

Research Brief

National Collaborative on Workforce and Disability for Youth

Issue 4, May 2018

Making the Right Turn: A Research Update on Prevention and Diversion for Justice Involved Youth

PREVENTION AND EARLY INTERVENTION

The most recent data on the incarceration rate of juveniles in the United States indicates a 53% decline between 2000 and 2014.¹ While the reasons for the decline are complex, researchers and advocates have cited factors including an improved understanding of adolescent sensation-seeking and emerging self-regulation, as well as advances in neuroscience that provide evidence of the differences between adolescent and adult brains.² In fact, starting with *Roper v. Simmons* in 2005, the U.S. Supreme Court has noted the link between youth culpability and neuroscience.³ Additionally, there is growing acknowledgement that rather than being provided rehabilitation and education, incarcerated youth are at risk for maltreatment, abuse, isolation, and educational neglect.⁴ Incarcerating youth may actually increase the likelihood of reoffending and substantially lowers the chances that these young people will eventually earn a high school diploma.⁵

In a rather dramatic shift from the end of the twentieth century, an overwhelming majority of Americans now believe that youth should be incarcerated only for the most serious crimes, that the money saved should be funneled into community-based programs, and that families, schools, and social service agencies should address low-level youth crime instead of the juvenile justice system.⁶

Concerns with costs are well founded. For example, incarcerating a youth for one year costs about \$200,000 in Hawaii and \$352,663 in New York.⁷ Moreover, community-based programs often prove as effective as or more effective than incarceration.⁸

To be effective and sustained, the move away from incarcerating youth to more community-based rehabilitative models requires the funding and implementation of research-based approaches to delinquency prevention and diversion.⁹ Prevention is defined in a number of ways, and prevention interventions are designed to address a number of variables. For the purposes of this Research Brief, developmental prevention programs will be the focus and are defined as, "community-based programs designed to prevent antisocial behavior, targeted on children and adolescents, and aiming to change individual, family, or school risk factors" (p. 1).¹⁰

Diverting youth from the juvenile justice system is based on three important theoretical foundations: (1) processing youth further into the juvenile justice system is likely to stigmatize and ostracize youth; (2) if incarcerated, youth will likely adopt the antisocial attitudes and behaviors of their peers; and (3) law-violating behavior is short lived for many youth and subsides with age.¹¹

Diversion typically occurs at two time points and may take one or more forms. Youth may either be diverted prior to formal charges after initial contact with the police or following a formal charge. Often diversion will take the form of a caution or warning, promise to complete service, or agreement of the youth to admit guilt and enroll in a program.¹² The goal of diversion programs is to reduce the likelihood that a youth will recidivate. However, recidivism may be defined in several ways, including rearrest, readjudication, and/or reincarceration.¹³ Diversion has proven more effective than more deep-end involvement (e.g., incarceration) in the juvenile justice system.¹⁴

Conclusions from research on prevention and diversion programs can be complicated. For example, prevention programs may vary greatly with regard to the type of program and the outcome criteria measured as well as the quality of the studies.¹⁵ For example, in a review of 141 juvenile justice interventions, 120 failed to meet quality standards, primarily due to a lack of or neglect to measure fidelity (i.e., implementing the intervention as designed).¹⁶ Similarly, research on diversion programs is often hampered by: (a) methodological issues, including incomplete information on the attributes of the services provided, frequency and duration of services, and the quality of the services; (b) a lack of identification of the risk level of youth involved in the studies; and (c) the sole use of outcome variables related to reoffending and exclusion of other variables including attitudes, school attendance and performance, and mental health functioning.¹⁷

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However, interventions that have a therapeutic orientation vs. an approach focused on control, coercion, surveillance, and discipline have shown more positive effects.¹⁸ A therapeutic orientation can include programs that are, "(a) restorative (e.g., restitution, victim-offender remediation), (b) skill building (e.g., cognitive-behavioral techniques, social skills, academic and vocational skill building), (c) counseling (e.g., individual, group, family mentoring), and (d) multiple coordinated services (e.g., case management and service brokering)" (p. 24).¹⁹

Nonetheless, a synthesis of prevention and diversion research offers an immediate way forward for practitioners that is based on the best available evidence. To further focus the discussion, this Research Brief relies on the 2008 publication *Making the Right Turn: A Guide About Improving Transition Outcomes for Youth Involved in the Juvenile Corrections System*.²⁰ The goal is to provide an update to the Guide and synthesize current research in order to identify effective and promising approaches to the prevention of delinquency and youth diversion from the juvenile justice system.

Given the ongoing limitations concerning the quality and quantity of prevention and diversion research, the inclusion of an intervention into the current Research Brief required evidence since the 2008 Guide. As such, instances are noted where an intervention appeared promising in 2008, but a lack of significant research findings precludes a continued assertion of promise. Similarly, this Research Brief discusses additional evidence-based and promising approaches that have emerged in the last decade.



