentially appropriate for offenders with different risk profiles. Until program evaluations examine key moderators of program effectiveness (based on both demographics and risk profiles) as well as overall effectiveness, this area will remain somewhat problematic. The field has long acknowledged the need to match styles and modes of services to the learning styles of offenders, labeled the “responsivity principle,” but less emphasis has been placed on communicating the best principles and programming options to reflect the great amount of diversity within the juvenile offender population. The question must become, “What works for whom and under what conditions?”

Juvenile Offender Interviews

Because juvenile offenders are a heterogeneous group with multiple potential pathways to delinquency, the notion of “one size fits all” for treatment programs is problematic. Indeed, we have underscored the importance of developing and evaluating programs that address this diversity in terms of both offender needs and feasibility of implementation. Another important but frequently overlooked source of information comes from offenders themselves. To better understand treatment needs, we conducted interviews with six adolescent males incarcerated at a correctional institution serving the most serious offenders. We asked offenders four questions specifically related to treatment:

1. What specific prevention, intervention, or treatment programs did you participate in prior to being incarcerated and what impact did these programs have on you?
2. What specific intervention or treatment programs have you participated in since being incarcerated and what impact did these programs have on you?
3. If you were in charge of this institution, what type of intervention or treatment services would you provide and why?
4. If you were in charge of making sure that youth did not get involved in delinquency, what type of prevention programs would you provide in schools and communities?

To provide a context for these questions, we also asked offenders to provide a little information about what they saw as the factors that led to their offending behavior.

Program Involvement Prior to Incarceration

All of the youth interviewed had been involved in some type of tutoring, after-school sports, and community recreation activities prior to being incarcerated. They all felt that these programs were extremely helpful because they kept kids off the streets and engaged in constructive activities. Several youth mentioned that the main advantage of these programs was to “keep me off the streets and away from my homies” as well as to tire them out—“When I got home from Pop Warner football I was just too tired to do anything else.” Tutoring was seen as helpful but often boring and frustrating. Further, these programs did not seem to deal effectively with underlying emotional and behavioral problems. As one youth noted, “I liked the math tutoring
program, but in the end it didn't help me stay out of trouble because the other kids still annoyed me, so I fought with them."

**Treatment Programs While Incarcerated**

Offenders had also been involved in numerous treatment programs during their incarceration. Programs included remedial education, vocational training, gang awareness, substance use treatment, victim awareness, criminal thinking errors program, parenting classes, and group and/or individual counseling. All of the youth found that the victim awareness and counseling programs helped them better understand the harm they caused others and how it was often linked to harm caused to them. Most youth mentioned needing "someone to talk to" and the importance of "learning how to cope with feelings, to understand and manage anger better." Programs emphasizing cognitive change (such as the criminal thinking errors program) were seen as beneficial as well. As one offender put it, "This place rewires your brain, it changes the way you think."

According to the offenders interviewed, the gang awareness programs were the least effective. In part, this was due to the influence of gang culture and related ethnic tensions within the correctional system. One youth noted, "This place can't change you because all it does it put you around a lot of other gang members, and since I'm a gang member, I have to keep up appearances." He felt it would be a lot easier to benefit from treatment programs if he were not in a gang. Several youth also noted that treatment helps only those who really want to change. For some youth, motivation is directly linked to a desire never to be locked up again. As one youth put it, "I will never do anything wrong again because I never want to come back. I don't care if I'm on parole for 20 years, I just never want to be locked up again—once I'm out I won't even get a speeding ticket."

**Treatment Programs Offenders Would Recommend**

Consistent with our emphasis on the multiple potential pathways to offending and the diverse needs of youth, offenders noted the need to provide a range of services as well as including staff with diverse values, interests, and backgrounds. Regular counseling was routinely recommended—"a place where you are able to express feelings and get help with anger and rage." Opportunities to learn practical skills that would be useful in the real world were seen as more useful than idle time locked in rooms or cells. Several youth noted the importance of allowing youth to stay connected with their families and loved ones through regular visits, letters, and phone calls. Others noted the importance of peer hierarchies both on the streets and in correctional facilities. As one offender commented, "You should take the hardest gang member that is locked up in the facility and really get to him and try to change him. Because if you can change this person, others will follow in his footsteps because they will look up to him and realize they can change too." A common theme was a need for role models and guidance from others they looked up to—"you can't follow in your own footsteps."

**Prevention Programs Offenders Would Recommend**

The most frequent recommendation was to keep youth active and involved—"down time is trouble time." Beyond activities, the common theme for prevention was to help children understand the realities of crime and punishment, including effects on victims as well as the real world of probation and prisons. One youth suggested putting up "knowledge posters" in schools and community centers that tell youth how much time they would get for different types of crimes. Most youth mentioned that they didn't think clearly about the real effects of a criminal lifestyle and what daily life would be like once they entered the system. They also didn't think much about how their crimes would impact both their families and their victims; rather, they just lived day-to-day, "kicking it with the homies," rather than thinking about their future.

**Summary and Conclusion**

We have reviewed the evidence base for effective treatment programs and principles for juvenile offenders, delineating "best bets" for programming and implementation.

**Best Bets for Programming**

- For youth who live with, or will return to, their families of origin and whose families contribute significantly to their risk status, intensive family interventions that help families problem-solve, monitor their children, and engage other adults in providing guidance (MST is a specific example).

- For youth in foster placement or group homes, intensive training for assigned families emphasizing close supervision, guidance, and home-like atmosphere (MTFC is a specific example).
For working with individual youth or small groups, cognitive-behavioral skill-building programs that emphasize multiple cognitive factors most closely connected to risk (ART is a specific example).

- For youth with psychological problems, individual counseling when part of highly structured programming.
- For youth with multiple causal factors linked to delinquency, comprehensive interventions that address risk (this may be a combination of interventions).
- For group and residential programming with offenders, programs and structures that expressly encourage prosocial rather than delinquent norms and leverage peer influences to build support for these prosocial norms.

Best Bets for Implementation

- Programs that can be implemented with fidelity—usually these are well-established programs with oversight by a lead training agency.
- Programs of longer duration rather than brief interventions.
- Community- versus institution-based programming.
- Programs that provide more individual than group counseling, particularly for younger offenders.
- Treatment programs administered by mental health professionals or well-trained counselors or probation officers.

Best Practices with Juvenile Offenders

- For group and residential programming with offenders, programs and structures that expressly encourage prosocial rather than delinquent norms and leverage peer influences to build support for these prosocial norms.

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 address dynamic risk factors that are most likely to change and most likely to generalize (e.g., family functioning, cognitive-behavioral skills).

Risk-Focused, Strength-Based Principle

Treatment programs for offenders must address multiple types of risk for re-offending and the different patterns of risk through comprehensive programming. Level of service should be matched primarily to specific risk profiles of offenders. (See Chapter 3 for a more detailed discussion of assessment.) 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.

These principles are being utilized, to a certain degree, in juvenile justice and youth corrections in the United States. In Chapter 5, Guerra and Leaf provide examples of how these treatment principles can be integrated into statewide programming as part of a recent continuum-of-care initiative. They also discuss challenges to the implementation of treatment programs at the system and institutional levels and how these have been successfully addressed in Colorado.
1. Here we use the term "evidence-based principles" to denote important elements or components of treatment programs. This is somewhat different from the principles of the effective practice commonly referenced in juvenile justice.

References


Sherman, L. W., Gottfredson, D., Mackenzie, D., Eck, J., Reuter, P., & Bushway,
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-