

6-1-2015

Effective Strategies for Preventing Recidivism Among Juveniles

Amanda McMasters
Western Oregon University, amcmasters15@gmail.com

Follow this and additional works at: https://digitalcommons.wou.edu/honors_theses



Part of the [Criminology and Criminal Justice Commons](#)

Recommended Citation

McMasters, Amanda, "Effective Strategies for Preventing Recidivism Among Juveniles" (2015). *Honors Senior Theses/Projects*. 58.

https://digitalcommons.wou.edu/honors_theses/58

This Undergraduate Honors Thesis/Project is brought to you for free and open access by the Student Scholarship at Digital Commons@WOU. It has been accepted for inclusion in Honors Senior Theses/Projects by an authorized administrator of Digital Commons@WOU. For more information, please contact digitalcommons@wou.edu, kundas@mail.wou.edu, bakersc@mail.wou.edu.

Effective strategies for preventing recidivism among juveniles

By

Amanda McMasters

An Honors Thesis Submitted in Partial Fulfillment
of the Requirements for Graduation from the
Western Oregon University Honors Program

Adjunct Professor Rich Robison,
Thesis Advisor

Dr. Gavin Keulks,
Honors Program Director

Western Oregon University

June, 2015

Table of Contents

Abstract.....	3
A brief history of the Juvenile Justice System	4
Juvenile Offender	8
Corrections.....	11
Defining and Measuring Recidivism.....	15
Risk/Protective Factors.....	21
Restorative Justice.....	24
Evidence-Based.....	28
Programs, Strategies and Policies.....	29
Historically Ineffective.....	32
Effective Programs and Strategies.....	38
EPICS.....	45
Eight evidence-based principles for effective interventions.....	50
Conclusion.....	55
Bibliography.....	59

Abstract

This paper will discuss recidivism among juveniles, primarily aged 12-18 years old, and evaluate which methods best prevent recidivism. I will begin with the multiple nationwide definitions of recidivism and which is most appropriate for this thesis, before moving on to explore the different methods and programs used by juvenile probation officers. This paper will discuss programs such as “Scared Straight” and anger reduction groups and their effect on reducing recidivism rates. Restorative justice will also be examined and whether or not the emphasis should be placed on rehabilitation or punishment in the field of juvenile justice. I will also be examining the effectiveness of practices in the juvenile department such as risk assessments and EPICS, which is Effective Practices in Community Supervision. Ultimately, I hope to produce a research paper that shows rehabilitation, rather than punishment, is more productive in reducing juvenile recidivism than severe punishment.

A brief history of the Juvenile Justice System:

The juvenile justice system began more than one hundred years ago in the United States, with the establishment of the first juvenile court in 1899 (Hess,2013). The underlying philosophy of the first juvenile court was *parens patrie*, which refers to the responsibility of the state to protect its youth. The challenge of understanding the juvenile system has increased due to the fact that the United States has 51 separate and distinct juvenile justice systems (including Washington D.C.), with different laws and different history. On top of that is the all-encompassing federal juvenile justice system.

The first term that needs to be defined is the word “juvenile.” To understand the juvenile justice system, one must first understand the demographic they are dealing with. Juvenile can have several different meanings. Juveniles are individuals who are emotionally, psychologically and intellectually immature. A juvenile is also a person at or below the upper age limit of jurisdiction. The juvenile court’s jurisdiction is dictated by the legislature of each individual state. The youngest age regarding juvenile delinquency is ranged 6-10 years old, with the oldest being typically 17 years old. Seventeen is the most commonly recognized upper age limit for juvenile court. Special circumstances allow juvenile jurisdiction to extend to the age of 25, which is a statute that 35 states employ.

In all crime, there is what's called the "dark figure of crime," which is the unknown statistic that may be potentially greater than the official data on crime. About half of all crime goes unreported, and some police departments don't even publish their data on crime, leading to inaccurate statistics and information. Added to that, when the media reports on juvenile crime it is usually in a sensational manner, because the violent and shocking crimes are considered the more "newsworthy" pieces. The media heavily affects the public perception of juvenile crime, typically overdramatizing and distorting the reality of the problem. The general public has limited knowledge on the actual process of the juvenile justice system, and generalizes the nation's youth into a more violent group than previous generations. The juvenile system is extremely different than the adult correctional system, and uses terms tailored to fit the demographic it serves.

The juvenile justice system uses different terminology than the adult system, in an effort to protect youth from harmful labels and stigmatizing language that would follow them the rest of their lives. Youth are not arrested, they are simply taken into custody, and they are called delinquents rather than criminals if the allegations against them prove to be true. A juvenile will never be declared guilty by a judge, they are merely adjudicated, and instead of going to jail, they are taken to detention.

The process in the juvenile justice system varies from state to state, however the general outline remains about the same. It starts with the delinquent act, subsequently followed by taking the youth into custody. The juvenile is then referred to court or to a juvenile agency. They go to juvenile court or some sort of diversion program. In some cases, youth are held in detention while they await a court hearing or a placement in a program. After a petition has been filed, a juvenile will have an adjudication hearing, followed by a dispositional hearing where the judge will make legal findings in regards to the recommended terms of probation and appropriate placement of the youth.

The juvenile justice system is different from the adult system in that it strives to be more informal, private and focused on rehabilitation rather than punishment of youth. The argument taking place in today's society is whether the juvenile justice system should focus on rehabilitative methods or induct harsher punishments when dealing with juvenile delinquents. This argument stems from political roots, where the retributive approach is to "get tough on kids" and punish them for their acts. The reformative view takes a more passive stance and advocates for treatment, rehabilitation and community-based programs. In the end, the methods that work are the ones that ultimately reduce recidivism in juvenile offending. The first juvenile courts served as a social welfare function,

embracing the rehabilitative ideal of reforming children rather than punishing them (Hess, 2013).

Since the entire point of the juvenile justice system is to lead youth away from a criminal career path, its success is measured by recidivism rates.

Recidivism is one of the most fundamental concepts in the criminal justice system. It refers to an individual's relapse into criminal behavior. As with the differences in every state's juvenile justice system, they all use their own criteria in calculating recidivism.

One adolescent repeat offender may cost tax payers an estimated 1.3 to 1.5 million dollars (Tennyson, 2009). Although adult offenders account for the majority of criminal activity in the United States, about 25 percent of juvenile offenders over the age of 16 will go on to reoffend in their early adult years (Office of Juvenile Justice and Delinquency Prevention, 2006). If effective intervention strategies that target juvenile offenders can be identified, and then put into effect, a decrease in the number of youth that re-offend as adults should follow.

During the 1970s, there were many studies that were conducted which resulted in poor outcomes in terms of juvenile rehabilitation. However, in the following years, studies have shown that a variety of different interventions

result in varying degrees of improvement in reducing recidivism (Tennyson, 2009). With respect to approaches typically found to be effective in decreasing reoffending, seven types of treatment interventions aimed at reducing recidivism in juvenile offenders will be examined. These treatment interventions include restorative justice, parent training, drug treatment, behavior modification and cognitive behavioral treatment (CBT), as well as family, group, and multisystemic therapies.

Adolescence typically refers to the teenage years, from 12-19 years old. This period in a person's life is transitional, often including rapid physical growth, self-consciousness, sexual maturity, increase in peer pressure, experimentation and an identity search. Some believe that the juvenile courts shouldn't punish kids as severely as adults because they have immature judgment and lesser self-control which causes them to take risks and act impulsively without a full appreciation or understanding of the consequences.

Juvenile Offenders

The term "juvenile offender" covers a broad expanse of territory. It could be anything from a fifteen-year-old who got caught smoking a cigarette to a youth who has committed a violent crime against another person, such as a sexual offense. The offenses committed by juveniles range from status offenses,

to property to crimes, to serious violent offenses. These are generally the three categories of offenses that juveniles are placed in. According to the Federal Bureau of Investigation (FBI), 1,288,615 juveniles were arrested in 2010, (Flores, 2005).