Consistent with the original guide, the five Guideposts for Success are:

- 1. School-Based Preparatory Experiences:** In order to perform at optimal levels in all education settings, all youth need to participate in educational programs grounded in standards, clear performance expectations, and graduation exit options based upon meaningful, accurate, and relevant indicators of student learning and skills.
- 2. Career Preparation and Work-Based Learning Experiences:** Career preparation and work-based learning experiences are essential in order to form and develop aspirations and to make informed choices about careers. These experiences can be provided during the school day or through after-school programs and will require collaboration with other organizations.
- 3. Youth Development and Leadership Opportunities:** Youth development is a process that prepares young people to meet the challenges of adolescence and adulthood through a coordinated, progressive series of activities and experiences that help them gain skills and competencies. Youth leadership is part of that process.
- 4. Connecting Activities (support and community services):** Young people need to be connected to programs, services, activities, and supports that help them gain access to chosen post-school options.
- 5. Family Involvement and Supports:** Participation and involvement of parents, family members, and/or other caring adults promote the social, emotional, physical, academic, and occupational growth of youth, leading to better post-school outcomes.

1) SCHOOL-BASED PREPARATORY EXPERIENCES

“In order to perform at optimal levels in all education settings, all youth need to participate in educational programs grounded in standards, clear performance expectations and graduation exit options based upon meaningful, accurate, and relevant indicators of student learning and skills” (p. 18).²¹

Response to Intervention (RTI)

Typically, school-based preparatory experiences tend to be implemented within a prevention model rather than as an approach to diversion. As such, the discussion will focus on approaches that promote student academic and behavioral success, two areas that are linked to decreased involvement with juvenile justice.²² It is encouraging that there is an increasing emphasis on evidence-based academic and behavioral interventions within U.S. schools. One example is the What Works Clearinghouse online resource, which includes detailed information on specific interventions, programs, and products.²³ While a review of

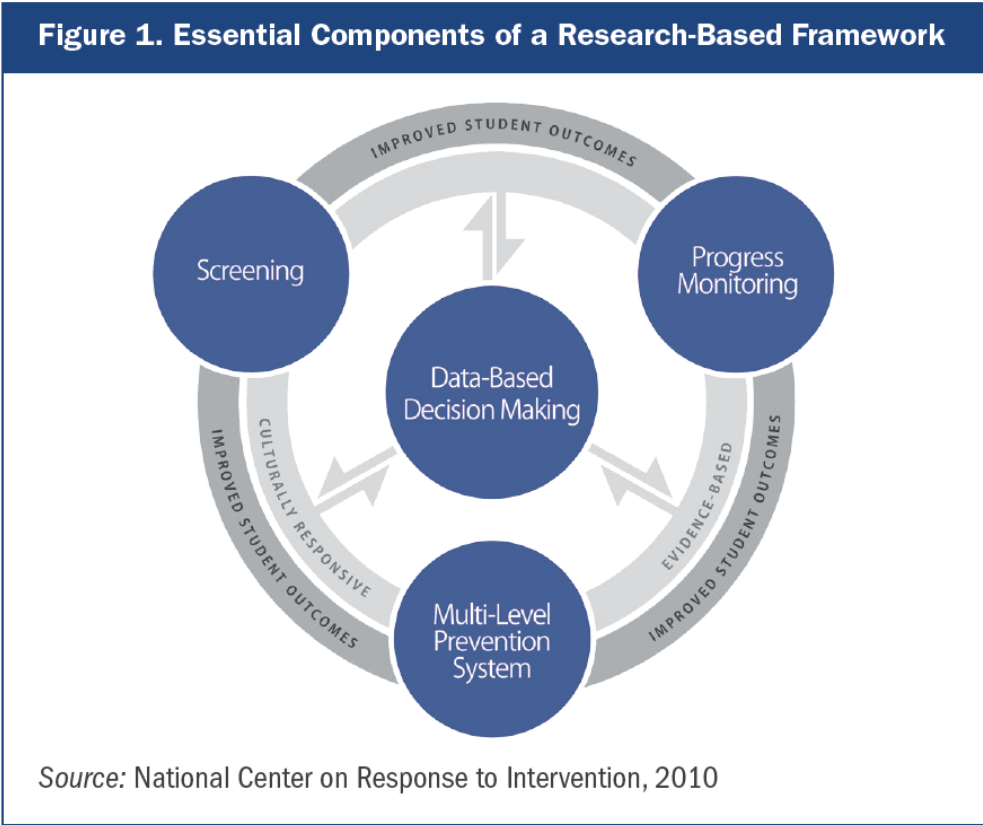


specific academic and behavioral interventions goes well beyond the current focus, Response to Intervention (RTI) is perhaps the most noteworthy framework for promoting youth academic success and appropriate behavior in public schools.

In RTI, “schools use data to identify students at risk for poor learning [or behavioral] outcomes, monitor student progress, provide evidence-based interventions and adjust the intensity and nature of those interventions depending on a student’s responsiveness, and identify students with learning disabilities and other disabilities” (p. 4).²⁴ Figure 1 illustrates the RTI framework. The process is conducted across three tiers, where Tier I focuses on supporting all youth academically and behaviorally, while Tiers II and III provide increasingly more targeted and intense interventions for youth who need additional supports. Specifically, in the first tier all youth are provided evidence-based instruction and positive behavioral supports. Youth are also

screened to identify those with academic and/or behavioral risks. Based on the screening and other data (e.g., office disciplinary referrals, teacher referral, academic failure, follow-up evaluation), students with additional need are provided with Tier II supports. At this tier, students are typically provided additional time and evidence-based interventions within small groups. Students who continue to have difficulties are provided individualized interventions in Tier III. Researchers have reported positive effects of academic and behavioral interventions at each tier as well as overall effects of RTI.²⁵

However, concerns do exist with RTI and there are a great many complications with implementation and areas in need of additional research. For example, researchers and teachers have expressed concern with the need for more clarity around moving students between tiers, evidence-based interventions, professional development, and implementation of interventions as intended.²⁶



