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# A comprehensive literature review of juvenile programs, policies, and monitoring systems

Jason Herter

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A Comprehensive Literature Review of Juvenile Programs, Policies, and Monitoring Systems

by

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Thesis

Submitted to the Department of Sociology, Anthropology, and Criminology

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in partial fulfillment of the requirements

for the degree of

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in

Criminal Justice

Thesis Committee:

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Thanks, mom and dad, for your support. To all those juveniles who need a little push in a positive direction, may you find the support you need, the wisdom to overcome, and the empathy to help others on the path you once traveled.

### **Abstract**

This paper investigates past literature on juvenile-based programs, policies, and monitoring systems. It shows what strides practitioners have taken to reduce recidivism and how programs have tried to limit past failures. By showing what has worked and what has failed, we can develop future research and designs, measure the effects of different theories, and even add more important categories to future programs. This research presents information that may assist practitioners who work directly with juveniles and those who are involved in researching and developing future juvenile programs and policies.

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## **Chapter 1:**

### **Introduction**

Throughout the last decade, there have been numerous new strategies aimed at effectively managing juvenile deviant behaviors, created with the goal of reducing recidivism to make our schools, communities, and homes safer. Overall, juvenile crime has declined steadily since 1989, as evidenced by the report from the Department of Juvenile Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP), which published a Statistical Briefing Book showing a steady decline. Juvenile arrests in 1989 were reported to be 8,476.1 juveniles per 100,000 of the total juvenile population. By 2014, less than half this number (3008.1 per 100,000) would be arrested. Only in the mid-1990s would there be any signs of increase, which lasted only a few short years (U.S. Department of Justice, 2015).

### **Purpose Statement**

This paper provides a comprehensive literature review of juvenile justice programs, policies, and monitoring systems. Its purpose is to identify what evidence-based practices—including cognitive behavior therapy (CBT) and other therapeutic modes—have been found to best manage youth behaviors. Throughout this literature review, I will illustrate how CBT correlates to crime prevention and more effective juvenile programming. A majority of the articles suggest that juveniles' negative behaviors decrease when different types of intervention increase, and this review will provide a discussion of why those that were most effective during intervention were so successful. Finally, this paper will examine different types of interventions in detail, highlighting delinquency prevention, Intensive Monitoring systems, and those evidence-based practices that have been incorporated into the juvenile justice system. The different types of in-

tervention will then be placed in a simple format, linking them to the type of therapy used. It is my hope that sharing these statistical conclusions will help programs to become more effective.

A brief introduction of the juvenile justice system is included here because it is important to illustrate how the courts have transformed over time and how they operate today. To understand how programs operate, and thus how one can contribute to them, the reader should have background knowledge of today's due-process proceedings.

### **Paper Design**

The articles used for this research paper were centered on the concept of juvenile treatment methods and youth behavior intervention programs. Journals that were accessible through the Eastern Michigan University library were used. Data were also taken from state-wide published juvenile probation summaries, community policing studies, court probation programs, dissertations, and the Office of Juvenile Justice and Delinquency Prevention Statistical Briefing reports. Due to limitations of time, the articles were reduced to a workable number of 40.

The articles were found using the following key words and phrases: juvenile recidivism (re-offenders of an adolescent age), juvenile treatment programs, diversion programs, intensive monitoring, wrap-around programs, in-home intervention, community policing, monitoring, behavior therapy, and night surveillance programs. Articles were eliminated if they did not include research that had been updated in the last 20 years.

Cross-treatment approaches were highlighted and found to be extremely important to the success of most programs. Cross-treatment programs use two or more interventions that are combined to reduce deviant behaviors. Articles were also eliminated if they did not focus mainly on juveniles between the ages of 10 and 18 and on probation. Any articles that focused mainly on adult treatment were excluded.

## **Theoretical Framework & Perspectives**

The theoretical ideology and perspectives of Ronald L. Akers, focusing on changes in human behavior due to resources and environment, inspired the foundation of this paper. Akers' mechanics offered a better understanding of how the variables control the outcome. While social learning theory offers an explanation of crime and its deviance, it also “embraces variables that operate both to motivate and control criminal behavior, and to promote and underline conformity” (Akers & Sellers, 2009, p. 89).

Akers and Seller's (2009) social learning theory and Dr. Aaron T. Beck's (1960) cognitive behavioral therapy both illuminated individual criminal behaviors and the connection between one's environments and the occurrence of crime. Today, theorists continue to examine delinquency through such external factors, but they also study individual, internal factors such as physical traits, highlighting the role that each has played in real-life studies. Both Akers and Beck agreed that one must understand the combination of the internal and external causes of delinquent behavior in order to develop an appropriate response and correct one's behavior (Akers & Sellers, 2009).

A large portion of these changes in juvenile processing and rehabilitation has been based on new views and behavior theories. Hence, many of these theories are important to understand in the study of social behavior for the development of combined social learning theories.

Akers and Sellers (2009) developed these social learning principles even further by studying operant and respondent conditioning, which led to what became known as social learning theory: “The social learning theory offers an explanation of crime and deviance; it embraced variables and categories that operated both to motivate and control criminal behavior, and to promote and underline conformity” (Akers & Sellers, 2009, p. 89). Akers's and Seller's(2009)

basic assumption is that categories such as social structure, interaction, and the situation of the learning process produce both conforming and deviant behaviors (p. 89).

Finally, social control has been centrally important in the current works of researcher's like Mark Lipsey, whose data-driven approach holds programs accountable. Combining evidence-based practices and meta-analysis, his groundbreaking work gives practitioners a new way to develop today's behavior programs. In the mid-1980s, Mark Lipsey became the sole developer of a comprehensive meta-analysis of all the extant works on the effects of intervention on juvenile offenders. However, over the last few years, evidence-based practices have steadily increased, with many states mandating this practice, forcing programs and courts to be held accountable through evidence-based probation reports (Lipsey, 2010).

There are three main approaches to evidence-based practices: direct evaluation, implementing a self-model, and the use of a fully developed meta-analysis program. A meta-analysis extracts the techniques used in effective interventions and the characteristics of these interventions from a body of qualifying research through the collection of statistically credible evidence-based data (Lipsey, 2010, p. 20). For Example, in 2009, Lipsey published a comprehensive study of 548 evaluations of the effects of delinquency intervention. Key variables from studies conducted over a period of 44 years, from 1958 through 2002, were coded, helping to find which variables produced the largest effects on recidivism. Once a standardized program evaluation protocol (SPEP) was incorporated and tested, it was found that there were major successes in five different states; it provided a critical tool for effective management (Lipsey, 2010, pp. 22-37).

The theoretical ideology and perspectives of Akers, Sellers, Beck, and Lipsey are all interconnected. Their work, along with that of many other researchers, has inspired the develop-

ment of programs that better the juveniles of tomorrow. While this is not a meta-analysis, it is an overview of important reviews and conclusions on what type of therapy has worked and of whether these interventions are still making progress and changing the programs of tomorrow. The next chapter will discuss the development of one of today's leading forms of therapy: CBT.

## **Chapter 2:**

### **Summary of Cognitive Behavioral Therapy (CBT)**

There is an increasing global need for effective treatment services, and one of the leading forms of psychotherapy is cognitive behavioral therapy, or CBT. This review discusses how a person may not change inside but can make conscious positive changes in their behaviors with this method. In addition to developing personal behaviors, CBT can help one to identify distorted thoughts and, thus, can assist with many programs that deal with juvenile offenders in a variety of settings. Lipsey examined the effectiveness of 548 approaches to intervention studied from 1958 to 2002 and developed a group of seven categories—counseling, deterrence, discipline, multiple coordinated services, restorative programs, skill building, and surveillance—all of which are studied intensely in many programs today (Clark, 2010).

Meanwhile, accessible resources are declining in juvenile release programs at the very time when increased assistance is necessary to keep recidivism from impacting both the individual and the community at large. A cost analysis conducted in 2004 evaluated 14 studies of reoffending post-treatment. Thirteen studies had positive outcomes, with, for every \$1 spent, a benefit of \$13 to \$270 realized as a result of the CBT (Milkman, Harvey, & Wanberg (2007).

CBT derives from the fields of cognitive and behavioral theory, blending these elements with everyday skills that one can learn in order to contribute to positive outcomes in society. Researchers like Milkman, and Wanberg (2007) have found that the most important components of any intervention are the quality of the navigator and the relationship that is maintained. From Ivan Pavlov's (1890-1930) work in classical conditioning to B.F. Skinner's (1938-1953) "operant conditioning" models, we have seen the study of behaviorism throughout history, and it has not

been groundbreaking. Modern cognitive theory works from Aaron Beck (1963, 1964) became foundational to the development of today's cognitive therapy. Along with Beck, Albert Ellis (1957), George Kelly (1955), Bandura (1969), Piaget (1954), and many others laid the foundation to help develop and merge behavioral and cognitive therapy with behavioral practices of today. In the late 1970s, the structured teaching of behavioral and cognitive approaches started appearing in textbooks and began to take shape as what we now call cognitive-behavioral therapy. CBT was developed around teaching coping skills through a systematic rational restructuring of role-playing and rehearsal of treatment methods. As Milkman and Wanberg wrote (2007), "A review of the literature leads to the conclusion that the combining element of cognitive and behavioral approaches is found in the principle of self-reinforcement." (page7). Further, "the outcome of cognitive and behavioral changes reinforcing each other is the creation of even more positive behavioral changes" (Milkman & Wanberg, 2007, p. 7).

Milkman and Wanberg (2007) reported that CBT only uses two basic approaches: a) restructuring past cognitive events so that they are not distorted and b) the development of one's social and interpersonal skills by incorporating structure. By changing patients' habits, we change their expectations and, therefore, help to control the direction of their behavior. The theory states that by continuously appraising each value for any given distorted components, one begins to reject what might not be favorable to self-efficacy. This changes irrational underlying core beliefs, which may alter one's judgments altogether (Milkman & Wanberg, 2007).

After you have developed your interpersonal self, developing coping and social skills are the next key components of CBT. As noted earlier, social learning emerged from Bandura (1977) and is an important component of assisting patients in learning to improve their communication skills, relationship skills, conflict resolution, and aggression management (Milkman & Wanberg,

2007). Cognitive behaviors need to be mapped out, and it requires practice and role-playing to better anyone's social skills. This takes a good navigator, probation officer, or counselor to help further successful outcomes. Research has shown that without a strong alliance between the youth and a program navigator, early termination or failure will develop in most programs. Thus, Milkman and Wangberg (2007) reminded us what others have continually reported: that "the provider should act as a model and demonstrate anti-criminal expressions of behavior" (Milkman & Wanberg, 2007, p. 13).

The most effective cognitive-behavioral programs (a) identified the problems, making an assessment; (b) set achievable goals; (c) inserted new, prosocial solutions; and, finally, (d) implemented, practiced, and repeat all solutions that worked. According to Milkman and Wanberg (2007), there are six widely used programs in the criminal justice systems that apply to cognitive-behavior therapy:

1. Aggression Replacement Training (or ART), which reduces anger by reducing its triggers or cues (Goldstien & Glick, 1987).
2. Criminal Conduct and Substance Abuse Treatment, which provides strategies for self-improvement and change (SSC) in three phases: challenge to change, commitment to change, and ownership of change resulting from more in-depth assessments (Wanberg & Milkman, 1998, 2007).
3. Moral Recognition Therapy (MRT), which levels the playing field and focuses on fairness, which is the cognitive component (Little & Robinson, 1986).
4. Reasoning and Rehabilitation (R&R and R&R2; Ross & Fabiano, 1985), which involves developing self-control and prosocial attitudes.

5. Relapse Prevention Therapy (RPT), which is a motivation stage that focuses on developing a plan to cope with relapses (Parks & Marlatt, 1999).
6. Thinking for a Change (T4C; Bush, Glick, & Taymans, 1997), which is a course that teaches offenders how to substitute their thinking, feelings, and beliefs and how to self-examine their attitudes, social, and problem solving skills (Milkman & Wanberg, 2007, p. 15).