A status offense, which makes up a large portion of juvenile offenses, is simply a youth committing an act that would not be considered illegal if an adult were doing it. Examples of status offenses include smoking, truancy, breaking curfew, underage drinking and running away from home. Anyone above the legal age would not be breaking the law by engaging in any of these acts. Historically, females are more likely to be brought in on a status offense than males (Davis, 2007). Youth who commit status offenses are often referred to as “delinquents” to avoid stigmatizing them as criminals. The term “delinquent” implies that they have committed an offense that would not be illegal if committed by an adult.

The most common acts of juvenile delinquency are property crimes; 22.5 percent of all arrests for property crimes in 2010 involved juvenile offenders (*Crime in the United States, 2010, 2011*). Larceny-theft is the most frequent offense, typically falling under the category of shoplifting. Other property offenses include burglary, vandalism and arson. The least common juvenile offenses are violent crimes. In 2010, juveniles made up 13.7 percent of all arrests

for violent crimes (*Crime in the United States*). Violent crimes include murder, forcible rape, robbery and aggravated assault.

Juvenile offenders typically do not share common personality types; there's no single type of personality associated with delinquency. Sometimes, however, they do share common characteristics. Delinquents are more likely to be defiant, ambivalent towards authority, hostile, resentful, destructive and engage in impulsive, risk taking behaviors. They typically possess more risk factors than protective factors. For many, delinquency is just a passing phase while going through puberty and adolescence. These offenders grow out of their delinquent behavior as they mature. However, the same cannot be said for every youth in the juvenile system. The more concerning youth are those who are on a "life-course persistent" (LCP) pathway. These youth are most apt to show longstanding patterns antisocial behavior and other concerning, problematic behaviors.

Youth who are serious, chronic or violent offenders usually graduate the juvenile system and transfer straight into the adult system. The likelihood of transferring increases with the frequency of offending. Those on the LCP pathway typically fall into the category of those who will later end up in the adult system. They are the youth who start committing offenses early and continually commit

offenses throughout adolescence. Chronic juvenile offending is also often referred to as juvenile recidivism.

Corrections:

Through local and national news coverage, the public will often hear about burglaries, thefts, and murders committed by juveniles. One thing that the mainstream media fails to report is how the criminal justice system works with youth to decrease recidivism and increase rehabilitation. “Beginning in the 1960’s, the national crime rate sharply increased, prompting some criminologist to join with political forces to reject the rehabilitative ideal in favor of a “justice model” that would limit corrections official’s discretion with offenders and institute due process rights and determinate sentencing,” (Loeber and Farrington, 2012). When the national crime rate increased dramatically, it placed a spotlight on evaluating corrections interventions with youth. These evaluations negatively determined that “nothing works” and cast negative impressions on the idea of rehabilitation. The fact that was ignored was that community-based programs are far more cost effective than operating and maintaining correctional institutions.

Historically, there have been four main goals of corrections: retribution, incapacitation, deterrence and rehabilitation. These goals are not equally

attainable, however I anticipate that rehabilitation rather than punishment is the most attainable and better method in reducing recidivism among juveniles. “The absence of a clear or consistent emphasis on rehabilitation or evidence-based practices has led some scholars to observe that ‘what is done in corrections would be grounds for malpractice in medicine,’” (Loeber and Farrington, 2012) “This finding leads us to conclude we expend far too many resources on punishments that yield dubious results and far too few on nurturing positive behaviors to steer young people out of criminal involvement.”

Retribution, put simply, is punishment. It is the “just desserts” of corrections. This goal of corrections is not focused on trying to reduce crime; rather its focus is getting revenge on the offender. It is punishment for the sake of punishment, essentially. “It is clear that punishment, per se, has little or no effect on recidivism for juvenile offenders,” (Loeber and Farrington, 2012). The politicians who wish to “get tough on crime” usually aim towards retributive methods. “Discipline interventions had the largest negative effects on recidivism with an increase of eight percent, with deterrence interventions increasing recidivism by two percent,” (Lipsey, 2009).

Incapacitation is merely detaining the offender, which removes their ability to commit another offense. This method is typically reserved for the more

violent and high risk juvenile offenders because incarceration is the most expensive sanction.

Deterrence aims to prevent crime by showing the offenders the outcomes and costs of their actions. Examples of deterrence would be the Scared Straight program, which I will discuss more in depth later on. Deterrence theory states that the decision to commit a crime is based on a cost-benefit calculation (Hess, 2013).

Rehabilitation is the opposite of retribution. It is a positive and progressive method that addresses the offender's needs and seeks to intervene and modify risk factors. "More than 70 percent of the public agree that incarcerating youthful offenders without rehabilitation is the same as giving up on them" (Hess, 2013). "Juveniles, as a class, have a lesser capacity for reasoned, logical judgment, are more vulnerable to negative external influences, and do not have fully-formed personal identities, thus rendering them more amenable to rehabilitation." (Farina-Henry & Vaughan, 2009)

Probation is the most common disposition of juvenile court. After the dispositional hearing, a juvenile who has been put on probation must adhere to certain stipulations. Most mandatory conditions of probation specify that the youth must not commit a new delinquent act, they must report to their

probation officer and they must obey all court orders. The court may also order more discretionary conditions typically suggested by the probation officer. These can include paying fines, making restitution, community service, work programs, drug and alcohol programs, or being placed in an alternative program outside the home, based on the needs of the youth.

“Probation is designed to maintain supervision of offenders while they try to straighten out their lives. Conditions are imposed specifying how an offender will behave throughout the length of the sentence. Probationers may be ordered to undergo regular drug tests, abide by curfews, enroll in educational programs or remain employed, stay away from certain parts of town or certain people, or meet regularly with probation officers,” (Clear, Cole and Reisig, 2013).

The role of the juvenile probation officer is to hold the youth accountable, advocating for the needs of the victims, offenders, families and community, as well as addressing those needs, and advocating for the youth offender. The probation officer offers guidance for the youth to help them overcome issues that may lead to further delinquency. In addition to creating a case plan of supervision for the youth, probation officers often provide family counsel, crisis intervention and mediation. Ultimately they are there to supervise, however they often play a much bigger role in the lives of the youth they oversee.

Defining and Measuring Recidivism

As previously stated, there are 51 different juvenile justice systems, one in every state, including Washington D.C. However, within each state, the juvenile justice system varies within every county. Juvenile justice is quite seemingly a local process, which inevitably means every county has their own language and definitions. A simple online search of various state statutes produced the following definitions of delinquency prevention:

- “Prevention” [is] the creation of conditions, opportunities and experiences that encourage and develop healthy, self-sufficient children and that occur before the onset of problems (Arizona State Senate 2002).
- Prevention: Efforts that help prevent a youth from entering the juvenile justice system as a delinquent (Florida Department of Juvenile Justice 2008).
- Prevention is a process of intervention designed to alter the circumstances associated with problem behaviors. Effective prevention practices decrease problem behaviors and subsequent difficulties children and adolescents experience in the school and in the community. Prevention includes a wide range of activities that address the needs of an equally wide range of children and youth (National Center on Education, Disability and Juvenile Justice, n.d.).

Prevention is a broadly defined term, one that every state and every county perceives differently. However, the common theme among these definitions is that prevention must take place *before* a delinquent behavior actually occurs.

The same case can be made for the term recidivism. Recidivism is essentially repeated offending or a return to crime after being caught, convicted and “corrected”. This term is broadly defined as well. There is no national recidivism rate for juveniles due to the fact that juvenile justice systems vary across states, however juvenile recidivism is a huge problem. Florida, New York and Virginia lead the nation in rearrests according to the U.S. Department of Justice Juvenile Offenders and Victims 2006 National Report, (Bostic 2011).