2) CAREER PREPARATION AND WORK-BASED LEARNING EXPERIENCES

“Career preparation and work-based learning experiences are essential in order to form and develop aspirations and to make informed choices about careers” (p. 19).²⁷

Prevention

Over the years, U.S. schools have all but eliminated separate vocational tracks in high schools.²⁸ Vocational education was commonly associated with low-level courses, job training, and one or more electives that provided basic job skills sufficient for an entry-level position.²⁹ Perhaps the most important U.S. trend related to career-preparation and work-based experience is the move away from what was previously known as vocational education and a focus on Career and Technical Education (CTE). As defined in the 2006 Carl D. Perkins Vocational and Technical Education Act (Sec. 3(5)(A)(i-iii),³⁰

“(5) CAREER AND TECHNICAL EDUCATION.

— The term ‘career and technical education’ means organized educational activities that —

“(A) offer a sequence of courses that —

“(i) provides individuals with coherent and rigorous content aligned with challenging academic standards and relevant technical knowledge and skills needed to prepare for further education and careers in current or emerging professions;

“(ii) provides technical skill proficiency, an industry-recognized credential, a certificate, or an associate degree; and

“(iii) may include prerequisite courses (other than a remedial course) that meet the requirements of this subparagraph;

and “(B) include competency-based applied learning that contributes to the academic knowledge, higher-order reasoning and problem-solving skills, work attitudes, general employability skills, technical skills, and occupation-specific skills, and knowledge of all aspects of an industry, including entrepreneurship, of an individual.”

Key changes from the traditional vocational education are evidenced in CTE. For example, a significant advance in CTE is the development of the Common Career Technical Core (CCTC).³¹ The standards provide a clear benchmark for student learning that is needed within each of the 16 career clusters (Agriculture, Food & Natural Resources; Architecture & Construction; Arts, A/V Technology & Communications; Business Management & Administration; Education & Training; Finance; Government & Public Administration; Health Sciences; Hospitality & Tourism; Human Services; Information Technology; Law, Public Safety, Corrections & Security; Manufacturing; Marketing; Science, Technology, Engineering & Mathematics; and Transportation, Distribution & Logistics). CTE structures support student focus on a career cluster via a comprehensive set of academic and career-related experiences across secondary and postsecondary school.

This orientation addresses previous concerns with decreasing benefits of vocational education over time. A study of 11 countries revealed that, compared to students in traditional academic programs, vocational education for high school students has initial advantages for employment post-graduation; however, these benefits decrease as former students age.³² The authors emphasize the importance of ensuring that students participating in vocational education receive accompanying education focusing on basic skills and general cognitive skills as well as



ongoing and updated vocational training throughout adulthood. Stern (2015) provides an important example of the improvements of a CTE model in that, within a CTE pathway for Health Occupations, a student could graduate from high school with certification as an emergency medical technician.³³ However, by including both secondary and postsecondary education and experiences within the pathway, the student has the opportunity and ability to continue study in the field to the highest levels while having an important marketable skill. Researchers have reported that students who completed a CTE Programs of Study (or Pathways) did better academically than those students who took a few courses that focused on a specific career cluster or those who took CTE courses without a specific focus.³⁴

There are limits to CTE outcomes as well as available knowledge of effective CTE. For example, some studies find that students who take more CTE courses fare worse than other students,³⁵ while other studies indicate improvements in graduation rates, postschool earnings, and the probability that students attend postsecondary education (particularly for those involved in dual enrollment with a postsecondary school).³⁶ Ongoing challenges to effective CTE also remain. Discrepancies between individual state CTE and the CCTC are common.³⁷ Also, states continue to work on aligning the CCTC with Common Core State Standards.³⁸ The researchers also noted that only two states align secondary and postsecondary CTE standards. Moreover, there are limitations related to CTE with regard to: (a) staff competency and professional development; (b) structures for evaluating and ensuring high quality programs; (c) establishing and maintaining key partnerships; and (d) identifying and implementing varied approaches to assessing student knowledge and competence.³⁹

Nevertheless, particularly for youth involved with the juvenile justice system, researchers

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have long supported the inclusion of career preparation and work-based learning experiences as a supplement to youth access to the general education curriculum.⁴⁰ Effective school-based prevention programs that target youth behaviors associated with delinquency (e.g., drug use, poor school attendance, anti-social behavior, and law violating behaviors) often include a career education component and inter-agency collaborative planning.⁴¹

However, the research focusing on high-risk and/or juvenile justice-involved youth is severely limited, and programs previously considered promising did not ultimately result in anticipated outcomes (e.g., Job Corps, Jobs for America's Graduates, The Court Employment Project, The Career Exploration Project). One recent study shows the promise of a vocational/employment program on the rates of employment and continued attendance in a GED program for high-risk juvenile offenders.⁴² Yet, the study did not employ the more comprehensive approach identified within CTE. As such, the potential of CTE for high-risk and delinquent youth is promising, but our knowledge is severely limited. The Workforce Innovation and Opportunity Act's increased priority on collaborative planning among workforce development and education programs presents an opportunity to better align all workforce and training programs and jointly invest in research toward identifying which strategies improve outcomes among justice-involved youth and other jobseekers.