MRT training, which should be only taught by highly trained professionals, comprises nine states that identify and anticipate growth and recovery: (Milkman & Wanberg, 2007).

1. Disloyalty—blaming and victimizing others;
2. Opposition—less frequent but the same as disloyalty;
3. Uncertainty—unawareness of what is fair and right, making decisions based on pain or pleasure;
4. Injury—some understanding and acceptance of responsibility;
5. Nonexistence—alienated, making decisions on formal rules of pleasure and pain;
6. Danger—some control but lost self-esteem;
7. Emergency—taking a step to understand social rules but still influenced by personal principles;
8. Decision-making—based on goals, happiness, and content; and
9. Grace—the final stage, basing your actions strictly on ethical principles.

The MRT is based on a structured curriculum and activities that are facilitated by the navigator or probation officer. Milkman noted that “75% of relapses, as reported by Marlatt and Donovan (2005), were due to three categories of high-risk situations: negative emotional states, interpersonal conflict, and social pressure” (Milkman & Wanberg, 2007, p. 28).

## **Chapter 3:**

### **Summary of Juvenile Justice**

#### **Processing Our Youth**

In many cases, but not always, the juvenile probation department receives petitions from the county prosecutor's office after an incident involving a juvenile is collected from either the local or the state police. The petitions are processed in a manner consistent with the particular state's juvenile act, the Supreme Court, and the individual policies and procedures of the court. Initially, a preliminary inquiry is held to inform the juveniles of the charges against them. The preliminary inquiry provides as a mediation process in which it is decided whether a case will be handled informally or referred to a more formal court process (Northampton Common Pleas, 2011).

As this process unfolds, juveniles who admit their involvement in the given crime face an adjudication hearing, which is held to formalize their statement and enter a plea. A pre-adjudication, which is a formal setting in which information is gathered and the nature of further proceedings are determined, can serve as an extension of this mediation. If the juvenile decides to contest the charges, a jury trial or a judge determines innocence or guilt. In either case, a disposition meeting is conducted by the probation officer assigned to the case, and a social investigation or assessment of the juvenile's history is performed. The objective of the disposition meeting is to determine family-youth relationships and behavior patterns. It is common for today's courts to seek a uniform balance of accountability, community protection, and treatment completion as the juveniles finish out their probation. Some teenagers experience sanctions that require minimum supervision while others need more intensive monitoring. At this point, most states incorporate intensive probation programs that may include night surveillance or daily mon-

itoring, a therapeutic component, and a supportive mentoring program (Northampton Common Pleas, 2011).

The three general types of probation are unsupervised, supervised, and intensive. Unsupervised, or “administrative,” probation involves youth charged with lesser offenses (such as retail Fraud). These youth are determined to need minimal monitoring, and the case is typically closed once an educational component has been satisfied and court costs and/or restitutions have been paid. Supervised probation is ordered for youth with higher-level crimes or who have committed multiple offenses. Once probation staff assesses the youth, most courts implement or require some degree of direct monitoring at home, in school, and in the community at large. Finally, intensive probation is typically assigned to youth who have been unsuccessful during other supervised probation. These youth will have a significant range of court-ordered requirements. The most stringent of the three, intensive probation acts as the last line of defense before any placement in a residential facility is ordered (Lipsey, 2009). It generally includes multiple weekly contacts with probation staff, random drug screening, the use of a tether, and community service when appropriate. The overall objective of intensive monitoring has not changed; its goal is to lower recidivism while reducing treatment costs (Lipsey, 2009).

### **Brief History of Juvenile Courts and Treatment Trends**

To gain a better understanding of the court's proceedings, treatment programs, and new trends in juvenile justice, we must first have a brief summary of its history. Europe led the educational reform movement in sixteen century, where it was recognized that juveniles differed from adults in both "cognitive and moral capacities. It was these establishments that helped to eventually create a juvenile court system separate from adult” (Michigan Judicial Institute, 2010). In 1899, the first American juvenile courts were established in Cook County, IL. Utiliz-

ing the rationale behind the British doctrine of *Parens Patriae*—“the State as parent”—the Illinois legislature determined that it was appropriate to create different court-sanctioned interventions for children than those for adults. This new division of the court had jurisdiction over neglected, dependent, and delinquent children, and the focus of its interventions was mainly on the welfare of the child. This act further afforded the state the ability to act in place of the parent (*in loco parentis*) in seeking the best interest of the child when the natural parents were either unwilling or unable to manage delinquent behavior (Michigan Judicial Institute, 2010).

Delinquent behavior was believed to be due, in part, to the failures of parents to create a stable home environment and appropriate boundaries. In many cases, asylums or reformatories were used to remove the child from their environment in the hope of restructuring the trend, or breaking the cycle, of deviant behaviors (Michigan Judicial Institute, 2010).

By 1960, procedural due process was finally adopted into the juvenile courts. This was established as a safeguard that created legal provisions such as adequate written notice of charges, representation by a lawyer, the right to remain silent, and the right to confront and cross-examine adverse witnesses. In 1970, further juvenile protections were established when Congress created the Delinquency Prevention Act, which separated incarcerated juveniles from adult offenders. However, by the 1980s, the pendulum of juvenile protection swung back towards harsher punishment, and it was not until the late 1990s that a more balanced approach to treatment would develop. The courts began to focus more on community protection, individual accountability, and competency development through limited treatments programs (Michigan Judicial Institute, 2010).

## **Chapter IV:**

### **Literature Review**

In 2014, the U.S. Department of Justice wrote that “in order for the juvenile justice practitioners, policy makers, and the public to respond they must have access to current and accurate information available” (Sickmund & Puzzancherca, 2014, p. 1). They also stated that most behavior problems are based on conditions and that to change those conditions we need statistical data, which help to improve funding and direction. In the U.S., the number of youth under the age of 18 increased by 19% from 1984 to 2010, and this number is projected to increase another 10% by 2035. As the number of juveniles grows, so too will the problems in our school, homes, and communities (Sickmund & Puzzancherca, 2014).

#### **Role of Probation Officer——the “Navigator”**

Throughout the years, new ways to reduce recidivism have opened and closed many doors. We have compared both the preventive and rehabilitative components of assessing at-risk youth. Caseworkers mainly focus on case management, substance abuse treatment, and increased mental health counseling while still adjusting and limiting punishment. Brank, Lane, Turner, Fain, and Sehgal (2007) explained that most programs incorporated a coordinator, who was, in most cases, the probation officer.

The probation officer—also called the “navigator”—acts as the formal and informal manager of each case. The navigator’s role, mentoring the juvenile throughout the probation term, was a key component to the program. As Brank et al., explain, each stage reinforced the program’s success by reinforcing the ideal direction for the juvenile themselves. The navigator’s primary role was to develop a consistent relationship with the youth. Along with community treatment, having a close mentor changed the negative outcome of many cases. Likewise, the

researchers suggested that the lack of relationship elements weakened overall positive results among youth on probation (Brank, et al., 2008).

Researchers have continued to promote such new directions for improving intensive case management, but their efforts have been met with barriers. Treatment professionals in placements facilities have been faced with the new challenge of educating their youth. Some researchers have examined the combination of differential association and social control theory in relation to family stressors, community, and delinquency. Church II, Wharton, and Taylor (2008) concluded that “as differential association theory framed the development of individual choices, social control theory framed the system in which those choices are made” (p 6). This creates a conceptual link between risk factors and juvenile delinquent behaviors. Inherently, this suggested that positive self-images led to decreased delinquency and less association with delinquent peers.

In many communities, numerous court probation programs and funding were scaled back, with excessive sanctions like incarceration, state placement, boot camps, and court programs struggling while they continued their quest to keep the community safe. While it is still necessary to detain high-risk youth, the trend has focused on locking up fewer juveniles for shorter periods of time and implementing community-based rehabilitation programs. Community-based intensive monitoring methods have become a viable alternative for programs addressing the daily unexpected arising of deviant behaviors. These methods are put in place to support the family, the court, the community, and the juveniles themselves. They focus on less expensive community-based settings rather than residential ones (Rodriguez, 2007, p. 356).

Once the probation process is explained to the youth, it is then enforced inside the youth’s home and social environment, such as school and work zones. In short, enforcing positive behavior equals positive outcomes. The strong family bond, along with early intervention,

have proven to help increase strong positive actions, but not all facilities can financially support intensive monitoring, special education needs, or aftercare monitoring during the placement transition. The programs that did provide this type of care showed crime rates and violations decreasing over time. For those courts that were able to afford the increased costs of increased monitoring, this was the new alternative to arrest and incarceration (Church II, Wharton, & Taylor, 2008).

When juveniles were convicted of a violent crime, it sometimes took months for assessments to be performed and for the juvenile to be placed or begin rehabilitation. It has been suggested that this lapse in time negatively affects how the youth receive treatment and that a balanced approach to punishment is not always taken. As case management increased through local police departments, more programs were developed to monitor the youth at home. However, this increase slowed time responses and delayed plans for supervision inside the community. Grace reports that research has shown that when the environment is poor and the family neglects proper supervision and support, the results of most community monitoring programs have been negative. Although the cost of services to help monitor youth in the community has increased over the years, early intervention services have been shown to reduce many of the future cost of court placements (Grace, 2008).

In 2009, Tennyson reports that many new researchers in the field of juvenile crime began examining the in-treatment outcomes, including excessive punishment, high costs, and lack of community support. By addressing the quality of treatment and case management, it was suggested that a new approach was needed; by increasing treatment integrity and accountability, efficacy in case management would follow. Studies found that most programs that failed to reduce recidivism were those that emphasized sanctions and interventions and that the most successful

programs had case management with the highest integrity, which even lowered their rates of adults re-offending (Tennyson, 2009).

Evidence has also shown that the characteristics of the environments of juvenile justice institutions have an impact on how adolescents respond to a given facility. With ongoing assessments and accountability for the treatment process, juvenile facilities have shown success in changing the behavior and personal outcomes of the juveniles themselves. Increased integrity in the provision of services, better case management, and extended monitoring inside the facility have all been shown to produce a more positive environment for staff and youth (Mulvey, Schubert, & Odgers, 2010).

The increased attention to these types of approaches inside intensive supervision programs also led to rapid development in program awareness. Programs based on a human services philosophy and those that provided treatment to offenders began showing promise in the overall reduction of juvenile delinquent behavior. Intensive Supervision Programs (ISPs), by contrast, had served as a means of intermediate sanction since the 1980s, but they were mostly based on punishment and they lacked rehabilitation services and usable data. Intensive monitoring increased accountability from the home all the way back to the case management support systems. By the 1990s, a program's success was beginning to be measured by the reduction of juvenile deviant behaviors. At the same time, those programs that continued to show staff inefficiencies, such as less time spent in the field and in the community, had an overall increase in violations and defiance (Lowenkamp, Flores, Holsinger, Makarios, & Latest, 2010).

Cooley (2010) published a study that focused on juveniles who had committed petty crimes, where a majority of the adjudicated juveniles in the study experienced higher risk of recidivism, and found that delinquent behavior may occur because of peer associations. Cooley

focused on poor parental supervision and the juvenile's environment as the leading causes of increased violations. Rehabilitation programs could target the factors negatively affecting the rehabilitation process only if the courts first understood the cause of a delinquency. For example, poor environments, excessive punishment, and youth without access to rehabilitation services were more likely to recidivate. In addition, youth with poor peer relationships often had substance abuse and higher rates of reoffending (Cooley, 2010, p. 1-6).

In 2011, the Court of Common Pleas in Northampton County Pennsylvania published an article about the juvenile court focusing on the county probation division's dispositions and case hearings. It reported that the high cost of treatment centers, poor assessments, and the increase in juvenile disabilities continued to hinder positive behavior. Highlighting youth who have been physically and mentally neglected, the article placed emphasis on families that showed little-to-no emotional support. However, when programs increased their quality assessments, educational programming, and intensive monitoring, the treatment that was monitored showed positive results. In addition, when the monitoring services were not properly balanced by making the incentives outweigh or equal the sanctions, the length of participation and probation terms both increased (Northampton County Pennsylvania, 2011).