In Oregon, recidivism is defined as “the total percentage of a release cohort that was convicted of any felony at any time within the specified number of months following release from prison/after beginning probation,” (Oregon Department of Corrections 2014). California defines recidivism as “a conviction of a new crime committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction” (Nielsen 2014).

“By definition, recidivism comprises two elements: 1) the commission of an offense, 2) by an individual already known to have committed at least one

other offense. To have a truly operable definition, one must clarify and qualify both parts,” (Harris, et al., 2011). For the second half of the definition, the question arises: Who is considered to be “an individual already known to have committed at least one other offense?” In juvenile cases, is it important that the juvenile must have been found guilty of an offense? There is also the matter of the juveniles who have been arrested but diverted before adjudication. Would those youth be considered in this definition?

“A policy maker might argue that diversion does not imply innocence; in fact, it implies or requires admission of guilt. Thus, if a youth who was previously diverted comes before the court on a subsequent offense, is that not recidivism? Evaluators must agree on uniform answers to these questions or their findings will be difficult to interpret or compare,” (Harris, et al., 2011).

There is not one single definition of recidivism, however they all share common truths. Each definition has a starting event, like being released from prison, starting probation or completing some sort of program. Next, there is a measure of failure, such as a subsequent arrest, or a new offense. Lastly, there is a certain period of time (six months, one year, three years) during which the offender is considered a recidivist if they reoffend during this time. Even with these commonalities, however, there are still many disagreements about what counts as recidivism. Arguments among scholars consist of whether recidivism

rates should be determined by number of arrests, convictions or confinements.

There are arguments over whether it matters if the offender engaged in the same act they were sanctioned for before, or if it is a new type of crime.

Harris and Mengers (2011) found that juvenile recidivism is concentrated in specific neighborhoods and that different types of neighborhoods produce different rates, and different types of offenses. They give the example that a neighborhood with well-organized drug markets increases the chances of recidivism among juveniles, especially committing drug-related offenses. Thus, characteristics of the neighborhoods where youth live can influence patterns of recidivism. Recidivism rates may also be affected by environmental factors within a jurisdiction. These include economic conditions, population density, levels of access to health care, and quality of education.

There are three types of prevention methods that are relevant to juvenile offenders in the justice system. Prevention can be corrective, punitive or mechanical. Corrective prevention focuses on eliminating factors that lead to criminal behavior. Punitive preventions focus on using the threat of punishment to discourage criminal acts. Lastly, mechanical prevention is directed towards “target hardening” (Hess, 2013), making it difficult or impossible to commit certain offenses. This method is based on physically preventing an offense by

putting locks on doors, bars on windows, security alarms, guards and other options that prevent against becoming a target of crime.

The first line of action against any juvenile crime is prevention, of which there are three levels of delinquency prevention. The three types are primary, secondary and tertiary. The primary prevention model is directed at the population as a whole. It aims to modify and change crime-causing conditions and factors in social and physical areas that lead to crime. This level uses corrective and punitive prevention options. The primary prevention efforts are usually aimed more towards risk factors. Programs that are primarily preventative would be after-school/mentoring programs like the Boys and Girls Club and Big Brothers Big Sisters.

The American Psychological Association (APA) (n.d.) stated, "Prevention programs directed early in life can reduce factors that increase risk for antisocial behavior and clinical dysfunction in childhood and adolescence."

Secondary prevention is aimed at specific at-risk youth rather than the population as a whole. It seeks early identification and intervention in the lives of juveniles who are in crime-causing circumstances. This prevention effort focuses more individually on changing the behavior of those likely to become delinquent

due to their risk factors. This level is often dominated by punitive prevention methods.

The APA notes that “Secondary prevention programs that focus on improving individual affective, cognitive and behavioral skills or on modifying the learning conditions for aggression offer promise of interrupting the path toward violence for high-risk or pre-delinquent youth...programs that attempt to work with and modify the family system of a high-risk child have great potential to prevent development of aggressive and violent behavior.” (American Psychological Association, n.d.).

Lastly, the tertiary line of prevention is on par with reducing recidivism. It is aimed at the offending population of juveniles to prevent further acts of delinquency. This level is also referred to as treatment or rehabilitation. Of these three levels, the primary and secondary are the ones that actually refer to *prevention*. They seek to curb delinquent acts before they happen rather than after. The best way for the primary and secondary prevention programs to be effective are if they address the underlying causes of delinquency. This brings us to risk and protective factors. To prevent delinquent behaviors from occurring, the factors that stimulate those behaviors must be identified and then treated.

Risk/Protective Factors

There are numerous theories on why youth exhibit delinquent behaviors, but researchers agree that there is not just one path that leads to juvenile offending. Once you understand what leads to delinquency, you can better identify how to prevent it. The presence of risk factors in a juvenile's life influences their behavior and increases the likelihood of juvenile offending. These factors can sometimes be offset by protective factors, which keep a youth on a law-abiding path. By knowing certain risk factors and being able to identify the risk factors in certain youth, case workers are better able to address those issues and work on a plan to prevent the youth from offending or reoffending. "The prediction of the onset and persistence of criminal activity depends on early identification of serious and violent individuals and circumstantial factors that facilitate such identification," (Loeber and Farrington 2012).

Research has shown that approximately 54 percent of males and 73 percent of females arrested have no further contact with the juvenile justice system (Flores 2005). Most youth who commit petty offenses will have no further involvement in the system at all. The important task is to target only those youth who need intervention services and to match them with the appropriate kinds and levels of intervention programs and services they need, rather than to serve youth who are unlikely to commit another crime. This is the reason for risk

assessments and why it is important to identify the risk factors a youth may be subject to.

A risk factor is a condition, variable or characteristic that increases the likelihood of a youth engaging in delinquent behaviors. The presence of risk factors do not necessarily equate delinquency, however, exposure to multiple risk factors can create a cumulative effect. “Although researchers use risk factors to detect the likelihood of later offending, many youths with multiple risk factors never commit delinquent or violent acts. A risk factor may increase the probability of offending, but it does not make offending a certainty” (Shader 2002). In contrast, protective factors are behaviors and circumstances that often protect youth from becoming offenders. It is typically the opposite of a risk factor. For example, if low grades and poor achievement are risk factors, good grades and high achievement are protective factors. There are hundreds of risk and protective factors that have been identified, and researchers have grouped them into five categories: individual, family, school, peer and community (Hess 2013).

Some individual risk factors include: mental illness, hyperactivity (ADHD), low intelligence, emotional factors, drug or alcohol use at an early age, victimization, cognitive disorders, aggression, antisocial behavior and exposure to violence to name a few. “[A] key developmental concept for assessments of risk

for violence and serious offending is the impact of maturation on the time frame for which predictions remain accurate. A significant number of youth who engage in violent behavior at one stage of development do not continue to do so as their development proceeds” (Loeber and Farrington 2012).

An important indicator of juvenile delinquency is antisocial behavior in the past. Many juvenile justice experts agree that the best predictor of future behavior is past behavior, (Hess, 2013). Antisocial behaviors often include aggression, physical fighting, vandalism, and rule violations.

A youth’s family is one of the greatest influences on their behavior. The family is “the foundation for the protection, care and training of our children. It is the first institution to affect children’s behavior and provide knowledge of and access to society’s goals, (Hess, 2013).” A juvenile’s family can either be categorized as a risk factor or a protective factor. When family interaction is weak or harmful, delinquency is at its highest. However, even youth from “good” families can have delinquent behaviors.

Juveniles spend the majority of their adolescence in a school environment. Youth education comes with another set of risk factors specific to that environment. Possible school risk factors are truancy, dropping out, low academic achievement, learning disabilities, negative labeling by teachers,

frequent school transitions and low expectations from the parent (Hess, 2013).

Among their peers, risk factors include peer rejection, association with delinquents, gang involvement and alcohol or drug use by their peers.