3) YOUTH DEVELOPMENT AND LEADERSHIP OPPORTUNITIES

“Youth development is a process that prepares young people to meet the challenges of adolescence and adulthood through a coordinated, progressive series of activities and experiences, which help them gain skills and competencies. Youth leadership is part of that process” (p. 21).⁴³

Prevention

Mentoring. Mentoring can most thoroughly be defined as: “(1) interaction between two individuals over an extended period of time; (2) inequality of experience, knowledge, or power between the mentor and mentee (recipient), with the mentor possessing the greater share; (3) the mentee is in a position to imitate and benefit from the knowledge, skill, ability, or experience of the mentor; and (4) absence of the role [of] inequality between provider and recipient that typifies most helping or intervention relationships where the adult is the authority over the directing expertise toward the child in need of teaching or specific help [e.g., teacher-student relationship]” (p. 180).⁴⁴

A systematic evaluation of mentoring revealed that mentoring is a flexible approach that remains effective with a variety of youth and program details.⁴⁵ Mentoring resulted in improvements in a number of areas, including youth behavior and academics as well as in social and emotional functioning. The researchers also emphasized the importance of pairing a mentor and mentee based on shared interests, relying on mentors who have related background and/or training and programmatic structures that support the mentor in his/her teaching or advocacy role. Another review of mentoring studies

focused on programs specifically for youth at risk of being and/or already involved with the juvenile justice system.⁴⁶ Modest effects of mentoring were reported for academic achievement, drug use, and delinquency with the largest effects on youth aggression. However, there were concerns that specific mentoring program activities were rarely adequately described in the studies, and the extent to which mentors followed critical program features was infrequently noted.

In terms of specific mentoring programs, Big Brothers Big Sisters of America (BBBSA) is the most well known. The key components of the program include: (a) screening an adult mentor; (b) matching the mentor and child based on mutual interests; (c) having the mentor meet with the child at least three to five hours each week; (d) monitoring the mentor and maintaining ongoing contact with the mentor, mentee, and mentee parents; and (e) BBBSA staff providing guidance and support to the mentor.⁴⁷ However, despite positive findings in the 1990s, recent large-scale research has indicated only modest and short-term academic benefits and increases in youth reporting that they have a “special adult” involved in their lives.⁴⁸ Additional research and consideration of adaptations in the program are needed. Specifically, researchers have called for more closely integrating evidenced-based interventions into the mentoring model, conducting more thorough program evaluation, and ensuring that the components of the mentoring program are delivered as intended.⁴⁹

Diversion

One important component of effective diversion and program completion is to promote youth personal development and empowerment by working with youth on solution building, wherein personal goals are identified and described in relation to aspects of the diversion program.⁵⁰ While Teen



Courts showed initial promise, research since publication of the original Guideposts does not indicate the success of this approach. However, restorative justice has proven to be an effective approach for youth empowerment and solution building as well as promoting offender re-engagement with society in a positive and productive manner.

Restorative Justice. The United Nations Office on Drugs and Crime (UNODC) identified seven key elements to a restorative justice approach: "(a) Supporting victims, giving them a voice, encouraging them to express their needs, enabling them to participate in the resolution process and offering them assistance; (b) Repairing the relationships damaged by the crime, in part by arriving at a consensus on how best to respond to it; (c) Denouncing criminal behavior as unacceptable and reaffirming community values; (d) Encouraging responsibility taking by all concerned parties, particularly by offenders; (e) Identifying restorative, forward-looking outcomes; (f) Reducing recidivism by encouraging change in individual offenders and facilitating their reintegration into the community; and (g) Identifying factors that lead to crime and informing authorities responsible for crime reduction strategy" (pp. 10-11).⁵¹ As evident in the UNODC elements, reducing recidivism is but one goal of restorative justice. Indeed, researchers caution that a primary or sole focus on such outcomes as offender recidivism risks devaluing the important transformative effects of restorative justice for victims.⁵² However, the current focus is on interventions for offenders, so the conversation will be primarily limited to those quantitative outcomes rather than the more qualitative outcomes associated with process and focusing on the victim.

The implementation of restorative justice approaches takes many forms but can be classified into four categories: (1) direct communication between the offender and

victim; (2) communication between the offender and community members who serve as representatives for the victim; (3) indirect mediation wherein a neutral third party develops a plan with no offender or victim participation; or (4) restorative justice as a component of existing community service and/or restitution.⁵³ Moving from the theoretical notion of restorative justice to implementation has been fraught with difficulties. Many studies are hampered by methodological issues including ill-defined interventions, insufficient or nonexistent measures of fidelity of implementation, omission of random assignment to condition, and the absence of accounting for key youth variables including severity of charge and history with juvenile justice involvement. In one meta-analysis where it was noted that there was no significant effect of diversion programs, the authors also emphasized that the most valid conclusion was the need to improve research methods and the fidelity with which studies were implemented.⁵⁴ Notwithstanding, the research on restorative justice approaches is promising and worthy of continued consideration for implementation and future research.