Other programs that were successful, such as reentry services, decreased the likelihood of new convictions (Abrams, Terry, & Franke, 2011). In many cases, the environments of correctional facilities showed improvement when additional community-based services were integrated. The judiciary system and mental health agencies for rehabilitation found it important to move away from controlling youth with punishment and began adopted services that supported the needs of individuals on a case-by-case basis (Farrell, Young, & Taxman, 2011).

Too much punishment proved to work against social services and probation treatment programs, undermining their efforts to provide essential services to youth with mental health and substance abuse problems in particular. A growing body of literature has demonstrated that participation in certain well-implemented interventions, particularly cognitive behavioral programs and those that address youth with multiple, needs can reduce juvenile risk for reoffending. When the adoption of rehabilitation was greater than that of punishment, it yielded positive results. This trend is accelerating today with so many different youth disabilities and at-risk symptoms (Farrell, et al., 2011).

Luong, and Wormith (2011) found that increasing at-risk need assessments while youth are on probation positively affects juvenile behavior, reducing probation periods when supervision, follow-up visits, family group meetings, parenting skills development, and support in the home were enforced and maintained. Successful caseworkers took more control of their case-loads as they increased assistance for parents, as well. Many of the parents proved to have lower-than-average organization skills and they, too, needed reorganization leadership. The result was increased community service and a supply of much-needed support for those parents who lacked decision-making skills. Productive case management further assisted the youth by delivering services in a systematic and organized manner while constantly adapting to the youth's environment to maximize the positive outcomes of treatments offered in the community and from family services. In other words, this application of cognitive behavior therapy works (Luong & Wormith, 2011).

Cognitive Behavior Therapy-based supervision has increased the success of probation programs as court services have continued to show its positive results for the youth. The courts saw a significant reduction in deviant behavior and violations when interventions adhered to key

principles of at-risk assessments and included direct care when needed. These principles include, but are not limited to, a quick response to the deviant act, intense group treatment, community programs, and a positive, balanced sanctioning. It was, again, reported that the longer the services took, the greater the chances were that the juvenile's response would be negative. In addition, extending intermediate violations for probation, such as not being home on time, or leaving without permission, proved to have a negative effect because punishment could be extensive without a positive reward system. However, when a punishment used a balanced approach and provided a clear directional path, a more positive outcome would occur. When casework showed an overall increase in integrity, the quality of their practices increased. Negative risk factors in the juvenile decreased and delinquent behavior showed a decline (Luong & Wormith, 2011).

### **Probation Management: Electronic Monitoring**

To pursue the goal of reducing juvenile recidivism through positive reinforcements, case managers needed a greater presence in the home. Probation officers could not manage their cases around the clock without such support systems in place. When parents provided unreliable support, probation officers lacked the ability keep track of juveniles in the community. In response to this problem, the reemergence of electronic monitoring began, allowing for a more comprehensive monitoring system. Courts increased their dedication to the little black box and found a solution to after-hours monitoring through increased electronic monitoring (Charles, 1989, p. 167-170).

This new trend helped lead a focus back toward reducing juvenile recidivism throughout the United States. Courts began to change their approach to battling juvenile behaviors by using electronic monitoring while focusing mainly on case management. They began by improving the relationship between probation officers and the youth, and they found that positive results in-

creased when intervention and intensive treatment services increased. Attitude and overall relationships showed improvement as success rates rose in individual programs (Charles, 1989, pp. 167-170). Charles (1989) researched electronic monitoring and linked increased electronic monitoring to successful outcomes. Electronic monitoring made juveniles aware they were being closely supervised. In some cases, “it gave the juveniles an excuse not violate probation terms and deterred them from hanging out with delinquent peers” (Charles, 1989, p. 168). Delinquent peers did not want the company of a youth who were on a tracking device, fearing that they, too, would be caught in the act of deviant behaviors. With increased use of electronic monitoring, positive factors proved to outweigh any negative findings. Additionally, case management proved to be more successful when physical contact in the home was made along with the use of electronic monitoring (Charles, 1989).

Electronic monitoring not only reduced the chances of delinquent peer pressure, but it also encouraged parents to be more interactive and more aware of their child’s whereabouts. As probation officers frequently visited the home, parents were forced to take more accountability. Unaware of when the next probation visit would occur, their responsibility for the youth’s whereabouts increased (or violation might again occur for the youth). Although there are few systems in place that hold parents accountable for not reporting youth violations, more parents began to play a role in collaborative approaches such as wrap-around programs. Increasingly, probation officers began to use tethers, and electronic monitors continued to improve supervision in many homes. It also addressed budgetary restraints by reducing staffing costs (Charles, 1989).

Although electronic monitoring is linked with successful outcomes, not all juveniles placed on electronic monitoring have seen an increase in supervision. Many youth still lacked cross-treatment programs (i.e., programs that are simultaneously working towards the same

goals). Charles (1989), reported that the lack of these programs and the inability to have daily physical face-to-face contact with families hindered the goal of reducing juvenile recidivism during probation periods. The need to increase staffing continued to be an issue, but one that was too expensive to rectify, so most programs were under-staffed and continued to suffer negative consequences (Charles, 1989, pp. 168-170).

Even as electronic monitoring systems were gaining popularity amongst probation departments, some found a pool of negative outcomes among the youth population. Researchers found that the little electronic black box, typically placed on the ankle, carried a stigma and that youth could be negatively targeted or ostracized by other youth, teachers, and even family members. In a study in California reporting on the results of tether monitoring, Wooldridge (1988) found that “longer supervision alone should be limited because longer probation terms led to more recidivism as youths grew tired of supervision and lost respect for the process or the court” (Lane, 2005, p. 28). Wooldridge did not have conclusive evidence that tethering affected juvenile recidivism, but there was an increase in individual recidivism rates (Lane, Turner, Fain, & Sehgal, 2005). Overall, electronic monitoring was found to reduce the frequency of reoffending but not the likelihood of offending. The researchers also found that youth responded more positively when a timely response to deviant actions was implemented. In addition, life skills programs also helped to reduce the time a youth spent on probation and to increase program success. In terms of negative program outcomes, many researchers found that the use of excessive punishment, lack of family support, and lack of long-term monitoring hindered program success rates (Lane, et al., 2005).

Electronic monitoring had been explored often in the past by the U.S. Department of Justice and the National Institute of Juvenile Justice. This occurred mostly because of overcrowd-

ing, fiscal cutbacks, staffing reduction, and, in some cases, when state resources eliminated a supportive program completely. This continuous scale-back caused facilities to release youth to the community prematurely and without in-home monitoring or community support (Richards, Marye, & Barthelemy, 1991). Despite such losses of program funding, most courts continued to enforce mandatory supervision upon facility release, and those youths who had future pretrial hearings still needed continued supervision. The increase in electronic monitoring reduced the daily costs of face-to-face visits. Still, researchers have suggested that electronic monitoring without physical interaction does little to change deviant behaviors. In addition, early intervention and timely responses improve the rates of successful outcomes in support programs (Moore, 2005).

While electronic monitoring helps to provide an extra support system to truly reduce negative behaviors, an element of human surveillance was needed. The physical support of human contact brought positive influences inside the youth's homes and helped to change negative environments. Constant, daily contact increases caseworkers' ability to relate to the youth's personal environment in real time, which also helps to increase the connection between caseworker and client. These types of intensive In-Home Supervision and Surveillance Programs (ISSP) continued to increase for ten years (Moore, 2005).

Other studies have supported the need for timely responses and shorter probation terms for non-violent youth. The Georgia Department of Juvenile Justice reported that long-term intensive monitoring may increase juvenile recidivism, whereas short-term programming resulted in a 16% decrease in recidivism (Murray, 2006). In addition, how quickly a youth was brought to court and ultimately ordered onto probation proved to be a leading factor for most successful juveniles who were placed on intensive programs. Engaging the youth closer to the offense makes

the punishment more relevant and increases the youths' understanding of the program (Moore, 2005).

Many other factors were found to help reduce negative program outcomes. For example, incentives also existed among the leading reinforcements that contributed to positive behaviors. These incentives included, but were not limited to, extended curfews, weekends off probation, less court contact, employment opportunities, and ability to participate in sports and community functions, and even early release from probation. The positive outcomes that incentives create correlated with lower violations and reoccurrences of poor behaviors (Murray, 2006).

### **Behavioral Programs**

Controlling youth's behavior is a key factor when addressing program needs and direction. An evaluation of intensive supervision was published to show the importance on the behavioral management aspects in juvenile justice. Bonta, Wallance-Capretta, and Rooney (2000) found that most programs had increased recidivism because of excessive punishment and that sanctions without a rehabilitation component increased deviant behavior during the youth's probation period. Poor case management and poor assessments of juveniles' family histories also weakened the success of each individual treatment. In addition, many programs showed negative outcomes when the caseworker had little knowledge of prior offenses, school history, substance abuse, and/or the youth's mental health status and disabilities (Bonta, et al., 2000).

Researchers continued to examine the past to discover what worked to lower juvenile criminal activity and negative behaviors. By looking at studies as far back as the 1970s, they could identify programs that worked to reduce crime, assess progress over time, and determine what has hindered the programs' success rates. For example, Lipton, Martinson, and Wilks (1975) reviewed 231 studies and found that 40 to 60% of all studies showed reduced recidivism

with some form of intervention. With a combination of intervention approaches and efforts from many different groups, there were even further increases in positive outcomes. The researchers eventually proposed an alternative to cognitive behavior treatment and deterrence. Although it did not prove to reduce recidivism, their research was found to help extend research in the direction of youth treatment, getting further away from deterrence and punishment (Bonta, et al., 2000, p. 313).

Many other articles agreed with the need for physical intervention, recognizing that increased punishment without a rehabilitation component can be highly ineffective at reducing recidivism and can even increase negative behaviors. Andrews, Bonta, and Hoge (1990) suggested that “the intensity of the treatment should match the risk level of the offender and target criminogenic needs, only then will the program be most effective” (Bonta, et al., 2000, p. 314). This research favored treatments that included cognitive-behavior rehabilitation, which were associated with reduced deviant behaviors over sanctions (Bonta, et al., 2000).

Researchers found that although surveillance programs and ISSPs have the potential to assist with reducing recidivism, they are effective only if the case is managed with high integrity. Merrington (2006) reinforced that this type of case management has been shown most effective and should be executed immediately upon the individual’s release from placement facilities or detention. Merrington also noted that the more community programs that are incorporated at the time of release, the more that success there was in behavior modification and program completion.

**Restorative Justice**

Lane, Turner, and Sehgal (2007) determined that juveniles who participate in programs of restored justice were less likely to experience recidivism. Restorative justice includes programs that explain the youth's infraction by breaking down the cause and associated effects of each charge or violation. These programs also teach empathy and understanding when tangible losses are experienced. The success of these programs was largely visible to the public due reports of increased case management quality, treatment program integrity, education, awareness of programs, and community support. When youths were exposed to these programs, they showed an increase in positive behaviors. Programs repaired low self-esteem through multiple self-awareness classes, the teaching of empathy, improving relationships, and increased community involvement. They almost always were enforced through a group setting such as a wraparound setting (Lane, et al., 2007).

**Wrap-around**

Wrap-around was another weapon used by case management. It consists of a regular convening of all relevant parties and the juvenile. Parties in attendance include, but are not limited to, the probation officer, school officials, intervention specialist, parents, and any social service professionals. These meetings give the case worker an opportunity to better understand the youth, learn about what services they may already be receiving, identify strengths/risks/needs, enhance awareness about programs inside the community, help the juvenile take advantage of any life-skill opportunities, and set goals within a collaborative environment (Lane, et al., 2007).