To offset the multitude of risk factors, a few protective factors include effective parenting, involvement with positive peer groups and activities, positive attitude towards school, safe community environment and high expectations. For the last decade, the juvenile justice system has been turning towards the Public Health Model, attempting to further understand the causes of delinquency and modify the approaches already in place for its prevention. Based on the public health model, effective crime and delinquency prevention uses a two-pronged strategy that involves risk and protective factors. The strategy works towards reducing known risk factors and promoting the protective factors. In regards to the risk and protective factors, the OJJDP (2009) states, "It should be noted that risk and protective factors are neither causes nor cures. Rather, risk and protective factors are statistical predictors that...have a strong theoretical base."

Restorative Justice

The juvenile justice system has often been contradictory as to where it should lay its concerns. Part of society desires that punishment be swift and certain and believes that harsh punishment and negative consequences will deter

youth from reoffending. However, the other portion of society seeks rehabilitation for these young offenders, to set them back on the right path.

“Since its inception in the late 1800s, the juvenile justice system has been an amalgam of contradictions and competing concerns. On some level, society believes that crime should result in punishment and that children must experience swift, certain and negative consequences for their crimes to deter them from future delinquency. Society also wants rehabilitation of wayward youths, but it wants to be protected from them while they rehabilitation takes place. The needs of crime victims must be central to the justice system. They need compensation for damages, contrition from offenders and a sense of justice restored...

If the punishment model and the therapeutic intervention model coexist in a jurisdiction, offender accountability and competency development brings clarity and reason to juvenile justice issues. This comprehensive philosophy speaks to every aspect of delinquency, punishment, treatment and prevention. These three principles, fully implemented, create a juvenile justice system that truly operates in the best interest of the child and the community.” (*Bringing Balance to Juvenile Justice*, 2002)

One strategy that needs to be considered in reducing recidivism is restorative justice. Restorative justice is a form of mediation that aims to reconcile the tensions between offenders, victims and the community and repair the harm that has been done. This strategy is entirely opposite of retributive justice, which focuses on merely punishing the offender. Restorative justice aims to heal the community and the victim and places an emphasis on reconciliation. This approach stresses the involvement of the offender during the repair process. The balanced approach to juvenile justice considers community, offender and victim. Reconciling the needs of the victims and the offenders is the ultimate goal of restorative justice.

Through the process of restorative justice, the offender must accept responsibility for their behavior and work to restore the loss to the victim, which is sometimes the community itself. If the victim wishes for mediation, then the offender should participate. By actively participating in a service role that improves quality of life in the community, the offender is provided with new experiences and life skills, helping them become positively productive.

The victim, in the role of restorative justice, participates as little or as much as they feel comfortable or are able. Through this approach they are able to get mediation, document the impact of the crime, whether it's financial or psychological, and help in determining the sanctions against the offender. It

provides healing to the victim and they can be a beneficial asset in victim-awareness training or victim panels.

Community members can play a role as well. They can participate as a volunteer mediator, help develop community service for the offender, assist victims and help the juvenile offenders in completing their obligations. This helps create opportunities for the youth to make productive contributions to the community and sometimes offers mentorship to the youth.

Restorative justice is a highly effective strategy in reducing recidivism among juveniles. Rehabilitation, rather than harsher punishment, will help reduce recidivism more effectively. It is also highly beneficial that restorative justice involves the victim and the community in the process. It's important that the offender participates in restoring the wrong done to the victims of their offenses. By accepting the responsibilities of their actions, the offender can make amends. This in turn creates a level of empowerment for the offender, aiding in their own rehabilitation, which reduces the chances of their recidivism.

Restorative justice is an opportunity for offenders to accept the responsibility of their actions by working with the community, learning new skills and learning to overcome feelings of guilt. This approach also helps the victim gain an understanding of the offender, feel safer and gain closure of the wrongs

that have been done to them. With restorative justice, there are many different strategies to attain rehabilitation. There are different treatments and programs such as family treatment, mediation, reparation and victim-offender conferences. The purpose of these programs is to create direct interaction with the offenders, the community and the victims.

In regards to youth offending, a study that was conducted by the NSW Bureau of Crime Statistics reported that restorative justice reduced re-offending rates by 15-20% (Restorative Justice: Creating a Safer Society, 2012).

“Evidence-Based”

The term “evidence-based” is used in multiple professional fields, usually with its own working definition. For the purpose of the criminal justice field, it is used to describe practices, programs or strategies that are informed by the results of scientific research, and have been proven to be effective. Evidence-based decision making is applying the best available knowledge to make an informed decision and choose the most effective approach to an applied setting.

In Oregon, state law requires that certain prevention, treatment and intervention programs that are intended to reduce recidivism must be evidence-based. By 2009, state agencies such as the Oregon Department of Corrections

and the Oregon Youth Authority were required to increase their percentage of state funds on evidence-based programs to 75%, (Przybylski, 2008).

According to data collected by the Federal Bureau of Investigation, violent crime arrests involving juveniles have steadily dropped since 2008 (Butts, 2013). The FBI uses statistics tracking the violent crime trends of the four offenses: murder, forcible rape, robbery and aggravated assault. Since 2003, there has been a 37% drop in arrest rates of juveniles (Butts, 2013). While decreasing arrest rates among juveniles is considered a success, the important piece is figuring out *why* the numbers have decreased and to determine what works in the juvenile corrections system. Compared with the arrest rates since 1980, youth crime has steadily decreased, as well as reaching new lows every year from 2009-2012.

Programs that are evidence-based in reducing recidivism among juveniles include: Functional Family Therapy (FFT), Multidimensional Treatment Foster Care (MTFC) and Multi-Systemic Therapy (MST), which will all be discussed later on.

Programs, Strategies and Policies

There are many programs around the country that deal with juvenile delinquency, each with their own way of how to “fix” it. It raises the question: what actually works? There has been an increase in research that shows many of

the popular anticrime programs do not work at all, yet money is still being spent on them. Society supports these programs, thinking they are helping fix the problem of juvenile crime, when in reality the programs are not even helpful and may even be hindering rehabilitation.

Lawrence W. Sherman led a team of criminologists in a study that evaluated the effectiveness of crime-prevention programs funded by the Justice Department (Hess, 2013). The study concluded that the following programs do not work: military-style correctional boot camps, “Scared Straight” programs, shock probation/parole, DARE, drug prevention classes that focus on fear, arrests of juveniles for minor offenses, short-term nonresidential training for at-risk youth and home detention with electronic ankle monitors. Programs that were consistently shown to work included family therapy, parental training focused on delinquent and at-risk youth, and training in thinking skills and rehabilitative programs that provide treatment for appropriate risk factors.

When trying to determine “what works,” the best answer is that punishment alone is not enough, nor is it effective. There must be a treatment factor involved. There needs to be some form of intervention or services to be able to reduce the likelihood of recidivism. And while treatment programs are more effective than punishment, not all programs are equal in effectiveness. Another factor is the offender. Not every youth is the same, and what works for one might

not work for another. Treatment needs should be driven by the characteristics of the offender. To effectively reduce recidivism, there needs to be a dual approach of working to reduce the risk factors as well as skill building to improve resiliency.

Evidence also shows that targeting criminogenic needs for treatment is more effective in reducing recidivism than targeting non-criminogenic needs. Examples of this would be placing youth in effective programs that focus on changing antisocial attitudes and behaviors, treating substance abuse and helping juvenile offenders control impulsive behavior. These are criminogenic needs that need to be addressed, whereas programs that focus on building the offender's self-esteem, creative abilities through art therapy, or physical conditioning are not as efficient. The most effective interventions are cognitive and behavioral, which involve structured social learning and modeling new skills and behavior. These approaches target criminogenic factors and have family based programs that train family members in appropriate techniques to use with the delinquent youth. Two effective programs are Functional Family Therapy (FFT) and Multisystemic Therapy, which will be discussed later under the Blueprints Initiative.