In terms of effects, restorative justice in the form of direct victim-offender dialogue, participation in a community panel when the offense did not include a victim, indirect mediation where there was no face-to-face contact between victims and offenders, and a condition where there was no or minimal restorative justice intervention have all resulted in less recidivism than traditional juvenile court processing.⁵⁵ In another study where 55% of cases included victim-offender dialogue, 12% included a community panel with no victim-offender interaction, 15% relied on a facilitator for indirect mediation, and the remaining cases participated in other forms of restorative justice; the authors of this study noted that restorative justice was more effective in extending time until recidivism



than typical court processing and effective regardless of youth age, existence of a prior offense, or seriousness of offense.⁵⁶ However, the actual description of the interventions was limited. Similarly, in one meta-analysis that did not distinguish between specific types of restorative justice programs, it was noted that significant reduction in recidivism occurred when there was researcher involvement in the study, indicating the critical importance of ensuring that diversion programs are implemented as intended.⁵⁷

One review of research focused more specifically on face-to-face restorative justice conferences (RJC)s. RJC)s include consenting victims and offenders, community and family members, and a trained facilitator to discuss the crime, the harm it caused, developing consensus on a plan for repairing harm, and monitoring and encouraging compliance.⁵⁸ There is encouraging evidence that this approach may be an effective component of diversion for youth. Family group conferences (FGC)s and Youth Justice Conferences (YJC)s are similar to RJC)s in terms of their goals, participants, and format. Research on FGC)s has accumulated over the last seventeen years and results from the most recent study also revealed decreases in offender recidivism.⁵⁹ However, youth involved in YJC)s did not differ significantly from conventional court processing in likelihood re-offending, seriousness of re-offense, or time to re-offense.⁶⁰

Victim-offender mediation (VOM) is another example of face-to-face restorative justice. In VOM, "With the assistance of a trained mediator, the victim is able to let the offender

know how the crime affected him or her, to receive answers to questions the victim may have, and to be directly involved in developing a restitution plan for the offender to be accountable for the losses the victim incurred. The offender is able to take direct responsibility for his or her behavior, to learn of the full impact of what he or she did, and to develop a plan for making amends to the person(s) he or she violated" (p. 1).⁶¹ VOM is popular worldwide and is used throughout Europe, Asia, Africa, and South America.⁶² As

with other restorative justice approaches, researchers have noted the importance of preparing both victims and offenders for mediation due to the intense feelings that are likely associated with the meeting as well as the importance of offender willingness to apologize and the

necessity of high rates of participation from both parties.⁶³

Researchers have focused on the effects of VOM on recidivism and, while promising, results are mixed. In addition, it is important to note that many studies do not use random assignment. The assignment of youth to a certain condition based on need or youth preference seriously limits the conclusions that can be made. However, random assignment could lead to the decision to provide youth with a level of service that may not align with their needs, and this raises some interesting ethical and community safety issues.⁶⁴ With this caveat in mind, results from one meta-analysis indicated a moderate effect of VOM on reducing youth recidivism.⁶⁵

Given the promise of restorative justice and VOM in particular, policymakers,

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administrators, and practitioners should consider their use, possibly supplementing the program with other evidence-based practices, such as cognitive-behavioral interventions.⁶⁶

4) CONNECTING ACTIVITIES

“Young people need to be connected to programs, services, activities, and supports that help them gain access to chosen post-school options” (p. 22).⁶⁷

Prevention

Behavioral and Mental Health Support. The relationships between mental disorders, substance use, and juvenile delinquency are well established.⁶⁸ Community- and school-based mental health supports are important to effectively support youth in the community.⁶⁹ Skill-building approaches, including cognitive-behavioral and behavioral interventions, were the most effective in preventing youth from future involvement with the juvenile justice system.⁷⁰ Specifically, cognitive-behavioral interventions are effective in reducing youth aggressive behaviors.⁷¹ Also, implementation of evidence-based behavioral interventions, such as behavior modeling and behavioral contracting, has a positive impact on delinquency.⁷²

Trauma Informed Screening, Assessment, and Intervention. Adverse childhood experiences, including neglect and the presence of domestic violence, are associated with increased juvenile justice involvement, particularly for drug and alcohol violations.⁷³ These youth are also more likely to reoffend.⁷⁴ Moreover, about one-fourth of youth involved with the juvenile justice system meet criteria for posttraumatic stress disorder (PTSD), and more than 50% indicate PTSD symptoms within the clinical range for at least one symptom cluster.⁷⁵ The National Child Traumatic Stress Network (NCTSN) identified

essential elements of trauma-informed care for youth involved in the juvenile justice system, and several are particularly relevant to youth who remain in the community.⁷⁶ Screening is used to identify potential mental health issues, including PTSD and other concerns. Screening tools may be used that are specific to traumatic events experienced by the youth (e.g., Adverse Childhood Experiences; ACES)⁷⁷ or broader mental health screenings, such as the Massachusetts Youth Screening Instrument-2 (MAYSI-2).⁷⁸ Assessment, then, provides a more comprehensive mental health evaluation from which a diagnosis can be made and a treatment plan developed that is appropriate and culturally responsive.⁷⁹

NCTSN also identified that trauma-informed staff training, resources, and emotional support related to secondary traumatic stress (i.e., working with a youth with PTSD) are important for adults working with justice-involved youth. While this may typically include judges, probation officers, child welfare professionals, and attorneys, it is also important to include general and special education teachers and school administrators. Lastly, NCTSN advocates for cross-system collaboration and collaboration with families.

In terms of effective and promising trauma-informed interventions, trauma-focused cognitive-behavioral therapy (TF-CBT) has resulted in positive effects. Since the previous Guide, one TF-CBT community-based international (i.e., Norway) randomized effectiveness study was identified. The TF-CBT condition included “psycho-education, teaching relaxation and affective modulation skills, learning cognitive coping skills, working through the trauma narrative, cognitive processing, in vivo mastering of trauma reminders, enhancing safety, and future development” (p. 360).⁸⁰ Researchers found that participating trauma-affected youth significantly improved in terms of posttraumatic stress symptoms and general



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mental health functioning as well as decreases in depression and anxiety. While some youth did not respond well to the treatment, researchers asserted the promise of TF-CBT within a community setting.