Studies have shown that juveniles who are released back to the same community with intensive mentoring components and support such as a wraparound convening have stronger successful outcomes (Moore, 2005). These types of community treatment programs have reduced

the frequency and seriousness of violations, while daily mentoring gives youth a real-time support system. Aftercare programs that focus primarily on a combination of surveillance, intervention, and court services provide an extra support system inside in the youth's environment and teach social bonding techniques. Furthermore, the extra services reduce aggressive behavior toward the court programs, delinquency actions, and negative peer relationships (Moore, 2005).

As intensive probation treatments developed, budget problems continued to flood the courts. Diversion programs were incorporated to use fewer services and to cut costs, and increased negative outcomes were reported when there was less supportive intervention. Even simple diversion programs failed because they acted alone and did not offer life-skills trainings (Bouffard & Bergseth, 2008). This type of training, which is used in most programs today, aims to develop a youth's ability to effectively cope with and succeed in everyday life. Examples of this type of training range from teaching a youth how to balance a check book to teaching skills necessary for employment procurement. Juveniles were also taught how to meet their everyday daily hygiene needs, obtain a work permit, and even apply to a continuing education program (Bouffard & Bergseth, 2008).

### **Diversion**

Diversion was created for youth who had little to no contact with the court, and it was highly individualized. Ultimately, this is the lowest form of supervision determined by the court. Which programs are ordered may be determined by both the court and the probation officer. If the youth's behaviors are less serious, the caseworker can petition the court, asking for the youth to receive a lower supervision standard. The goal of diversion programs is to successfully discharge youth without a permanent and/or public criminal record (Bouffard & Bergseth, 2008). In general, diverting youth using intensive probation is only used in extreme cases, but in higher-

crime areas, it was common to have more youth ordered into intensive probation rather than diversionary programming. It was found that inner-city courts extended the idea of intensive monitoring to their youth on probation more often than courts in the suburbs (Bouffard & Bergseth, 2008).

Many court programs developed an approach of incorporating not only the probation officer but the police, parents, and the community into an intervention. This type of operation was tried in the early 1990s with much success under the name Operation Night Light, an anti-gang, anti-violence program that found some success by increasing case management integrity, intensive physical interventions (e.g., house arrests and tether monitoring with a physical component), and timely sanctions. It also included early intervention techniques that took place inside the community. The program offered many new intervention strategies, but it was limited in addressing the area of peer relationships. In most cases, as today, penetrating environments of gang activity was nearly impossible (Fitzgerald, 1992).

Problems developing anti-gang early intervention programs inside the community have only increased since the 1990s. Many new solutions to reducing gang activity rely on the unity of three departments: probation, police, and school. As a unit, they work together inside the homes, schools, and communities to develop innovative intervention techniques. In two years of Operation Night Light, recidivism declined by 9.2%. The program's success was mainly due to its physical human contact philosophy, which emphasized face-to-face, continuous contact with the youth and constant, hands-on efforts by the community, court, and police staff (Fitzgerald, 1992).

Raising awareness of youth recidivism has been an ongoing struggle, but it is imperative to do so when the community is affected. As street crime increased, more inner city and subur-

ban courts turned to community involvement. The courts incorporated street interventions like neighborhood watches and continued to expand revised community work programs. In 1998, an emphasis on education increased the likelihood that youth would be taught important life-skills. As this approach gained respect nationwide, it was incorporated into most new court intervention plans. Courts closely working with communities quickly became the new social rehabilitative approach. As this new idea was incorporated, old programs changed philosophies and direction, and violations decreased. The public and private sectors continued to cooperate in these efforts as they worked to address the issue of youth violence from inside their homes, schools, and communities (Juvenile Boot Camps, 1998).

### **Role of Structured Release or Reentry Programs**

Unfortunately, the high costs of rehabilitative/reintegration measures meant that many youth were prematurely released to their home environments. With a lack of funds to support this innovation, juvenile courts and probation staff were tasked with identifying more creative ways to develop their rehabilitate programs. As programs were reevaluated, research continually found that facilities had failed to develop a work reentry program. When these programs lacked the ability to structure release programs around specific communities, their success rates were lower than when they followed a structured release plan (Lane, et al., 2007). Although funding was weak, support teams were not giving up. Programs were still being developed to help bridge the youth from placement in the community. The courts focused on what they had left; they prepared the juvenile for the community by increasing the number of intervention tools available. They also developed new programs that taught communities how they could get more involved (Lane, et al., 2007).

### **Pro-Social and Community Engagement: Integrated System Service Delivery**

The philosophy of a higher-integrity human service approach was that rehabilitation should be incorporated throughout the case management process following a juvenile's release back into the community. The effects of managing the juvenile were dependent on how each individual's treatments was executed. Dealing with defiance, for example, was redirected from the conceptual framework of the "get tough" method of earlier probation workers to an alternative treatment program that emphasized social learning theory and the practical concerns of deviant behavior. Programs also redirected individuals with specific psychosocial needs, such as those with mental health and substance abuse issues and chronic and high risk offenders, which are all currently leading concerns (Schwalbe, Gearing, MacKenzie, Brewer, & Ibrahim, 2012).

### **Not Enough!**

Research has suggested, as well, that formal diversion programs prevented recidivism no better than simple warn-and-release models. In other words, if the courts' interactions and interventions were not proactive, then it was better to have no intervention at all (Schwalbe, et al., 2012). Schwalbe et al. (2012) have suggested that when a youth is diverted from deviant behavior only informally, it does not reduce recidivism. In fact, a formal program and exposure to intensive interventions are highly successful if the design and implementation are executed as actually planned. In addition, "Cognitive-behavioral interventions and family-based intervention based on an ecological framework have been fully established as key ingredients for successful intervention with delinquent youths" (Schwalbe et al., 2012, pp. 26). These findings suggest that mentoring court programs alone have failed to reduce juvenile recidivism; indeed, without direct psychosocial intervention and behavioral case management, recidivism may even increase (Schwalbe et al., 2012, pp. 26-33).

As integrated services continued to be tested, more youth began receiving services from child welfare through the juvenile justice systems. These increased services proved helped to lower recidivism in individual delinquency cases. There was an increase of support because many youth were victims of abuse and neglect, and it has been proven that victims may be further victimized and have an increased risk of offending themselves (Huang, Ryan, & Herz, 2012). According to Huang, et al., (2012), youth are at an approximately 47% greater risk of delinquency if they have experienced any form of maltreatment. Given the existing overlap between the child welfare and the juvenile justice populations, some states have issued a shared-service program to eliminate the gaps in education for timely interventions. In 2012, a child services review study found that 92% of juveniles who entered into child welfare did so before contact with the juvenile justice system (Huang, et al., 2012).

Connecting state services with the juvenile justice probation programs helped programs track a youth's experiences over a longer period. The youth's histories, welfare placement records, maltreatment referrals, arrest charges, detention records, and family histories were all collected and shared during probation. This helped to identify the interventions that worked and those that did not. It also increased program efficiency, with new information helping case managers to manage the delinquent's case individually by incorporating timely, responsive actions and the treatment service deemed necessary at the time (Huang, et al., 2012).

Research by Huang et al., (2012) concluded that increasing collaboration between child welfare and the juvenile justice system reduces deviant behavior, but they found that mental health was another growing concern. It was suggested that increased educational services be coordinated through a crossover practice model to improve future youth services. This requires keeping all resources updated per the services used (Huang, et al., 2012).

Meanwhile, Ryan and Yang (2005) suggested that the philosophy of excessive punishment, or “the get tough model,” was not as successful as earlier researchers had hoped. The response was the “softer” approach of rehabilitation and community interactions (Ryan & Yang, 2005). Nonetheless, in 2005, traditional probation continued to include detention as an intermediate youth sanction. When a juvenile’s actions were too excessive, they were waived to adult court and sent to a formalized placement. Many probation agencies, meanwhile, have continued to advocate for communities to lead the way in providing services that juveniles and their families can use to increase pro-social activities. Community involvement has proven to increase healthy relationships between at-risk youth, families, and peers, and it provided positive reinforcement. While it did not prove to reduce deviant behaviors, it did help to prevent increases in negative behaviors.

The “get tough” form of punishment was originally designed to rehabilitate youth offenders by offering specialized treatment and transition programs that supported the juvenile’s disposition. However, it was found that placements without aftercare rider programs do more harm than good for some juveniles (Steiner et al., 2007). “While controlling for age, race, prior commitment, and the main effects of offense type and sentence, nonviolent offenders who were sentenced to the rider program were less likely to reoffend” (Steiner & Giacomazzi, 2007, p. 234). The problem was that a select few with a history of violent charges were just thrown back into the community without treatment. This affected the bottom line in juvenile recidivism because a relatively small proportion of juvenile offenders are responsible for a high proportion of crimes. Research has suggested that it is critical for these juveniles, who are at-risk of becoming repeat offenders, to be identified and rehabilitated before adulthood. Boot camp and other intervention programs are designed to break down the individual by separating their risk factors from risk

needs, and then to build them back up. The question remains how the system can best add a component of aftercare or rehabilitation inside the community once an individual is released from detention (Thompson & Upperton, 2008).

Many studies have shown that community involvement strategies are successful in reducing recidivism. In a cost-benefit analysis of these studies, Robertson, Grimes, and Rogers (2001) found that community-based interventions were more effective than the traditional approaches of probation and placement. They also found that the costs of community-based programs were significantly lower, saving \$1,435 per youth offender. The focus of the programs was on increased community awareness, life skills, and employment programs inside the community. In addition, increased educational programs were used to reduce deviant behaviors (Robertson, et al., 2001).

In 2002, Project Safe-Care was developed to implement in-home programs. It was grant-funded to help low income parents who were involved in child abuse or neglect to cope with the after effects that pose a threat to a child's success and recovery rate. Project Safe-Care provided training to treat illnesses and maximize healthcare, while posing positive parent-child interactions (bonding) and pushing parents to maintain a safe, hazard-free environment at home (Gershater-Molko, Lutzker, & Wesch, 2002, p. 178). A twenty-four month follow up revealed that families who participated in the program had a significantly lower involvement in delinquent behaviors, showing fewer reports of new neglect charges. After 36 months, "85% of the Project safe-care families had no reports of child abuse and neglect" (Gershater-Molko, et al., 2002, p. 281). In addition, the youth's behavior improved significantly. Project Safecare was motivated by the theory that the main three contributors that induce negative behavior are lack of family support, high treatment cost, and lack of early community intervention programs (Gershater-Molko, et al., 2002).

In Anchorage, Alaska, a Coordinated Agency Network (CAN) program enhances the supervision of probation through the use of community policing. The CAN program was formed to combine juvenile probation with the Anchorage Police Department. When supervision outside the court increased, there was a decline in charges. However, the levels of technical probation violations increased by 19.5% for reasons that included curfew violations, truancy, and increased substance abuse issues. While intensive monitoring did decrease new criminal offenses by 6.2%, analysis revealed that the program failed to support the CAN objective since it did not show a reduction in juvenile recidivism overall. It did, however, support the use of improved case management practices, community programs, interventions, and a timely response on sanctions, which all support a reduction of violent crimes (Giblin, 2002, pp. 116-117).

### **Early Intervention**

Meanwhile, many programs could not fund rehabilitative services. Studies have found that the courts lead in the use of prevention tools to reduce service costs, but not all research agreed that this has yielded positive outcomes. Meisel (2001), from the Colorado Department of Human Services-Division of Youth Services, reported that “there is little evidence that the increased practice of placing juveniles in secure confinement has translated into lower recidivism rates once these same youth reenter into their communities” (Meisel, p. 206). Not only was there little data to show that recidivism was lowered through placement, but these programs increased overall juvenile rehabilitation costs (Meisel, 2001).

Robertson, Grimes, and Rogers (2001) published a report claiming that the leading causes of program failure were lack of family support, peer pressures, and lack of detailed assessment in case work. Their research also expressed concern about early intervention. Nonetheless, early intervention is a tool still used to increase a child’s readiness for school. The problem was that

most early intervention programs were not designed to address children's environmental needs simultaneously, and many of the new treatment programs were still undeveloped. Therefore, most programs were not set up to reduce delinquency, but they were still being used for that purpose (Meisel, 2001).