Historically Ineffective Programs:

Scared Straight

“Scared Straight” is a program that was established in the 1970’s that is designed to deter youth from future crime by showing them first-hand what prison life is like. During these programs, participants are taken into adult prisons and get to interact with the adult inmates, who use their own stories as a type of deterrent. The program usually involves living the life of a prisoner for a day, aggressive presentations by inmates that are “in-your-face,” as well as one-on-one counseling. The basic premise is that a youth will see what prison is like and be scared out of committing future crimes.

The issue with Scared Straight is that while it emphasizes the severity of punishment, it neglects the other key components of deterrence, which are certainty and swiftness of punishment. For the deterrence aspect to work, punishment or negative stimuli must occur shortly after the negative behavior. With the Scared Straight program, and others like it, it doesn’t offer the necessity of immediate sanctions. It offers the possibility of future punishment, which does little to deter youth from committing offenses.

A study by Anthony Petrosino and researchers from the Campbell Collaboration analyzed the results of nine Scared Straight programs to look at the effectiveness of the program. Of the nine programs that met the criteria of the

study, the researchers' results indicated that "the [Scared Straight] intervention to be more harmful than doing nothing. The program effect, whether assuming a fixed or random effects model, was nearly identical and negative in direction, regardless of the meta-analytic strategy," (Hale, 2010). The results show that not only are Scared Straight programs ineffective, they may actually be more harmful to the juvenile. Instead of reducing crime, it has been shown that these types of programs produce a substantial increase in the rate of juvenile reoffending up to 30 percent, (Hale, 2010).

It was found that the youth who participate in Scared Straight programs have a higher recidivism rate than those who do not. In 1997, a report was presented to the U.S. Congress, 500 crime prevention methods and strategies were reviewed, and specifically placed Scared Straight in the "what does not work" category. However, despite the different investigations that come to the same conclusion of Scared Straight being an unreliable and ineffective prevention method, these programs continue all over the United States.

Juvenile justice professionals have denounced the Scared Straight programs, citing the findings of the Campbell Collaboration study as well as others. Assistant Attorney General for the Office of Justice Programs Laurie O. Robinson, and Jeff Slowikowski, the Office of Juvenile Justice and Delinquency Prevention's Acting Administrator, published a paper discussing how the use of

Scared Straight programs are harmful to youth, and emphasized that the U.S. Department of Justice does not support these types of programs. Instead, they prefer to focus on programs that are proven to be effective, like mentoring and rehabilitative programs. In addition, the Office of Juvenile Justice and Delinquency Prevention does not fund Scared Straight programs and cites them as potential violations of federal law. After the article published by Slowikowski and Robinson was picked up by the media, two of the three states featured in the television series “Beyond Scared Straight” suspended their programs.

According to Dr. DeMichelle, Senior Research Associate American Parole and Probation Association, Scared Straight is a failure when it comes to reducing recidivism among juveniles.

“[Scared Straight], I believe, was conjured up and implemented by folks due to its intuitive appeal of doing something harsh or painful to kids so they won’t commit crimes in the future. But, the reality is that the approach is devoid of scientific investigation of human behavior,” (Hale, 2010).

Intensive Supervision Probation:

The purpose of intensive supervision is to increase the surveillance on juvenile offenders. Methods of intensive supervision could be house arrest, electronic monitoring and more restrictive conditions of probation. While the

purpose of probation officers is to monitor juveniles on their caseload, increased surveillance can actually lead to a greater number of violations, usually technical violations as opposed to new offenses. Evidence suggests that increased supervision actually leads to higher rates of recidivism. This is partly due to probation officers being more aware of the violations as result of their increased supervision. For lower-risk youth offenders, intensive supervision is actually more harmful than helpful.

Boot camps are also in the category of ineffective practices that are continually used in juvenile corrections. Boot camps for juvenile offenders are a more aggressive, military-style basic training. In a meta-analysis that looked at boot camps as a type of intervention, 66 studies were analyzed to determine the effects of five different incarceration-based treatment programs in reducing recidivism (Tennyson, 2009). The five treatments that were looked at included a drug treatment program, group counseling, residential treatment, a therapeutic community and boot camp. Of those five programs that were examined, the research showed that group counseling, residential treatment and therapeutic community programs all effectively reduced recidivism. Boot camps were shown to have absolutely no effect on the reduction of recidivism.

Long-term secure confinement

When a youth comes before the court, the judge must make a decision that is in the best interests of the offender, as well as the public safety of the community. A judge must make decisions about which program to place a juvenile offender in and which level of restriction is required for that youth. Juvenile offenders who commit more serious and violent crimes often require confinement and a higher level of restriction to protect the community, as well as the youth from themselves. These higher risk youth need the confinement as well as the intensive supervision and intervention to become rehabilitated. However, many juvenile offenders do not actually fit into this category of high risk. They can be effectively rehabilitated through community-based supervision and successful intervention strategies.

Secure detention facilities differ from secure confinement in terms of the reason a youth is being held, as well as the range and intensity of supervision and intervention. Detention is a facility that is used to hold youth upon arrest, to ensure they attend all court hearings and to protect the community from further offending for a typically brief period of time. Secure confinement, however, refers to a correctional facility that holds juveniles who have already been adjudicated and have been committed to the custody of the state for a longer period of time, ranging from a few months to several years.

Due to the increase in public concern about crime and an increased emphasis on youth accountability in the last couple decades, the juvenile justice system has built a reliance on secure detention facilities, as well as confinement for juvenile offenders. Status offenders do not require secure detention, and certainly do not require secure confinement. Yet, recent data has indicated that a third of all youth held in juvenile detention centers are being detained for status offenses and technical probation violations. A facility that should be used as a last resort for serious, violent and chronic offenders, is being used to house minimum risk youth offenders.

While in a detention facility, a youth is being kept away from negative risk factors in their life, however, on the flip side it also keeps them away from any positive influences. Research shows that confinement of a multitude of youth in one setting offers high recidivism rates. Of the youth who are kept in a confinement facility, 50-70 percent are rearrested within one to two years after release (Nielson, 2014). While these facilities often times offer necessary treatment and rehabilitative services for youth, there is a significant separation from the community to which they will return to upon release. This creates an obstacle for youth when they return to their community and don't have these same services. Many of these youth face the issue of being stigmatized by institutionalization.

Effective Programs and Strategies

Cognitive behavioral therapy

Cognitive behavioral therapy (CBT) is an approach that goes hand in hand with Multisystemic Therapy (MST). It has been shown to be one of the most effective strategies in reducing recidivism among juveniles, focusing on effectively changing the behavior that drives delinquency. CBT is based on the theory that irrational and antisocial thinking errors lead to irrational and antisocial behaviors. CBT can help a youth to restructure distorted thinking and misperceptions. In turn, this will help change negative behavior for the better. In addition, CBT's driving force in helping youth is that the thinking process can be influenced, and that a youth can change how they behave by changing the way they think. In most cognitive behavioral therapy programs, offenders improve their social skills, problem solving, critical reasoning, moral reasoning, cognitive style, self-control, impulse management and self-efficacy.

During a study in 2005, it was determined that CBT had overall positive effects, representing an average of about 22 percent reductions in reoffending rates of juveniles (Loeber, 2012). This same meta-analysis showed that in the most effective cases of CBT programs, recidivism was reduced by more than 50 percent. Mark Lipsey of Vanderbilt University also researched the effectiveness of

various interventions with juvenile offenders. Lipsey analyzed the results of 548 different studies on intervention policies and categorized them into seven groups, those groups being: counseling, deterrence, discipline, multiple coordinated services, restorative programs, skill building and surveillance (Clark, 2010).

Upon concluding his study, Lipsey found that the interventions based on punishment and deterrence appeared to increase criminal recidivism among juveniles. However, therapeutic approaches based on counseling, skill building and multiple services had the biggest impact in reducing recidivism among juveniles. Lipsey found that even high-risk behavior did not reduce the effectiveness of cognitive behavioral therapy. It was found that this sort of therapy was most successful when partnered with other services as well, such as employment opportunities, education and training, and mental health counseling.