Researchers conducted a randomized trial on the effects of Trauma Affect Regulation: Guide for Education and Therapy (TARGET) versus an enhanced treatment as usual condition, and the results of TARGET show promise.⁸¹ In the TARGET intervention, participants were taught that PTSD-related symptoms can be explained in terms of the brain's "alarm center" overwhelming the information retrieval and executive functioning aspects of the brain. The researchers taught participants an approach to overcoming the situation using the acronym FREEDOM, which included "Focusing the mind on one thought at a time; Recognizing current triggers for 'alarm' reactions; distinguishing alarm-driven ('reactive') versus adaptive ('main') Emotions; thoughts (Evaluation), goal Definitions, and behavioral Options; and dedicating oneself to Make a positive contribution to the world by gaining control of 'alarm reactions'" (p. 32). In the control condition, participants were assisted in identifying problems of importance and developing solutions, although they were not taught emotion regulation skills. The researchers noted that participation in TARGET resulted in reduced PTSD symptoms and beliefs while improving participant optimism and self-efficacy. However, TARGET was more effective for internalizing vs.

externalizing emotion dysregulation. The efficacy of TARGET shows promise in isolation or combined with cognitive behavior therapy.

Diversion

Substance Abuse Treatment. Although it is difficult to disentangle the potentially reciprocal links, it is clear that youth with substance use disorders are more likely to come in contact with the juvenile justice system.⁸² Serious and repeat juvenile offenders are more likely than other youthful offenders or youth without juvenile justice involvement to have problems with substance abuse.⁸³ There are approaches to diversion that specifically target youth alcohol and drug use/abuse.

Over the years, juvenile drug courts have shown promising but mixed results, particularly for minority youth and youth with more severe behavioral problems.⁸⁴ However, youth who complete drug court have lower recidivism rates than those who terminate participation prior to completing the program and also lower rates than youth in comparison programs.⁸⁵ Nevertheless, the full impact of this approach to diversion remains unrealized, and researchers are just beginning to understand the components and approaches necessary to maximize the benefits.

First, similar to other diversion interventions, there are issues implementing the program as intended. Second, there is a clear need for drug courts to integrate evidence-based and promising practices. In particular, youth with co-occurring substance abuse and other mental disorders have greater difficulty adhering to drug court requirements.⁸⁶ If these youth are to continue being served by drug courts, there is a need for additional mental health screening and follow-up evidence-based interventions that take into consideration individual youth mental health needs.



The third key factor in effective drug court interventions is positive family engagement. In a recent study, two drug court interventions were compared: (1) adolescent group therapy; and (2) multi-dimensional family therapy.⁸⁷ The adolescent group therapy combined a cognitive-behavioral therapeutic approach with motivational interviewing. Multidimensional family therapy focused on single families and included three phases: “Stage I: build the foundation for change: alliance and motivation; Stage II: promote change in cognitions, emotions, and behavior; and Stage III: reinforce change and launch from therapy” (p. 234).⁸⁸ While both treatments significantly reduced delinquency, externalizing symptoms and drug use, treatment gains were better maintained with the family-based approach.

In another example of effectively combining approaches with juvenile drug court, two combinations of approaches were compared.⁸⁹ Components of the first approach (contingency management and family engagement strategies; CM-FAM) included: (a) collaboration between the youth, caregivers, and therapist to develop skills and a self-management plan for the youth to refuse drugs; (b) the development of a contingency contract (i.e., rewards for youth based on drug and alcohol abstinence) with the youth and parents based on a functional behavior assessment; and (c) the collaborative development of a plan for abstinence in preparation for the completion of the treatment. In the second treatment, much more was left to the discretion of the therapist, but key components included family therapy as well as group therapy that focused on, “promoting abstinence, anger/stress management, conflict resolution, and decision-making skills” (p. 269).⁹⁰ There was a significant reduction in marijuana use as measured by urine drug screening only for participants in the CM-FAM intervention. While there was also a decrease in criminal

behavior for these youth, the results were not maintained at seven to nine months. Nonetheless, the positive impact on youth drug use is significant.

5) FAMILY INVOLVEMENT AND SUPPORTS

The Family Involvement and Supports Guidepost holds that “participation and involvement of parents, family members, and/or other caring adults promote the social, emotional, physical, academic, and occupational growth of youth, leading to better post-school outcomes” (p. 23).⁹¹

Prevention

Many of the most effective community-based approaches to prevention include a focus on family interactions.⁹² Programs implemented in the family context or combined contexts resulted in greater gains than solely individual- or group-based programs on preventing persistent delinquency.⁹³ Multisystemic therapy is a positively oriented home-based intervention model that focuses on reducing youth antisocial behavior and improving functioning via multidimensional support, training, and intervention within the context of the family, peers, school, and community as well as cross-system interaction.⁹⁴ While interventions are individualized and evidence-based, they are typically based on cognitive-behavioral and behavioral approaches.

While multisystemic therapy (MST) is typically provided to court-involved youth, one study implemented the intervention as a prevention intervention with youth who were not involved with the court system but did have serious conduct problems.⁹⁵ Importantly, the study fidelity of implementation was monitored and deemed acceptable. While parents and youth



reported reduced externalizing behaviors, teachers did not have a similar view. Moreover, the use of MST as a preventative intervention did not have a significant effect on youth arrests.