Furthermore, since no single factor guaranteed that a child would become delinquent, prevention could only be assumed. Meisel (2001) suggested that the co-occurrences of behavior problems must be divided and treated separately. For example, stealing, lying, and truancy are some of the internal, self-discipline factors that need to be corrected through increased family supervision and discipline. Furthermore, deviant problems in schools and in the community are part of the juvenile's environment and wrongfully treated as separate issues (Meisel, 2001).

More recently, The Indiana Department of Corrections (2008) agreed with earlier findings that close intervention is needed for juveniles re-entering the community. The intervention proved to play a major role in reducing the likelihood of a juvenile's returning to correctional institutions. Substance abuse, lack of family support, and negative peer associations were among three repetitive categories shown to increase recidivism and close down program progress (Indiana Department of Corrections, 2008).

Studies have also suggested that, in order to prevent recidivism, it is necessary to identify the "historical, situational, and individual factors that increase (risk factors) and decrease (protective factors) reoffended risk" (Borum, 2003, p. 114). In addition, Cohn and Decry (2003) found that juvenile behavior had negative outcomes when early intervention programs lacked combinations of community interactivity, life skills training, mental health awareness, and increased education. Another 2003 study, on a cohort of juveniles, was released from the South Carolina Department of Juvenile Justice (DDJ). The study's findings were consistent with the earlier research

of Borum (2003), which stated that juveniles with at least one referral exposure to the DDJ were four times more likely to be incarcerated as adults than their peers. Furthermore, juveniles less than 13 years of age were two times more likely to be arrested than other juveniles referred to DDJ. In addition, research has suggested that juvenile recidivism may be, in many cases, dependent on case management practices, timely responses, and early interventions (Bradberry, 2003).

### **ISP Monitoring**

Giblin (2002), among others, claimed that long-term intervention or Intensive Supervision Probation (ISP) monitoring may increase juvenile recidivism (Giblin, 2002, pp. 116-137). Other studies have shown that more than one year of interaction with youth offenders increased recidivism as youth tire of the court supervision and programming (Lane, 2002, p. 28). Gibin noted that the level of deterrence, incapacitation, and retribution through the use of punishment, surveillance, and high levels of supervision could control recidivism, but only if the portions enforced were adequate to the behavior or the deviant act. When tested, the ISP programs resulted in a 6% increase in recidivism when compared to routine probation, and programs that received the highest scores in integrity were less likely show recidivism. The findings also suggest that the combination of human services and the adherence to the principles of effective intervention also lower recidivism (Gibin, 2002, p. 119).

Research has also shown that probation officers can slowly become more selective when they are assigned ISP to high-risk youth offenders. As Borum (2003) reported, “there are over half-million juveniles under community supervision as a result of delinquent behavior” (Borum, 2003, p. 115). Borum’s research revealed that when case management and youth history assessments were intensified, it became easier to identify problems and new treatment strategies. Bet-

ter case management proved to increase positive results, reducing deviant behaviors and helping to maintain focus on criminogenic treatment targets while increasing assessment when the crime increases. It was also found that, over time, the risk of reoffending results from the dynamic and reciprocal interplay between those factors that increase and those that decrease the likelihood of the developing juvenile offending (Borum, 2003, pp. 115-120).

Other studies have suggested that intensive programs and monitoring practices are successful only when managed properly. For example, Montana's Juvenile Justice System placed emphasis on increased community awareness and increased life-skills programs. In Montana, recidivism rates lowered when intensive treatment services focused on program integrity in case management. Although traditional psychological treatment strategies continued to be used, Montana's program incorporated a corrections model with punitive and rehabilitated responses to social deviant behavior. However, there were significant barriers to the program's progress (Montana Board of Control, 2005).

In a 2005, juvenile justice systems continued to fail, the balance of punishment and treatment objectives were lacking rehabilitative communities. Researchers Abrams, Kim, and Ben Anderson-Nathe (2005) studied the paradoxes of juvenile psychological treatment through field observation and correctional facility interviews. The team found that punishment can be more effective when it is applied at low doses with a quick response time to violations (Abrams, et al., 2005). More attention was focused on gaining a better understanding of the youth's history and the need for mental health awareness. An increase of positive peer groups also helped to assist with offenders' emotional problems while promoting more empathic relationships between residents and staff. This new development increased mutual accountability and positive behaviors through positive peer interactions (Abrams, et al., 2005).

Ryan and Yang (2005) found that the extension of family development helped to reduce the chances that a juvenile will reoffend. Family contacts were analyzed for a random sample of 90 adjudicated offenders who were released from a long-term residential facility in Michigan. It was documented that of the 90 youth, 36 were arrested after release (Ryan & Yang, 2005). Family contact and in-home counseling were later proved to be coefficient indicators of whether or not one would reoffend. Extensive assessments, good case management, and intensive intervention with daily monitoring also increased the chances of success in continuing positive juvenile behavior. It was further found that staff inefficacy, poor assessments, and lack of family support were leading causes that increased delinquent behavior and therefore increased juvenile probation re-offending (Ryan & Yang, 2005).

### **Reducing Costs**

By 2008, continuous efforts focused on juvenile recidivism and the outcomes of program services. More case management, intensive intervention, and proper schooling in reentering the communities continued to be issues of great concern, but recidivism rates overall were not increasing. Although this is true for recidivism crime rates, formal processing, and incarceration of juveniles, this is because many of the same offenders are committing a majority of the crimes (Bouffard & Bergseth, 2008).

As more and more communities continued to fall short of meeting a balanced approach for high-risk offenders, studies showed that poor family support and environments were the top concerns that hindered the progress of reducing individual incarceration recidivism rates. Many professionals in the field of juvenile behavior found that, while a combination of social and community programs may have increased awareness and changed individual behavior, it still did not fully address the issues with repeat offender's cases. Furthermore, it was reported by

Bouffard and Bergseth (2008) that too much control and punishment and increased community constraints were largely ineffective at reducing repeat offending. In fact, any form of punishment without intensified treatment proved to fail in retaining objectives of successful outcomes. A balanced amount of supervision combined with increased treatment services showed higher rates of overall program success (Bouffard & Bergseth, 2008).

Although no two cases are the same, many researchers argue that predicting future deviant behaviors and managing intervention is still possible. It is suggested that, depending on the risk assessment and intensiveness of the intervention, monitoring and rehabilitation programs have been very successful. Again, it was reported that programs had to incorporate timely responses to services and sanctions. However, this was not always a viable solution because it increased financial strain. In fact, some studies estimated that tax payers could contribute upwards of \$130,000 per juvenile (Cowell, Lattimore, & Kerbs, 2010). This only intensified the need for juvenile agencies to incorporate new incentive plans and to perform accurate initial assessments to reduce operation costs. The cost-benefit analyses of treatment programs for high-risk juveniles with substance abuse issues had high immediate projections, but effective case management and increased treatment also reduced costs over time. In fact, evidence showed that, eventually, the costs leveled out to those associated with usual care (Cowell, et al., 2010).

As new programs were developed to assist with the interview process between the probation worker, juveniles, and family members, more and more programs were getting positive reviews. The new efficiency reduced recidivism and started to show cuts in overall program cost. These successes led back to increased efforts to reform case workers and implement continuing education (Onifade et al., 2008). New services in case management yielded new sources of information indicating the likelihood that offenders would commit a new offense. For example, the

juvenile's age was determined to indicate whether they were at greater risk of re-offending due to the new data collected from information now being shared (Onifade et al., 2008).

This type of information became increasingly important because it was linked to more positive behaviors when sanctions and accountability were enforced sufficiently. In addition, caseworkers incorporated a timely response with a closely watched and measured amount of intervention. Most case managers had control over punishment and interventions, which they were able to adjust to levels that fit the crime, resulting in a likelihood of fewer repeat probation violations. These practices also lead to better case management and practices in case management programs, which could be changed and more easily adjusted to fit the probational juvenile's needs (Onifade et al., 2008).

Nationwide attention focused on higher court costs, however, and increased deviant behaviors made it apparent that courts needed more cost efficient programs that worked. In 2005, a Florida's Department of Juvenile Justice released a report that including an analysis of juvenile court costs and recidivism over two years. The report compared cost effectiveness among programs and across levels. This two-year analysis studied 158 individual statewide programs. It was found that "the Florida legislature mandated the Florida Department of Juvenile Justice (DJJ) to evaluate the effectiveness of juvenile programs that provide care, custody and treatment for committed youth" (Florida Department of Juvenile Justice Research Center, 2005, p. 1).

The DDJ worked closely with the Justice Research center (JRC) to develop a program that measured accountability and cost. The DJJ processed more than 150,000 referrals annually, and the DDJ PAM report allowed each residential program to show its effectiveness in reducing juvenile recidivism. The program measured recidivism effectiveness with five measures: *highly effective, effective, average, below average, and least effective*. Those that received the highest

scores had the lowest rates of recidivism and lower-than-average operating and attendance costs, ranging from \$6,000 to \$42,000 per person. Nineteen of the 158 programs had a higher than 80% success rate, while 24 had a success rate lower than 59% (Florida Department of Juvenile Justice, 2005).

The report showed that most residential facilities were too costly. This included those among the 80% with the lowest recidivism rates because they did not incorporate mental health service programs, had a lack of family involvement (physical and emotional), and had low community support. However, studies have shown that family involvement is not the sole cause of delinquency among youth. Even though fewer children were being raised in two-parent family homes in the first decade of the 2000s, family structure may not be the proximate cause of youth behavior, but rather just one of the conditions often linked with it (Snyder & Stickmund, 2006, p. 2). The reasons that programs like these reported higher scores included, case management with higher integrity, increased education, and increased life skills training (The Justice Research Center Florida, Department of Juvenile Justice, 2005).

Florida's continued success was mostly attributable to its program evaluations and accountability reforms. Although it still required a combination of accountability from the juvenile and the parents, the department began focusing on the development of new social services and programs that had failed in the past. The courts were open to changing any part of the program throughout the entire probation period, and probation staff continuously took into account individual risk factors and treatment options. Altogether, this increased positive behaviors, and staff were held accountable for any failures because data was reported (The Justice Research Center Florida, 2005).

### **Role of Supportive Home-Based Services—— ESP Mental Health**

More recently, McCall (2011) concluded, in a research development on home-based services, that 91% of clients who were tested demonstrated overall behavioral improvements. As McCall explained, for youths who received support during home-based services and avoided out-of-home placement after treatment, even small amounts of support made a positive difference (McCall, 2011).

Recently, a new influx of youth with mental health problems flooded the courts, with an increased percentage of arrested juveniles being diagnosed with at least one of many new mental health issues. McCall (2011) agreed with earlier researchers, concluding more youth are being placed in the juvenile system for minor crimes due to a lack of community-based programs and mental health monitoring. Few services have been made available since many programs were not designed to provide effective intervention with mental health youth in particular (McCall, 2011, p. 4).

As the number of youth with disabilities grew, leaders in the field of juvenile justice needed to develop new strategies to reduce criminal behaviors. Of those programs that were successful, most incorporated intensive assessments and early intervention, and most also integrated some form of treatment options inside the community. Those that continued to be successful were monitored closely throughout each case and continually open to changing strategies as needed (McCall, 2011, p. 4).

Park, Min, and Ryan (2009) researched the role that a lack of in-home care plays in community safety. Their study found mental health to be one identifiable marker that led to inefficient prior placement, suggesting that the failure of treatment for youth with mental health issues is a predictor of negative outcomes because of improper placement (Park, et al., 2009).

Although mainstream psychotherapy has made extreme strides in these types of placements issues, many cases have uncovered the need for advanced preventive psychiatric services, which have no funding. A number of agencies share the burden of controlling and treating these disorders: educational, primary care, juvenile justice, and social service agencies, all funded through taxes and state and federal budgets, have yet to provide the resources needed for services to the mental ill (Park, Min, & Ryan, 2009).