Blueprints for Violence Prevention Initiative

The Blueprints for Violence Prevention Initiative was put forth by the Center for the Study and Prevention of Violence (CSPV), and was created to identify effective strategies in preventing violence. It began as an initiative in the state of Colorado, and soon after the Office of Juvenile Justice and Delinquency

Prevention (OJJDP) became an active supporter of the project and provided the funding for the programs to be replicated across the United States. Essentially, it is the OJJDP's effort to give communities across the nation a set of programs that are proven to be effective in the field of juvenile corrections.

The overall goals of the initiative were to identify effective, research-based programs, provide the appropriate training to be able to implement these programs, monitor the implementation process and then provide feedback, and lastly to gather information regarding which factors enhance the implementation and process of the program. By 2011, the initiative had reviewed more than 900 programs used by juvenile justice systems throughout the nation, evaluating each on a rigorous selection criterion. Of those 900 programs, 11 were identified as "exemplary in their effects of reducing adolescent violent crime, delinquency, substance abuse, predelinquent childhood aggression and conduct disorders," (Hess, 2013).

The following programs are a select few of those reviewed by Blueprints, categorized as "Most Effective," due to the high empirical evidence of reducing juvenile crime. Some of these programs are the Big Brothers Big Sisters of America (BBBS), Multidimensional Treatment Foster Care (MTFC), Functional Family Therapy (FFT), and the Project Toward No Drug Abuse. These model programs were selected because they reflect a very strong research background

that demonstrated evidence of effectiveness in delinquency, violence, or substance abuse prevention and reduction.

Functional Family therapy

Functional Family Therapy (FFT) is a family based prevention program that works with dysfunctional youth who are ages 11 to 18. This approach has been successfully applied in a variety of multiethnic and multicultural situations, treating a range of high risk youth. There are three phases of the FFT approach, which are engagement/motivation, behavior change and generalization. The engagement/motivation phase focuses on reducing negativity within a family, which is usually a factor in high-risk families. Following that is the behavioral change phase which works at reducing and eliminating the problem behaviors and teaching the youth and their family's important skills, like communications, efficient parenting, problem solving and conflict management. Lastly, the generalization phase aims to help the family actively avoid relapse and increase access to community resources that are helpful to them. Functional family therapy often includes 8-12 one hour sessions over a three-month period.

Multisystemic Therapy

Multisystemic Therapy (MST) addresses multiple aspects of serious antisocial behavior exhibited by youth in several key settings in which the youth

lives, works and plays. MST is typically a home-based model of service so families are not burdened by barriers to access the help they need. Often times the therapists involved with MST work with small caseloads of four to six families, and are available 24 hours a day, seven days a week. MST treatment usually involves contact with the therapist for about 60 hours in a four-month time period.

The focus of MST begins with the parents, helping to empower them and improve parent-youth relations. They work on improving the effectiveness of parental control and building a support system, consisting of other family members, service providers, neighbors, friends and anyone else the family might be close with. This approach also works at removing the barriers within the family that hinders the success of the youth and the parents. Such barriers could be substance abuse on the part of the parents, a highly stressful atmosphere in the home, poor relations between the parents themselves and other harmful factors.

The specific treatment plans of MST vary on each individual case, but are augmented by techniques that are empirically supported to be successful, including cognitive behavioral therapy. Because this treatment is based within the family, it is encouraged that the family takes the lead in setting treatment goals, while the therapist simply acts as a facilitator. There have been numerous studies on this approach, each showing that the MST approach with violent and

chronic offenders resulted in a 25 percent to 70 percent reduction in recidivism. It has also been shown to be highly effective in reducing aggression, delinquency in general and substance abuse. Studies of violent and chronic juvenile offenders find that MST programs are also linked to decreases in youth's mental health problems and improvements in family functioning

Multidimensional Treatment Foster Care (MTFC)

MTFC is a behavioral treatment alternative to residential treatment for youth between the ages of 11 and 18. The focus of this treatment is centered on juveniles who display signs of chronic antisocial behavior or emotional disturbance or who are delinquent. MTFC is a treatment model based on the social learning theory, which describes how individuals learn to behave in social contexts, which in turn influences prosocial patterns of behavior. Some of the practices used with this intervention model are behavioral parent training and support, family therapy, skills training for the youth, supportive therapy for the youth, and psychiatric consultations when needed. This approach is multi-faceted and involves three components, consisting of MTFC parents, the family and the treatment team. Evaluations of this approach have been positive and show that this program is entirely feasible and more cost-effective than alternative residential treatment models.

Project TND

Project Toward No Drug Abuse is a school-based initiative that targets students with substance abuse problems, typically ages 14-19. Over a four week period, at risk youth attend twelve 40-50 minute lessons that focus on motivational activities, social skills development, and decision-making skills. These skills are taught through a variety of means, including group discussions, role-playing, videos, worksheets and games. Through this program, youth learn the social and health consequences that often accompany substance abuse. They work on motivation enhancement activities to avoid drug use and work on correcting cognitive misperceptions. Evaluations of the program have shown that it significantly reduces hard drug and alcohol use among high school aged youth.

Big Brothers Big Sisters of America (BBBS)

Big Brothers Big Sisters of America is a mentoring program that consists of more than 420 agencies that actively serve youth between the ages of six and 18 years old. By matching youth with mentors, it provides a foundation of support for the youth through a sustained one-on-one relationship between a youth and a responsible adult. This program has been proven to significantly reduce drug and alcohol use among youth who are part of the program. It also has been

shown to reduce antisocial behavior, and help youth have better relationships with their parents and peers.

A mentor typically commits to volunteering in that capacity for at least a year, during which time they meet for a couple of hours a couple of times a month and engage in developmentally appropriate activities, like walking, grocery shopping, going to the library, playing catch, as well as educational activities. An 18-month study on BBBS and other programs like it, found that youth in the mentoring program were 46 percent less likely to start using drugs, 27 percent less likely to start drinking and 32 percent less likely to become violent towards another person, (Hess, 2013). Youth involved in the mentoring programs had better attitudes overall than those who didn't, and were more likely to have improved relationships with their family and their peers.

EPICS:

An assessment model that is being implemented in many juvenile departments in Oregon is the EPICS model. EPICS stands for Effective Practices in Community Supervision, and is an assessment model that focuses on officer-offender interactions. This model holds that the traditional officer-offender interactions are not effective because they are too brief to have an impact because conversations focus almost exclusively on offender compliance with the

conditions of their probation, and the relationship is often more authoritarian and confrontational than helpful. The issue with the traditional interaction between youth and their probation officers is that they emphasize external controls on behavior rather than actually developing an internal rationale for pro-social behavior. The rationale for why the EPICS model is so effective is that it focuses on the strongest theory of human behavior: social learning. The EPICS model encourages the importance of teaching juvenile probation officers and other caseworkers how to use structured social learning and Cognitive Behavioral Therapy (CBT) during one-on-one interactions with youth.

According to the most current research, the relationship between the probation officer and the offender, as well as what is actually discussed between them, is what is most important, (Latessa, n.d.). According to Edward Latessa, the director of the school of Criminal Justice at the University of Cincinnati, a study on case management practices in Manitoba probation found that the development of supervision plans was based more on what the court mandated rather than the actual assessment of the offender indicated, (Effective Practices in Community Supervision, n.d.).

Integrating the EPICS model into case management begins with translating the results of the assessment and then targeting the criminogenic needs of the youth offender. By providing evidence-based interventions and graduated

incentives and consequences, probation officers and caseworkers can more effectively reduce recidivism among juveniles. With the EPICS model of case management, the officer matches the offender to programs and services that address the individual risk factors and remove the barriers related to responsibility. With EPICS, the highest priority are the high-risk offenders, who have higher criminogenic needs. Probation officers use the EPICS model to target those needs and work to reduce the risk. With non-criminogenic targets, the idea is not to reduce the risk, but reduce the barriers.