Diversion

Family involvement is critical for youth involved in Drug Court and recommended by the National Center for Mental Health and Juvenile Justice.⁹⁶ In recent meta-analyses that used the broad term of “Family Treatment” or “Family Therapies” within restorative justice programs, it was reported that a significant reduction in recidivism occurred, and youth in treatment conditions outperformed youth in “Treatment as Usual” conditions.⁹⁷ Below, there is discussion of specific family-based interventions that are considered evidence-based or promising.

However, it is important to note areas where future research is needed to provide greater clarity on the effects of these interventions, specifically in terms of: (a) validation of effects for and variations needed for minority youth; (b) identification and understanding of varied theories of change; (c) improvements in fidelity of implementation; and (d) implementation in community settings in trials that are not conducted by program developers.⁹⁸ While considering the specific treatment approaches discussed below, key factors are important to keep in mind. First, the needed continued family involvement requires a commitment from key stakeholders (i.e., judge, service providers, drug court staff, social service and education agencies) through all phases of juvenile justice intervention.⁹⁹ Parents need to have access to mental health supports in order to provide the support needed by their son or daughter.

For example, youth were 10 times more likely to be a non-responder to drug court if their caregivers used illegal drugs prior to

the drug court intervention.¹⁰⁰ Second, it is important for youth and parents to recognize the importance of commitment to personal or treatment goals and actively working to achieve goals (i.e., solution building), both of which are predictors of program completion.¹⁰¹

Functional Family Therapy (FFT). FFT is a three- to five-month intervention with a therapist that consists of five components.¹⁰² First is the engagement phase, wherein the therapist fosters a respectful and productive relationship with the family. Second, the therapist focuses on improving familial motivation via reducing conflict and blame while increasing hope. Third, therapists conduct a functional behavior assessment that helps to identify the functions of certain behaviors and interactions. Fourth, behavioral and cognitive-behavioral interventions are developed and implemented. Fifth, the therapists facilitate generalization of familial learned behaviors to additional settings and situations.

There are a few relevant and recent research studies on the effectiveness of FFT. One example of the effectiveness of FFT is that it reduces youth risk behaviors as well as improves school attendance behavior and academics.¹⁰³ There is some promise in the use of FFT to reduce the violent offending of youth with callous-unemotional traits.¹⁰⁴ It is important to note that certain variables can affect the effectiveness of FFT on youth continued involvement in the justice system. Specifically, it is important to ensure an adequate focus on reducing youth use of cannabis and interactions with deviant peers as well as promoting session attendance.¹⁰⁵ FFT is even more effective when implemented with fidelity.¹⁰⁶ In fact, in one study, FFT implemented with FOI resulted in significant reductions in misdemeanor, violent, and felony crimes as well as greater improvements than for those youth receiving probation services.¹⁰⁷



Two additional studies of FFT are noteworthy. First, a study in Florida compared the effects of MST and FFT.¹⁰⁸ While there were few significant differences, results concerning re-offense during services and recidivism did favor FFT. The results are important, given that FFT is much cheaper than MST. However, the researchers did not assess fidelity of implementation, which necessitates much caution when considering the results. Second, researchers studied the effects of FFT on juvenile offenders identified with callous-unemotional traits.¹⁰⁹ Youth with callous-unemotional traits experienced growth in terms of social adjustment and the risk of violent reoffending, and results were maintained up to the one-year follow-up.

Multisystemic Therapy (MST).

MST is an effective diversion intervention that has significant benefits to the youth who were serious and violent offenders and also results in taxpayer savings over time.¹¹⁰ Specifically, researchers reported that MST saved taxpayers over \$49,000 over the course of about 14 years, with every \$1.00 spent on MST yielding a return of \$6.60 to citizens. In the most recent meta-analysis of 22 studies, researchers reported a significant effect for MST on several outcomes, including delinquency, substance use, and out-of-home placement.¹¹¹ Further, MST had positive effects for younger youth (i.e., under 15 years-old) and Caucasian youth. In an eight-year study of Hispanic and Black youth in Los Angeles County, MST also resulted in varied

effects across race.¹¹² In contrast to Hispanic comparison youth, Hispanic MST youth were significantly more likely to complete probation and have lower rates of re-arrest and incarceration. These differences did not hold for Black youth. In fact, Black MST youth had higher arrest rates than comparison Black youth. Certainly, additional research is necessary to clarify the reasons for these differences and potential adaptations to MST, while maintaining core components that would make the intervention more effective with Black youth.

Multisystemic Therapy (MST) can also have long-term and wide-reaching positive effects. In a 21.9-year follow-up of serious and violent juvenile offenders who had received either MST or individual therapy, the former MST youth had significantly lower felony recidivism rates.¹¹³ By comparison, the former individual therapy youth committed five times more misdemeanors.