Congress has increased its focus on mentally ill juveniles in the last ten years, but it lacks the ability to address the full scope of the need for the treatment of mentally ill juveniles, primarily due to an insufficient volume of specialized agencies and the available funding for such services. In December 2003, Rep. Henry A. Waxman was asked to participate in a project studying the placement of juveniles with mental health issues (Weedon, 2003). This has been an issue of historical concern. The American Correctional Association hoped that this project would move Congress to act on behalf of children only detained because of deviant actions that were clearly caused by active mental illnesses. The data from this project were collected over the last seven years and have not yet been reported. Thus, according to Weedon, the primary concern is that new agencies need to be created.

Some researchers have pinpointed parental involvement, or lack thereof, as the problem. Interviews with police, counsel, judges, and probation officers have helped to form the conclusion that, although the Youth Criminal Justice Act (YCJA) encouraged parental involvement, it worked only in theory, and that further investigation shows that many researchers found a lack of inter-professional consistency regarding parental information and even fewer concrete expectations regarding parents' practical roles (Badali & Broeking, 2009, pp. 255-316).

Arguing that family involvement in school-based services is effective in helping students' academic performance, the Surgeon General's (1999) report on children adolescents showed that 21% of U.S. children from ages 9—17 have diagnosable mental health problems and that 70% of those do not receive services. Of those who do receive services, 40—60% of services are terminated prematurely (Vanderbleek, 2004). Vanderbleek (2004) also reported that family involvement increases awareness and mental health effectiveness. For example, of the 30% receiving services, 40% will receive services separate from the specialty sector, 70% from schools, 11% from health, 16% child welfare, and only 4% from the juvenile justice sector (Vanderbleek, 2004).

Although the number of juvenile offenders has grown, juvenile justice sector funding has not increased with the population, yet more funding remains imperative, making it vital for parents to be involved in juvenile justice, especially for youth suffering from mental illness. Vanderbleek's (2004) study provided conclusive evidence that these services worked, showing a 71% improvement in behavior alone. With only 15% of all students coming to school ready to learn, 75% have socioeconomic problems that undermine their emotional health (Vanderbleek, 2004).

In addition to the structural barriers that occur in court and school programs, one key problem that services report is a lack of support; many programs show higher success rates when all parties—courts, schools, and parents—are willing to work together. When the system is based on these positive factors, adjustments are positive. Conversely, they act as risk factors when there is a lack of positive adjustment (Vanderbleek, 2004, p. 221). One of the major support systems have shown to be community programming. Throughout this literature review, it is constantly reported as one of the main components used in the fight to reduce negative behaviors.

In 2003, 20% of all arrests were handled within police departments and the rest were referred to the juvenile court. After the intake officer reviews the facts, the prosecutor determines whether there is sufficient evidence to move forward formally. Nearly half of cases will be handled informally and use a consent decree or written agreement to conditions involving the juvenile, family members, schools and probation officers/juvenile court (Snyder & Sickmund, 2006, p. 104).

Implemented in a majority of the cases the courts implemented victim restitution, counseling, improved school attendance, and curfew restrictions that may be monitored by a probation officer and implemented using a minimally-monitored program. Upon successful completion, the case is dismissed. However, if the conditions are not met, the case will be referred for formal processing, where the process of an adjudicatory hearing will take place (Snyder & Sickmund, 2006, p. 104). This procedure takes longer if the prosecutors have to gather evidence, if probation is not immediately assigned to do a disposition plan, and if ordering a psychological evaluation or scheduling programs are interrupted; the resulting wait interrupts a successful start.

It has become increasingly obvious that there is a lack of communication, information sharing, and collaboration amongst juvenile agencies. Although courts have made progress, sharing information collected from public and private criminal reporting agencies remains difficult. The number of juveniles committing violent crimes has steadily declined over the last decade; however, growing concerns over recidivism and real number reporting are still issues that must be addressed. This begs the question, "How many crimes do we not report and just how much does that affect our statistical data used in most of today's meta-analysis?" In Michigan (2016) the Detroit Free Press, reports that a bill is currently being debated that involves changing the legal age of a juvenile from 17 to 18. This may keep more kids out of prison, but it may have an

impact on the data that has been collected, and extra services will be necessary to adequately address the increase in the volume of youth in the juvenile justice system. Our systems have proven to be antiquated, as evidenced by the chronic lack of information sharing, which was the resounding theme throughout the literature.

A large number of children are being raised in a single parent homes. In 1960, 88% of juveniles lived in a two-parent home; by 2002, this decreased to 69%, and in 2015 an estimated 15 million children are being raised without a father. These numbers have proven to have an overwhelmingly negative impact on the social and emotional developments of our youth and the communities in which they live (Snyder & Sickmund, 2006). In fact, in the last half of the twentieth century, “family structure effected outcome of the youth and was higher than effects of one’s age, gender, or race/ethnicity.” Furthermore, “family structure was a better predictor of problem with behaviors . . . more than race or ethnicity” (Snyder & Sickmund, 2006, p. 10). Crimes against juveniles have declined since 1992, both in and out of schools. Non-fatal crimes away from school fell to 60%, but that number only fell 40% in school. “A youth’s risk of being a violent crime victim is tied to family and community characters, not race” (Snyder & Sickmund, 2006, p. 30).

## Chapter 5:

### **Findings and Conclusion: the Process of Screening the Articles for top Categories**

I have extracted the categories that have reduced program failures and negative behaviors. The work is based off what the literature offers, showing how much the social variables examined within each article affected programs one way or another. Of the forty articles examined, four categories from each article that deemed responsible for the changes, growth, and successes of juvenile behavior programs, policies, and monitoring systems, were extracted. My objective in this paper was to systematically collect data on what has worked to reduce juvenile repeat offenses. This data collection could be accomplished on a much larger scale, but this sample size was sufficient to show evidence of some of the most important issues, solutions, and the directions of growth of our juvenile justice system over the last two decades.

What makes this research unique to the current state of knowledge on juvenile-based programs, policies, and monitoring systems is not so much the outcome but the process in which the articles were analyzed. In the process of analyzing past works, I found many researchers addressed the categories much the same, yet some authors had a difference of opinion in the level of importance in the dynamics of each category. For example, one author put emphasis on how important case management is to the process of changing a youth's behavior, while another study showed that the increase in education was more important to the success of lowering their recidivism. This paper compares the results of each literature review while not ignoring the statistical data. Statistical data makes it easier to examine these types of recidivism issues; however, most of the data collected has shown to be outdated and in some incidences controversial because of the collection process. It is apparent that statistical data continues to be the main focus in the development of juvenile programs, policies, and monitoring systems, but we share so little data

on juveniles themselves it remains difficult to exam the cause and effectiveness of preventing juvenile recidivism. By collecting and cross referencing the main points of each article a story was told that added to existing statistical data. For example, the outcome of this research showed that after processing 40 reviews, Case management with high integrity was the most important component to reducing deviant behaviors. The integrity of the program and the case manager was found to control the outcome of the success rate in 65% of the articles reviewed. This number alone shows the reader that future research should be explored on how to increase the integrity of future programs. Look to my summary for increased literature on integrity by a group of researchers from the University of Cincinnati.

By intensifying the underlined outcome in each literature review, we are able to clearly exam the reason for success in juvenile recidivism. The articles measured success through several elements. Among the few were; behavior, recidivism rates, increased family bonding, and better peer relations. This study shows the ability to take the most important categories in each article, connect them with other past literature reviews, and project statistical importance of future programming. Note, in future studies, when you increase the number of articles one may also increase and change the categories deemed most important and answer the following questions:

1. What categories were deemed most important and had greater affects in the field of juvenile recidivism over the last two decades?
2. What was the percentage of positive, negative, and neutral outcomes in relations to increasing juvenile supervision and past programming?
3. How does cognitive behavior therapy (CBT) correlate to crime prevention, and how can it be used to increase today's success in juvenile programming?

4. How can research literature assist to evaluate successful programming?
5. How important is integrity to a program's success?
6. What type of research designs were mentioned in these articles?
7. What type of care was most used for juvenile behaviors, IE control theories, restorative justice, deterrence, CBT, or evidence-based programming?

### **Sample Size and Limitations**

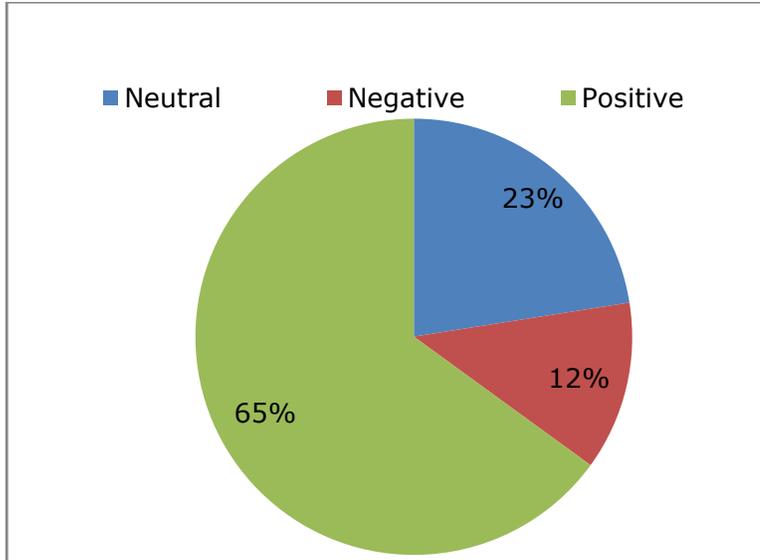
The sample size for this research was limited to the time allotted, yet the design was set to be extended for future research with larger samples. At one point, the sample size included over 200 articles, case management programs, and publications for the last twenty years, but this was reduced due to time constraints. The final count of 40 articles used in this sample size proved to be large enough to reveal what categories represented the primary focus of researchers in juvenile recidivism over the last twenty-five years. For future research, it is recommended that the sample size be much larger to yield more precise data.

The origin of the literature and the published articles were taken from court manuals, and annual data were extracted from counties public web-based data sites. Intensive juvenile monitoring articles were closely examined. Articles addressing any combination of treatment that included intensive monitoring were included. Wrap-around, after school, life skill programs, therapy, community restitution, parenting classes, and diversion programs were all primary subject matters examined. Juvenile surveillance programs were examined and included. In addition, special attention and research was conducted with special needs children and coded with a numerical digit, as explained further in this chapter. Particular attention was given to research with juveniles with disabilities because disability proved to affect all other variables. Finally, articles