Supervision techniques under the EPICS model include: family and work contacts, drug screening, electronic monitoring, house arrest, curfew checks, telephone contact and technical violation. EPICS focuses on interventions through referrals as needed, including referrals for substance abuse, social skills, antisocial thinking, anger management, vocational services, mentoring, mental health, family intervention, problem-solving, educational needs, abuse and sexual misconduct.

When conducting an EPICS session with a client, probation officers focus on just a few key areas. They work at building rapport with the youth by getting updates on the juvenile's progress and engaging the youth in problem solving and skill building. Other things that can potentially happen during an EPICS intervention session would be drug screens, crisis management, family

intervention, reviewing a case plan, reviewing key points from the last session, and reassessing needs. EPICS integrates evidence-based practices and cognitive-based treatment into case management to render the best results. Through an EPICS session, probation officers and case workers create structured case plans based off of accurate assessments, and then provide interventions during face-to-face meetings with the at-risk juveniles. The officers choose which interventions to do based on the client's risk and need, the interventions being evidence-based and targeting the criminogenic needs. Each session is structured in the same way, beginning with a check-in. After the check-in, the officer will move into a review of the key points from the previous session and then assess for a possible intervention. Then the meeting will end with the officer giving the client some sort of homework.

The check-in provides the probation officer with the opportunity to determine if the youth has a crisis that needs to be addressed, as well as to build rapport with them. The review portion of the meeting should focus on the skills that were discussed in the previous meeting and demonstrating the application of those new skills. This is also the time to troubleshoot any potential problems that have come up with using those skills, as well as any progress that has been made in any short or long-term goals.

The intervention portion typically takes the most time. It is the time where the officer identifies any continued areas of need and works on identifying trends in problems that the youth experiences. This is the part of the session where the probation officer will teach the youth a new skill, something as simple as teaching them the skill of active listening. This is also the best time for the officer to target any problematic thinking on the youth's part. While teaching a youth a new skill, the probation officer needs to model that specific skill. Oftentimes, an effective strategy is role playing with the youth and allowing them to practice it themselves. Homework should be something that focuses on applying the new skill they just learned before the next session.

Several counties in Oregon have begun training in using the EPICS models, including Marion County, Linn County, Clackamas County and Lane County. In a statement from the University of Cincinnati, Dr. Latessa said,

“Sometimes officers have a hard time seeing the big picture/purpose of EPICS. Specifically, they understand the idea that EPICS is geared to reduce recidivism, but they don't always understand their role. Stressing that the officers' goal is to teach the clients how to use cognitive restructuring and the various prosocial skills and techniques on their own is imperative.”

Cindy McCoy, the Director of Grant County, Indian Correctional Services, said, “The feedback I am getting on EPICS is phenomenal. Several people have said of all the “What Works” training, this is the one most valuable because it provides concrete strategies that they can use in their everyday work. People are already sharing with each other their experiences with the skills.”

Eight Evidence-Based Principles for Effective Interventions

The first principle for effective interventions is to to develop and maintain a complete system of ongoing offender risk screenings and needs assessments. To effectively manage a caseload and determine the needs of each individual case, the assessment of offenders needs to be a reliable and valid method. With the use of relevant measurements of offender risk, caseworkers are better able to implement the best practices of corrections based on the risk, need and responsivity. The assessments are more valid when the staff is formally trained in administering the assessment tools and screening the youth for risk factors. Assessments on juvenile offenders need to be an ongoing function. Information is gathered often and informally through routine interactions between a youth and their caseworker, through observations, conversations and formal assessments. An important aspect of working with at-risk juveniles is how the assessment

information is captured and then used to develop case plans. A good example of an assessment model would be the EPICS model.

The second principle is to enhance intrinsic motivation. Probation officers need to be trained in motivational interviewing techniques. The main idea behind this step is the belief that behavioral change must come from within, for a lasting change to actually occur. Staff should be able to relate to the offenders in sensitive and constructive ways to enhance intrinsic motivation in the youth.

The probability that change will occur in a youth's behavior is strongly influenced by interpersonal interactions. Examples of these interactions would be contacts with their probation officers or treatment providers, which is why those personnel play an important role in the rehabilitation of a youth. Motivational interviewing is a style of interviewing that communicates with the offender and helps them overcome feelings of ambivalence towards behavior changes. Research shows that motivational interviewing, as opposed to tactics of persuasion, more effectively enhance feelings of motivation for initiating and maintaining changes in behavior.

The third principle is to target interventions. There are several considerations with this step, those being centered on the risk, need and responsivity, and treatment principles, as well as dosage. For the risk principle, it

is important that the caseworker or probation officer prioritizes primary supervision and treatment resources on the high-risk offenders. Research shows that when the majority of supervision and treatment resources are aimed towards low-risk offenders, there is little to no positive effect on recidivism rates, (Faust, n.d.). The higher-risk offenders have more of a need for pro-social skills and thinking, and are typically the more frequent offenders. By focusing resources on them, it promotes higher public safety and harm reduction.

Addressing criminogenic needs is also important. Examples of criminogenic needs would be: criminal personality, antisocial attitudes, values and beliefs, low impulse control, association with criminal peers, substance abuse and dysfunctional families. By addressing these specific needs, probation officers can help the offender change their behavior and affect the youth's risk for recidivism. After an initial interview, a probation officer can prioritize the youth's criminogenic needs and focus on the most significant one.

The responsivity principle essentially focuses on the individual characteristics of a juvenile offender. Treatment is not a one-size-fits-all affair. Case workers need to consider a youth's culture, gender, motivational stages and learning styles, all of which influence how they respond to different types of treatment. Another aspect of the responsivity principle is that the youth receives treatment that has been proven to be effective with at-risk youth and juvenile

offenders. To follow the responsivity principle, probation officers needs to match the offender with the services that will provide the most effective treatment for that individual.

Dosage plays into the responsivity principle by appropriating how much treatment each offender should go through, based on their individual cases. High-risk offenders require more treatment and structure than the lower-risk offenders. Youth who have been recently released from a correctional facility need more structured case plans, especially in the first three to nine month period they are returned into society.

Lastly, the treatment principle focuses on implementing treatment as an integral part of the sentencing process, especially the treatment that targets cognitive and behavioral change. By integrating treatment options into the adjudication process, it will offer timely and proactive treatment interventions and provide long-term benefits to the community, the victim if there is one and the youth offender themselves. This principle is more for the high-risk offenders rather than the low-risk. If possible, low-risk youth offenders should be diverted from the juvenile justice system.

The fourth evidence-based principle is to provide evidence-based programs that emphasize cognitive-behavioral strategies, taught by well trained

staff. Probation officers and caseworkers need to fully understand how to facilitate treatment for antisocial thinking, social learning and appropriate communication techniques. Like an EPICS session, these skills are not just taught to the youth, but demonstrated and practiced.

The next principle is to increase positive reinforcement. Researchers suggest that applying more positive reinforcement increases the chance of sustained behavioral change. It has been proven that when learning new skills, people appear to respond better and maintain their learned behavior for longer periods of time when approached with positive criticism. The caveat to this principle is that it shouldn't undermine or hinder an officer or caseworker from giving negative responses for unacceptable or inappropriate behavior.

The sixth principle is to engage on-going support in the youth's community. It is important to engage the youth in pro-social supports within the community. Research shows that intervention programs that draw on the support of the youth's family and friends positively reinforce the desired new behaviors.

Principle seven is to measure relevant processes and practices. Evidence-based practices are based off of accurate and detailed documentation of cases, as well as valid processes for measuring the success or failures of the outcomes.

It is important for agencies and juvenile departments to routinely assess changes in cognitive and skill development, as well as evaluate offender recidivism.

The final principle is to provide measurement feedback. By giving the youth feedback about their progress and change, it adds accountability and enhances motivation, improving the outcomes of the intervention practices.