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Also, in a 25-year follow-up of the siblings of serious and violent juvenile offenders, researchers reported that the MST siblings fared better than individual treatment siblings in a number of areas.¹¹⁴

Specifically, MST siblings were less likely to be arrested while individual treatment siblings were three times more likely to be convicted of a felony and two times more likely to be incarcerated or put on probation. Also, MST has shown positive effects for juvenile sex offenders. Compared to youth who were required to follow typical offender programs



and restrictions (e.g., meet with probation officer, curfew, community service, and sexual offender treatment group), MST youth showed, “significant reductions in sexual behavior problems, delinquency, substance use, externalizing symptoms, and out-of-home placements” (p. 89).¹¹⁵ Other researchers have noted that reductions in recidivism for sexual and non-sexual crimes were maintained after nearly a decade.¹¹⁶

MST was also effective in significantly reducing offending in a United Kingdom study.¹¹⁷ MST was compared to a multi-component intervention that relied on individualized youth supports using evidence-based intervention choices. While there were some similarities, interventions for the comparison youth had no overarching conceptualization that required certain components. Youth in MST significantly reduced non-violent reoffending from baseline and were significantly less likely to reoffend than the comparison group.

Multi-Dimensional Family Therapy.

Multidimensional Family Therapy (MDFT) is an integrated, comprehensive, family-centered treatment that addresses youth substance abuse, delinquency, antisocial and aggressive behaviors, school and family problems, and emotional difficulties.¹¹⁸ Depending on youth need, the program can be up to three days a week for three to six months, and the key components consist of therapists working in four domains:

- 1. Adolescent Domain:** Promotes youth communication skills and social competence as well as alternative to drug use.
- 2. Parent Domain:** Focuses on parent training, increasing the quality and quantity of interactions with and monitoring of youth, and limit setting.
- 3. Family Interactional Domain:** Emphasizes reducing familial conflict as well as increasing appropriate communication, problem solving, and familial emotional attachments.
- 4. Extrafamilial Domain:** Promotes family involvement with youth-related social systems, including school, the juvenile justice system, and recreational organizations.¹¹⁹

In a 12-month follow-up study, youth participating in MDFT reported significantly fewer delinquent acts.¹²⁰ Moreover, the MDFT youth made greater gains than youth who participated in peer group therapy in several areas, including delinquency, association with delinquent peers, and family and school functioning.

Parenting with Love and Limits (PLL). PLL is an approach that shows promise. PLL is a multi-component family intervention that occurs over a 6-month period with the availability of additional support as needed. PLL includes detailed manuals and work books as well as many evidence-based and promising approaches, including: (a) parent education; (b) youth and parent problem identification, goal setting, and use of behavioral contracts; (c) individual family, multi-family, and youth group therapy that includes role playing; (d) wraparound community services; and (e) relapse prevention and follow-up.¹²¹ A few important outcomes of PLL are noteworthy. Broadly, the program is cost-effective, and participating youth exhibited a reduction in internalizing and externalizing behaviors as measured by the Child Behavior Check List.¹²² Youth who completed PLL were also significantly less likely to come in contact with the police, recidivate, and have a felony adjudication.¹²³ Researchers indicated that the program completion was more likely for youth with more serious offenses.



MOVING FORWARD

There are encouraging signs that evidence-based and promising interventions exist for each of the five Guideposts. However, a serious need for extensive research remains. In terms of research methodology and agency collection of data to show program effectiveness, it is recommended that researchers move beyond sole evaluation of recidivism and consider other outcomes, including youth attitudes, academic and behavioral performance in school, and mental health functioning.¹²⁴ Importantly, researchers should also work to ensure high quality implementation. In a recent review of juvenile justice interventions, 85% were considered failing in terms of methodological quality.¹²⁵ With this unsettling fact in mind, administrators and practitioners should carefully consider the quality of research when choosing interventions.

Moreover, practitioners should be mindful when implementing an intervention, as the degree to which an intervention is implemented as intended has a major impact on its effectiveness.¹²⁶ Cautious optimism is certainly warranted for the effectiveness of prevention and diversion interventions. It remains clear that these avenues, with few exceptions, are in the best interest of youth and society.

Related Links

School-Based Preparatory Experiences

- What Works Clearinghouse:
<https://ies.ed.gov/ncee/wwc/FWW>
- Center on Response to Intervention at American Institutes for Research:
<https://www.rti4success.org>

- The Positive Behavioral Interventions & Supports (PBIS) OSEP Technical Assistance Center:
<https://www.pbis.org>

Career Preparation and Work-Based Learning Experiences

- National Research Center for Career and Technical Education (NRCCTE):
<http://www.nrccte.org>
- Advance CTE: State Leaders Connecting Learning to Work:
<https://www.careertech.org>

Youth Development and Leadership Opportunities

- Big Brothers Big Sisters of America:
<http://www.bbbs.org>

Connecting Activities

- National Center for Trauma-Informed Care & Alternatives to Seclusion and Restraint:
<https://www.samhsa.gov/nctic>
- The National Child Traumatic Stress Network:
<https://www.nctsn.org>

Family Involvement and Supports

- MST Services (Multisystemic Therapy):
<http://www.mstservices.com>
- Parenting with Love and Limits:
<https://gopll.com>
- Functional Family Therapy:
<http://www.fftlc.com>
- Multi-dimensional Family Therapy:
<http://www.mdft.org/MDFT-Program/What-is-MDFT>



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This document was developed by the National Collaborative on Workforce and Disability for Youth, funded by a grant/contract/cooperative agreement from the U.S. Department of Labor, Office of Disability Employment Policy (Number #OD-23804-12-75-4-11). The opinions expressed herein do not necessarily reflect the position or policy of the U.S. Department of Labor. Nor does mention of trade names, commercial products, or organizations imply the endorsement by the U.S. Department of Labor. Individuals may produce any part of this document. Please credit the source and support of federal funds.

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