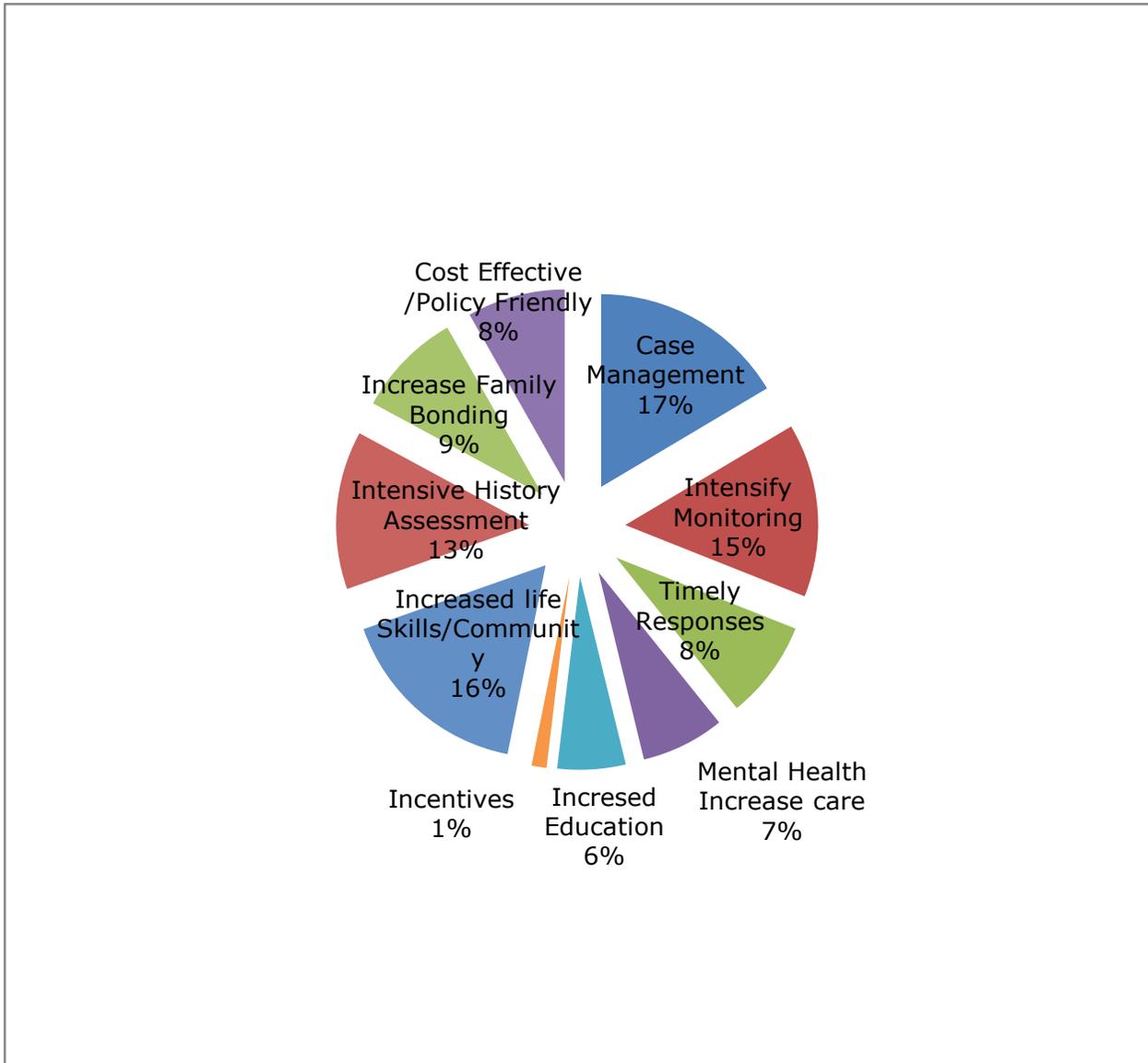
that used evidence-based styles to collect information were included for the purpose of examining the new wave of data collection.

The focus of this research was on juveniles on probation between the ages of 10 and 18. Any study that included a majority of adult data was rejected for the purposes of simplifying the data's coding system and to narrowing the subject matter to juvenile behavior. The relevant time range was long because past research is important in this random sample size. New and old treatment articles were studied for the purpose of examining the likelihood of future cross-treatments programs. This summary-analysis will only examine literature written between the years 1989 and 2015. Cross treatment programs combine two or more intervention programs for rehabilitation.

Each article was given a numerical code from 1 to 10 representing each of the main categories. In addition a numerical code of 1—3, was given to the overall findings for each article. Numerical code of 1 represented programs, policies, and monitoring systems that may reduce the chances of juvenile recidivism. Twenty-six different articles ended in overall positive feedback on juvenile behavior or recidivism. The numerical code of 2 was given for all programs, policies, and monitoring systems that may increase juvenile recidivism, or hindered treatment during the process of trying to reduce negative juvenile behavior. Only five articles, accounting for 12% had negative feedback. When there were no significant changes recorded, a numerical value of 3 was assigned. Due to the external causes such as disabilities, the inability to measure a program's success because of its limitations, and/or a lack of reporting agencies, these articles were included but deemed neutral on the effects of recidivism. Only nine (articles, 23%) received a neutral value.



*Figure 1.* Overall outcome of the 40 studies examined.



*Figure 2.* Attributes of successful categories used in the total sum of articles.

In the 40 articles, the top four categories that had an effect on changing the behavior of a youth on probation were 1, 7, 2, and 8. The first category was case management integrity, which was recorded in 26 of the 40 articles. The integrity of the case manager appeared as an important factor in 65% of the articles and was recorded as one of the key components to induce successful outcome during program duration. In just as many articles, Category 7 captured the same amount of attention: In 26 articles, the authors agreed that a positive outcome would be gained by increasing life skills. It was noted that incorporating a community-based program to address the shortcomings of the youth had the best success rate. As juvenile courts continue to face new challenges in the fight to decrease recidivism and delinquent behaviors, our systems will continue to adapt to today's society. In the last decade, a myriad of programs and new techniques have excelled in reducing recidivism; however, evidence-based practices are attracting the most attention. Integrity was found to be important because most of these practices are successful, depending on the execution and the principle taught. Keeping track of success and holding a program accountable are some of the many reasons that evidence-based programs and cognitive behavior theory have been gaining ground. In fact, they have become mandated in many new programs across the United States. Evidence-based data raises the level of accountability, which increases integrity in the work place, at home, and in the community (Lipsey, Howell, Kelly, Chapman, & Carver, 2010).

Category 2 (intensify monitoring) came in third, with 23 of the 40 articles showing that intensifying monitoring interventions substantially at each visit ended in positive results. However, when there was less substance behind the intervention, the outcome remained neutral or become negative. When the intervention was closely controlled, an increase of positive outcomes occurred. The question becomes whether we should focus more on offenders and less on the of-

fenses, on rehabilitation and less on punishment, and the answer to this depends upon what the substantial procedural impact is when evidence-based systems are incorporated. As mentioned earlier, juvenile courts have discretion on intake over whether to handle each case formally or informally. The questions then become, "What will actually be done with the case after it reaches a destination and how might caseworkers be held accountable for failure?"

The fourth category that found to have been of most importance in the articles used was category 8 (intensive history assessment), which appeared 21 times as the target category and was responsible for gathering information and developing a plan based on principles that attacked the actual problem. Most of this was done through individualized programming and with a combination of other techniques that were incorporated. With this approach, many of the articles found, programs had positive outcomes.

It is my finding that that our youth need to be assessed with more integrity than the standard formulaic approach allows. Knowledge of environment must be incorporated into assessments and used to create a case plan that includes being monitored intensely and sanctioned in a timely manner. Moreover, I find that a better solution to future behavioral problems lies within individual assessments and well-managed treatments using evidence-based structured data. Our courts should be held accountable and caseworkers should be closely monitored to understand what is effective and to swiftly move to eliminate ineffective programs. Most importantly, receiving cognitive behavior therapy in some capacity should be mandatory for both the youth and their family/guardians.

This study shows the need for increased juvenile supervision and highlights the lack of useful monitoring systems, effective assessments, and community intervention programs. Our systems are inherently flawed and desperately in need of a more balanced approach to gathering

and sharing information. I further conclude that in order to be successful in rehabilitating high risk youth, courts must increase probation management, training, treatment centers, family involvement, and intensive in-home supervision that go beyond visual verification of a youth's whereabouts. This type of contact has the potential to be much more meaningful, as it can assist youth in navigating the inevitability of life's daily stressors and give them a daily dose of wisdom, direction, and hope.

### **Conclusion**

It is fair to make the assumption that with the growth of technology, the increase in mentally ill youth, and the overall rise in juvenile population crime will increase. However, according to researchers Roeder, Oliver., Eisen, B.L., & Bowling Julia, (2015) other than a slight change from 2000 to 2013 (.06 increase in young adult crime), this has not been the case. Unfortunately, the lack of documenting and sharing the overall juvenile data has made it difficult to engage in a statistical conversation, but more court-related programs have begun to break through policy barriers, helping to insure increased responsibilities of sharing data for the development of new programs. Most of today's juvenile statistics come from the studies of young adult incarceration and not juvenile recidivism rates. Researchers have found a myriad of reasons young adult crime has lowered since the mid-1990s. Researchers found specific police systems, which actually aim to reducing crime and lower mass incarceration were among the few. The decline of crack use, lower alcohol consumption, lower unemployment, even the increasing age in the population were among other reasons crime reduced. Levitt, (1999) found that "aging population accounted for 12 percent of the decline in violent crime and 18 percent of the decline in property crime between 1980 and 1995" (Roeder, et al., 2015., pg. 57) . In 2008, Rosenfield and Blumstein cited the aging of the postwar "Baby Boomers" left the high crime age bracket. Many

explanation show this age bracket (15—24) caused increased recidivism because youth had fewer responsibilities, they were exposed to crime more often they were greater risk takers; and they had less control over their impulse to commit a crime. As well as the above, we created more policies that reduce crime “in a time of shrinking state and local budgets, policymakers and law enforcement officials are rethinking major policies that overburden our justice system” (Roeder, et al., 2015, pg.79).

Polices able us to look into the recesses of the juvenile justice system, probation, and social programs and find the way in which we can assist treatment and training facilities that need reorganization. Research continues to show polices that enforce positive changes in behavior such as additional cross treatment programs and enforcing treatment integrity. This along with reducing exposure to the environments that cause the deviant behavior, sharing information, working with communities more closely, and reinforcing positive responses to law-abiding principles will reduce deviant behaviors (Akers & Sellers, 2009).

Christopher T. Lowenkamp and colleagues (2010) from the University of Cincinnati examined treatment integrity and recidivism. They found that programs that reduced recidivism scored higher when treatment incorporated staff with higher integrity and programs with cognitive behavior modalities. This targeted risk factors and helped to measure program implementations and staff characteristics. The community-based correctional facilities, CCFs measured treatment integrity and created a treatment environment that worked to reduce the criminal behavior through a Correctional Program Assessment Inventory (CPAI; Gendreau & Andrews, 1996). The assessment was designed to measure program Quality that comprises of 65 items in six substantive categories. These programs categories consist of program implementation, client

presservice assessment, program characteristics, staff characteristics, evaluation, and a final category of miscellaneous items.” (Lowenkamp, et al., P, 698, 2010).

There are many methods of measuring integrity, and this is discussed further in the works of Rossi, Lipsey, and Freeman (2004) *Evaluations: A Systematic Approach*. According to Lipsey (2004); integrity of a program can be measured through assessing and monitoring the programs process. This is an evaluation, a collection of data that is repeatedly revisited over time, and is measured with the appropriate program standards (including service utilization and program organization), and involves measuring and assessing the actual implementation of the process theory and those which are involved with implementing the process. Many questions are normally included, such as asking if the program coordinator interacts with the community and other local programs to implement his goals effectively, or are the programs delivered as intended (Rossi, et al., (2004).

The approaches to reduce juvenile recidivism has a significant dependence on past practices and social experiments, incorporating CBT training and improving case management integrity. Research emphasized that one of the many ways to reduce recidivism is to improve the navigation skills of the caseworkers and hold them accountable through evidence-based programs. Not only do evidence-based programs increase accountability, but they also incorporate inarguable data that is continuously reviewed by other programs. By using programs that have been tested and monitored we can continue to show above average success rates, allowing the navigator to be held accountable for making necessary changes to foster continuous improvements.

Having a new look at past research will assist practitioners; it gives them a visual format, produces new information about programs, and helps to formulate ideas on how to better our treatment interventions. In addition, it could reduce probation and treatment mistakes by enhanc-

ing caseworker's integrity, implementing increased training and education, and ultimately expediting an evidence-based approach when creating new programming.

### **Further Research/ Suggestions**

The increase in mentally ill populations and treatment standards are a significant cause for concern as court involvement comes into question and parental control weakens. Increased education must be provided for youth and our social workers. Each juvenile is unique and should be receiving individualized treatment, with an emphasis on remembering that they are just children. Further research is necessary that combines both quantitative and qualitative methods to help us become more aware of areas of effective performance and subsequent shortcomings. We must increase the sharing of and access to information and use meta-analysis to find new evidence-based programming. The courts are in need of a new direction for rehabilitation, one that has not been explored and one that will hold decision-makers accountable. Restrictions on placement, employment, and practices that provide longer periods of qualified supervision and case management should be enforced. Furthermore, parenting classes to educate and provide support should be mandatory.