The framework of these principles needs to be implemented at three critical levels of the juvenile justice system to effectively sustain a reduction in recidivism rates. Those levels are the individual case, the department/agency and the juvenile justice system as a whole.

Conclusion

There are a multitude of programs for treatment and rehabilitation that fall somewhere in between the “what works” and “what doesn’t work” categories. They may hold promise, but are underdeveloped, or they haven’t produced enough evidence to solidly place them in either category. With such uncertainty, it is difficult for service care providers to determine which route to go in effectively reducing recidivism among juveniles. Recidivism rates and tertiary prevention efforts must be looked at and analyzed. The hope is that the juvenile justice system handles a youth’s delinquency well enough that the

juvenile offender enters the system, receives the treatment needed, and turns to a prosocial path of law-abiding behavior.

We need a broad systemic change. “The period of early adulthood has been traditionally neglected when it comes to educational, vocational, mental health and social services. Within most systems, individuals aged 17 to 21 are shifted out of the adolescent services systems, and there is often little to replace those services. Counseling and other treatment/support services, to assist individuals to cope with substance abuse, employment, and relationship issues arising during this period, could ease the transition and help individuals avoid the problems that often characterize these years,” (Loeber and Farrington, 2012).

There needs to be more research on risk, need and protective factors associated with criminal activity that occurs during the ages 18-29. Specific information regarding the period of later adolescents and early adulthood is limited. The youth who have been in the juvenile justice system are shuffled out upon becoming legal adults and there is little help for them. With increased research and rehabilitative programs focused on this specific age group, it will help reduce the chance of their continued offending, reducing recidivism.

When young offenders are pushed out onto society because they are no longer “juveniles” they may face a multitude of challenges. Some of them turn

eighteen while still in school, and face the issue of the school system not being receptive to work with them, or have developmental disabilities that have gone undiagnosed or untreated. This demographic of youth are likely to be unemployed and have limited experience with positive, prosocial experiences. When these issues go unaddressed, they contribute to an unfortunate trajectory of criminal involvement. These are the youth who become the adult offenders, essentially moving directly out of the juvenile justice system and into the adult correctional system.

The Scared Straight programs, boot camps for offenders, or long stays in detention do not actually achieve the goal of desistance of juvenile offenders. The idea of retribution and harsher punishment does not reduce recidivism, but has actually been proven to be more harmful to youth. Rehabilitation through effective, evidence-based programs and supervision strategies will be the most successful way to reduce recidivism in juvenile offenders. By identifying risk factors and then addressing the needs of the offender, caseworkers will be able to successfully rehabilitate juvenile offenders.

The most successful programs are based on interventions that are intensive (involving frequent contacts with offenders), sustained (which involves continuous supervision for a substantial period of time), holistic (covering several aspects of the juvenile's life), and linked to serious rehabilitative services.

However, by contrast, programs that are unsuccessful in reducing recidivism include deterrence programs like boot camps and “shock” probation programs. These sorts of programs either do not affect the juvenile or their behavior at all, and in many instances it increases the likelihood of them committing further offenses. Rehabilitative measures are far more effective in reducing recidivism, rather than using retributive styles of punishment.

There are so many programs, theories and strategies out there that sometimes it seems near impossible to choose the best one. There doesn't seem to be one specific, quick-fix answer, but a myriad of strategies that are efficient. “It does not take a magic bullet program to impact recidivism, only one that is well made and well-aimed,” (Lipsey, 2009).

Bibliography

1. American Psychological Association. n.d. *Violence & Youth: Psychology's Response, Vol. 1*. Summary Report of the American Psychological Association Commission on Violence and Youth. Washington, DC: American Psychological Association.
2. Bostic, B. (2014, March 11). Reducing Recidivism for Juvenile Criminal Offenders. Retrieved October 17, 2014, from <http://yvpc.sph.umich.edu/2014/03/11/exploring-rehabilitation-programs-juvenile-criminal-offenders/>
3. Bringing Balance to Juvenile Justice. 2002. Alexandria, VA: American Prosecutors Research Institute.
4. Clark, P. (2010). Preventing Future Crime with Cognitive Behavioral Therapy. National Institute of Justice, 265. Retrieved April 10, 2015.
5. Clear, T., Cole, G., & Reisig, M. (2013). *American corrections* (10th ed.). Belmont, CA: Wadsworth/Thomson Learning.
6. Council of State Governments Justice Center, *Reducing Recidivism: States Deliver Results* (New York: Council of State Governments Justice Center, 2014)
7. *Crime in the United States, 2010, 2011*. Washington, DC: U.S Department of Justice, Federal Bureau of Investigation.
8. Davis, Carla P. 2007 (July). "At-Risk Girls and Delinquency." *Crime and Delinquency* 53 (3):408-435
9. Faust, D. (n.d.). *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention*. Retrieved March 15, 2015.
10. Flores, R. (2005). *Alternatives to the Secure Detention and Confinement of Juvenile Offenders*. Office of Juvenile Justice and Delinquency Prevention. Retrieved from <http://www.realcostofprisons.org/materials/Alternate>
11. Hale, J. (2010). Scared Straight? Not Really. Psych Central. Retrieved on October 18, 2014, from <http://psychcentral.com/blog/archives/2010/11/26/scared-straight-not-really/>
12. Harris, P., Lockwood, B., Mengers, L., & Stoodley, B. (2011). Measuring Recidivism in Juvenile Corrections. *Journal of Juvenile Justice*, 1(1).

- Retrieved October 17, 2014, from
<http://www.journalofjuvjustice.org/jojj0101/article01.htm>
13. Latessa, E. (2013). What Works and What Doesn't in Reducing Recidivism: The Principles of Effective Intervention. Retrieved October 17, 2014, from [http://www.txcorrections.org/PDF/Dr. Latessa What works and What Doesn't in Reducing Recidivism.pdf](http://www.txcorrections.org/PDF/Dr._Latessa_What_works_and_What_Doesn't_in_Reducing_Recidivism.pdf)
 14. Latessa, E. (n.d.). Effective Practices in Community Supervision (EPICS).
 15. Lab, S. (2014). Rehabilitation. In Crime Prevention (8th ed.). Anderson Publishing.
 16. Loeber, R., & Farrington, D. (Eds.). (2012). *From Juvenile Delinquency to Adult Crime*. New York City: Oxford University Press.
 17. Nielsen, J. (2014). Letter on Proposed Definition of Recidivism. Retrieved February 7, 2015, from <http://district4.cssrc.us/content/letter-proposed-definition-recidivism>
 18. Oregon Department of Corrections Recidivism. (n.d.). Retrieved February 7, 2015, from <http://www.oregon.gov/doc/RESRCH/docs/recid.pdf>
 19. Przybylski, R. (2008). What Works: Effective Recidivism Reduction and Risk-Focused Prevention Programs. Retrieved October 20, 2014, from <http://www.colorado.gov/ccjdir/Resources/Resources/Ref/WhatWorks2008.pdf>
 20. Restorative Justice: Creating a Safer Society. (2012, June 6). Retrieved October 21, 2014, from <http://www.justiceaction.org.au/cms/index.php/prisons/alternatives/restorative-justice>
 21. Shader, Michael. 2002. Risk Factors for Delinquency: An Overview. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. <http://ojjdp.ncjrs.org/ccd/pubsrfd.html>
 22. Sheldon, R., Brown, W., Miller, K., & Fritzler, R. (2008). The Juvenile Justice System. In Crime and Criminal Justice in American Society. Waveland Press.
 23. Supreme Court Hears High-Profile Cases on Juvenile Sentencing. (2009, November 9). Retrieved November 4, 2014.
 24. Tennyson, Heidi R. (2009). Reducing Juvenile Recidivism: A Meta-Analysis of Treatment Outcomes (Doctoral dissertation, Pacific University). Retrieved from <http://commons.pacificu.edu/spp/109>