Throughout this research, I found many issues that are still unresolved. In addition to the large population of mentally ill youth without adequate care, we find children without placement, underfunded programs, and treatment centers with inadequate staff. The expansion of collaboration inside our social service departments is of the utmost importance, as is addressing underfunded juvenile courts, race differences, gender treatment, and multiple social issues in our schools, homes and communities.

We continue to ignore our horrible nutrition behaviors; we lack the guidance and enforcement of good clean living standards and traditional values. Although medication, sports,

and education have been a strong defense in fighting against delinquent behaviors, we continue to lack a viable solution, and it is apparent that we could easily keep heading in a concerning direction with ineffective leadership. Meanwhile, there must be increased funding, programs, and, most importantly, more awareness of the growing issues inside the juvenile justice system.

In conclusion, we need more innovative studies; we need to incorporate past categories and calculate the changes in future variables. It is apparent from this study that more attention is needed to improve integrity in programming and staffing, but we need more active programs that will help to show the youth how to avoid entering into the juvenile justice system. I would like to see immediate or short-term outcomes that are focused around developmental health. For instance, how does the body react to what it processes, physically and mentally? More programs could be explored that will teach parents about the foods their children consume, such as how too much sugar might affect a youth's decisions-making skills, or even make a child physically sick. It is also important to educate parents and youth of the brain process during adolescent years, we need more studies on how these types of barriers are projected to affect future generations. Tomorrow has come and we are not ready. We need more preventive measures and social support in our schools, courts, communities and in our homes, support that will potentially affect long-term outcomes like recidivism.

It is the responsibility of Congress, at both a state and a national level, to fund these services. Furthermore, our courts should be held responsible to execute them to the fullest, increase social interventions, and continually evaluate programs that are aimed at reducing recidivism through evidence-based structure.

We must improve early childhood development. It is continuously apparent that early stages of life exposure can have long-term consequences on an individual's resiliency and wel-

fare. Although noteworthy efforts are being made to provide the care necessary for our adolescents with behavioral problems, mental illness disabilities, and environmental challenges, we do not fully encompass the solutions needed. Undereducated juveniles, ineffective staffing, poor parenting, lack of social services, and/or funding have become the norm. Our children are our society's greatest resource, and they are fully deserving of every effort possible towards optimizing their success. Therefore, we must do better.

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**Appendix A:**  
**Summary of Juvenile Articles**

Article	Year	Research design	Theories Categories	Findings Effects of intervention	Ages
1.Cognitive-Behavioral Treatment	2007	Evidenced based	Control theory/CBT 1/4/5/7	1-Pos	Juvenile
2.Toward an integrated Theory of Probation	2012	participation model	Restorative justice 1/3/8/7	1-pos	Juvenile 12-18
3.An Experimental Juvenile Probation Program	2007	Integrated Empirical based	Restorative justice/deterrence/care 1/2/5/7/10	1-Pos	Juvenile 12-18
4.The 2006 Pam Report	2005	Integrated Empirical based	CBT/care 1/10/8/9	1-pos	Juvenile Plus 1 year
5. Improving the effectiveness of juvenile justice programs	2010	Integrated Empirical based	Evidence based 1/5/8/10	1-pos	Juvenile

6. Evaluating the juvenile breaking the cycle programs impact on recidivism	2010	Integrated approach	Regression model Restorative/care /BT 1/8/3/6	1-Pos	Juvenile
7. Is more better? The valve and potential of intensive community supervision	2006	Integrated approach/Evidence based	CBT/care 2/3/9/7	1-pos	Juvenile

Article	Year	Research design	Theories Treatment Categories	Findings Effects of intervention	Ages
8. An Examination of Differential Association & Social Control Theory	2009	Evidence based Interview participation	Integrated Social Control theory/CBT 2/9/1/7	1-Pos	Juvenile
9. The effects of an experimental intensive JP program on self-reporting drug use	2005	participation control group model	CBT/Care 2/4/9/7	3-Nurtral	Juvenile 12-19+

10. Restorative Justice at work	2007	Alternative empirical examination	Restorative justice/retribution 9/3/2/1	3-Nutral	Juvenile
11.JAM Juvenile Arrest & Monitoring	2008	Empirical based	Care/CBT 2/7/9/1	1-pos	Juvenile Plus 1 year
12.Reducing Juvenile Recidivism:Meta-Analysis of Treatments	20 09	Quantitative Literature review	CBT/Care 1/2/5/7	1-pos	Juvenile
13.Understanding Recidivism Among Juvenile Offenders	2010	Experts Perspective approach	Care /Network Approach 9/7/1/2	1-Pos	Juvenile
14. Effects of Organization Factors on use of Juvenile Supervision Practices	2011	Survey Data Evidence Based	Care/Rehabilitatin g model 1/7/4/10	1-pos	Juvenile Staff

Article	Year	Research design	Theories Treatment Categories	Findings Effects of intervention	Ages
15.Community-Based Juvenile Services: Effects of Service Dosage	2011	Meta-analytic studies	Control Theory/Care 9/5/3/7	3-Neutral	Juvenile &Adult 18-25
16.Applying Risk/Need Assessment to Probation Practice and its Impact on the Recidivism	2011	Meta-analytic studies	CBT/Care Targeting Risk and Needs 1/8/4/2	1-Pos	Juvenile 12-18
17.Evaluating an Experimental Intensive Juvenile Probation Program	2005	Empirical based Randomized experiment	Experimental/integrated Care 2/1/10/8	3-Neutral	Juvenile 12-18
18.The Use of Electronic and Human Surveillance in a Multi-Model Programme	2005	Integrated Empirical based	Balancing Care/Control 1/2/7/3	2-Neg	Juvenile

19. A Quasi-Experimental Evaluation of an Intensive Rehab Supervision	2000	Meta-analytic review	Care/CBT 7/2/4/8	1-pos	Juvenile & Adult
20. The Impact of Reentry Services on Juveniles' Recidivism	2008	Collective lit & Analytic reviews	CBT/ After care & reintegration model 2/9/1/7	1-Pos	Juvenile & some Adult

Article	Year	Research design	Theories Treatment Categories	Findings Effects of intervention	Ages
21. Intensive In-Home Treatment for At Risk Youths:	2011	Evidence Effective Based/ Archival Study	Control theory 8/4/10/7	1-Pos	Juvenile 5 to 18
22. Relationships and Juvenile offenders: The Effects of Intensive After-care Supervision	2001	Survey participation model	CBT/Care 1/7/2/10	1-pos	Juvenile

23.A Meta-Analysis of Experimental Studies of Diversion Programs for Juvenile Offenders	2012	Integrated Evidence - based	CB/*Care/Quality of Heterogeneity 9/1/2/3	1-Pos	Juvenile 12-18
24.The Journey of Dually-involved Youth:	2012	Statistics & developed regression models	Dual Care/CBT 8/7/1/3	1-pos	Juvenile
25.Juvenile Waiver, Boot Camp, and Recidivism in a Northwestern State	2007	Evaluation of Effectiveness	Care/Deterrence/B T 3/10/8/7	3-Neutral	Juvenile Into 1 year
26.A Short-Run Cost – Benefit Analysis of Community-Based Intervention	2001	Empirical Research	Care/ CBT Regression Model 10/7/2/8	1-Pos	Juvenile
27.Using Police Officers to Enhance the Supervision of Juveniles	2002	Methodology Collaboration w/Police	Increase supervision/control group 2/3/6/1	2-Negative	Juvenile

Article	Year	Research design	Theories Treatment Categories	Findings Effects of intervention	Ages
28.Managing At-Risk Juveniles in the Community: Putting Evidence-Based Principles into Practice	2003	EB/Analysis of Empirical Studies	Controlled Behavior theory/Risk Management 7/8/1/4	1-Pos	Juvenile Range
29.Juveniles At Risk: A Cohort Analysis of Juveniles Released	2003	Collective Statistical Analysis	Integrated Care 10/8/4/5	1-pos	Juvenile To Adult
30.Paradoxes of Treatment in Juvenile Corrections	2005	Qualitative Field operation & Interviewing	Care/CBT & Control punishment and psychological 3/4/8/5	1-Pos	Juvenile 12-16
31.Predicting Recidivism in Probation with the Youth Level of Service	2008	Field Sample	Care/CBT 8/1/5/9	3-Neutral	Juvenile

32.A Cost-Benefit Study of a Breaking the Cycle Program	2010	Empirical based sample/Multivariate Models tested	Management Care/CBT 10/2/8/9	1-pos	Juvenile
33.Juvenile Offenders and Victims:2006 National Report	2006	National Research data report	10/8/7/9	3-Neutral	Juvenile under 18

Article	Year	Research design	Theories Treatment Categories	Findings Effects of intervention	Ages
34. Intensive Supervision Programs: Does Programs Philosophy and the Principles of Effective Intervention Matter?	2010	Empirical Evaluations and based	Control Theories 2/1/7/3	2-Neg	Juvenile

35.A Method For Measuring Organization Funding in Juvenile Justice	2010	Received by Youth/Empirically Based climate Self-Reporting investigation	Institutional Care/CBT/control 3/2/10/8	2-Neg	Juvenile plus
36.Five Year outcome in a Randomized trial of a community-Based multi-Intensive programs	2010	Multi community based past Imperial study	Controlled program/long term (5y) 2/3/8/1	2-neg Individual lengthily programs	juvenile special attn. age 15 under
37.Juvenile Justice-Translational Research on Interventions in the legal System	2014	Historical based research (5y) center/juvenile Agencies based survey/studies	Question Answer addressing service implementation and outcomes 4/7/9/8	3-Neutral Information gathering	Juvenile
38.Operation Night Light	1992	Integrated Imperial Study	Care, increased personal meaning contacts 1/2/9/7	1-Pos	Juvenile
39.Predicting Juvenile Offender recidivism:	2007	Systemic Assessment producing Empirical database	Institutional Assessment and open ended data 1/7/4/5	3-Neutral	Juvenile

40. The Court of Common Pleas: Northampton county, Pennsylvania, Juvenile Court & Probation Division	20 11	Department Study Empirical evidence of alternative approach	Community Based Care/CBT 1/2/7/8	1-pos	Juvenile
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## Appendix B:

### Coding Dynamics, Categories 1—10

**1=Case Management Integrity---** or navigator (which could be outside of probation officers role), the theory of restorative justice, increased integrity equals increased success. By holding the intervention accountable and incorporating the team approach programs are having more success. Individual challenge plan and follow through approach is necessary. (26T)

**2=Intensify Monitoring---** integrated Deterrence theory with Care. In-home Intervention was more successful with meaningful visits were incorporated with simple head count. (23T)

**3=Timely responses on sanctions, detentions, placements and restitutions—** Just deserts theory, early intervention increased the success of completion of programs. Finding shows that a program intervening too early can showed a more negative affect. Too much negative deterrence may even do more harm than good. Control service dosage. (13T)

**4=Mental health increase—** care, the more training and services that were offered the more options available for the youth. (11T)

**5= Increased education –** increased training & education, programs that offered extensions and alternatives had more success in reducing repeat negative behaviors. (9T)

**6=Incentives—** Positive Deterrence theory, the programs that gave incentives and set attainable goals had more participants finishing with positive outcomes. (2T)

**7=Increased life skills and community programs—** community programs lead to jobs and connections; life-skilled programs assisted in having the ability to keep those jobs and further education and experience increasing self-image (26T)

**8=Intensive history assessment—** Risk/need/responsively (RNR) targeting areas that need attention, starting with the right information assists in developing a plan based on principals that attacking the actual problem. Individualize the program (21T)

**9=Increase Family and eliminate negative peer bonding—** reduces risk factors: IE controlling the conditions helps to control the outcome. (14T)

**10=Cost effective and policy friendly—** increase Information accessibility, integrate services and change internal and external policies when they act as a barrier. Many policies will prohibit rehabilitation and relations with the navigator or case manager, programs must be cost effective and share resources and information while adapting to change (13T)