TABLE 7

TREATING THE JUVENILE OFFENDER: LESSONS LEARNED


Research indicates that:

1. Interventions should be provided closer-to-home, follow rehabilitation and skills-oriented approach, be evidence-based and gender-sensitive, risk-focused and strengths-based, attempt to engage families and pro-social peers and provide coordinated services for special-needs youth. Interventions need to be developmentally, culturally and gender sensitive.

2. Interventions should be implemented along a continuum of care from least to most restrictive. The least restrictive interventions should be tried first. Institutional placement away from the home setting is least effective.

3. Multi-component programs that address multiple risk factors across multiple contexts/settings simultaneously are most effective. Training programs with youth should not aggregate deviant peers or administer interventions in a group format where offenders may reinforce each other's antisocial behaviors. But such contagion effects can be minimized or counteracted by providing close supervision, creating a positive treatment climate and a commitment to a training and rehabilitation future goal-orientation.

4. Intervention should be individually-tailored and should focus on dynamic (changeable) risk factors and should simultaneously build on the trainee's strengths. A Case Conceptualization Model should be used to guide assessment and treatment decision-making. Subgroups of offenders with unique risk profiles (sex offenders, offenders who evidence comorbid psychiatric disorders, substance abuse disorders and who have learning disabilities) require additional focused interventions. There is a need to address co-occurring difficulties.

5. Offenders who evidence childhood-onset life-persistent, escalating patterns of offending (chronic offenders), especially if they evidence a callous and unemotional (CU) attitude (lacking guilt, remorse and disregarding others' feelings, tendency to ignore conventional norms) require special attention. Being a member of a gang presents particular challenges. (Approximately 75% of incarcerated youth have some gang affiliation).

6. Skills-oriented cognitive-behavioral treatments have evidenced the most robust treatment effects. Interventions that nurture emotional self-regulation and interpersonal problem-solving skills training and that provide employment training and job opportunities have the largest impact. Interventions need to help "open doors for success" and create more adaptive "niche-picking" skills (i.e., ways to help youth choose settings in order to avoid high-risk situations and antisocial peers).

7. More specifically, cognitive-behavioral interventions that use experiential activities, role play, frequent
practice and overcorrection procedures have been found to be most effective. Active "hands-on" discovery-oriented engaging learning (doing over didactic listening) has been found to be most effective. These training programs usually include self-control training, anger management and negotiation training, relaxation and mindfulness training, social problem-solving, social perspective taking, empathy training, moral reasoning and changing attitudes and beliefs, as well as work on community re-entry skills. Planning for release from treatment settings should begin almost from the outset. All staff members need to employ the "language of rehabilitation" and "metacognitive talk" (active transitive verbs) that nurture personal agency and responsibility and that help youth address the trainee's social-cognitive information processing style (e.g., hostile attribution bias or believing that provoking events were done "on purpose").

8. Interventions need to follow generalization guidelines (See Table 5). As noted, one cannot "train and hope" for transfer. In order to foster generalization the intervention program needs to focus on ways to foster a positive non-criminal identity with accompanying pro-social normative beliefs, a hopeful future goal-orientation, a sense of personal agency, academic success and job skills, empathy and pro-social peer attachments. Training needs to help change norms about aggression (e.g., help the youth acknowledge the harmful consequences of aggressive behavior). There also needs to be active, ongoing intensive case management that helps youth address re-entry stressors.

9. Create a treatment milieu that fosters a sense of CommUnity (stressing Unity) and that facilitates change. The treatment milieu should also arrange opportunities for association with pro-social peers and adult role models/mentors (namely, nurture positive adult social bonds).

10. Programs that engage and involve families have proven most effective. Family therapies like Functional Family Therapy (Alexander and Parsons 1982; Sexton and Parsons, 1999) and Multidimensional Treatment Foster Care (Chamberlain 2003) have been found to be most effective when implemented with integrity/fidelity.

11. Another family-based intervention that has received a good deal of attention is Scott Henggeler’s Multisystemic Therapy (MST). However, there is much controversy surrounding the efficacy of MST. See Leshied and Cunningham (2002), Littell (2005) and Littell et al. (2005). As Littell (2006, p 469) observes:

   "It would be wonderful to find an intervention that had strong evidence of lasting, beneficial effects for children, youth and families. In my view, it is premature to draw firm conclusions about the effectiveness of MST""

I concur with Littell’s conclusion and her critiques should be read critically, as well as Henggeler et al’s (2006) reply before limited dollars are spent for any training and implementation fees.

12. Comprehensive individualized, longer duration treatments that train to the point of mastery and that put the youth into a consultative mode is critical in obtaining treatment generalization and durability of training effects. The trainee needs to be able to explain or describe, demonstrate and teach to others what they have learned. Moreover, they have to be able to offer self-generated reasons why engaging in such activities are important in achieving their training goals that have been collaboratively generated.
13. A number of punitively-oriented interventions such as boot camps, "shock" programs (Scared Straight), waiver of juveniles to adult courts have been found to be ineffective, if not iatrogenic (i.e., increase the level of violence).

14. Certain life experiences or "turning points" such as job stability and attachment to significant others (e.g., marriage) can help redirect delinquent trajectories. There is a need to help youth build stakes in pro-social activities through education and mentoring relationships, job acquisition and integration into highly valued intimate relationships. Help youth develop what is called "human capital." "Human capital" refers to the attainment of personal pro-social competencies, a sense of positive self-respecting identity and a sense of personal agency, self-regulation skills, social problem-solving and communication skills, bicultural competence, a system of pro-social normative beliefs, a hopeful future goal-orientation, academic competence that leads to high school graduation and vocational skills. (See Alternatives to Violence Project www.AVPUSA.org for an example of such a training program).

15. Fragmented, uncoordinated, insufficient and often inappropriate treatments from multiple services and systems are ineffective. Interventions need to be integrated, rather than parallel or sequential and they need to focus on possible barriers that may undermine the implementation and integrity/fidelity of the treatment (e.g., inadequate staffing, training, funding, antagonistic staff attitudes).

16. Community-based interventions that use ex-gang members as mediators to reduce gang revenge killings have been found to be effective (see Alex Kotlowitz's article "Is urban violence a virus?" in New York Times Magazine, May 2, 2008). The article describes the work of Gary Slutkin in community-based interventions. (gslutkin@vic.edu)
Primary Prevention

1. School exterior grounds have been assessed for security concerns by law enforcement personnel or by individuals trained in Crime Prevention Through Environmental Design (CPTED).

2. All areas of the building and grounds are supervised and there are no obvious “dead zones” where problems can occur, including parking lots, loading docks, and interior stairwells.

3. The interior of the school buildings is well-lit, clean and reflects pride in school identity and the accomplishments of its student body.

4. Assess for not only the safety of the school and school grounds, but also assess for the safety of the routes students take to school. (Ask students to draw a map of how they get to and from school and/or their perceived school bus safety). Interview school bus drivers and implement intervention strategies, as required.

5. There are effective access control policies and procedures for keeping intruders out of the school.

6. There are effective policies and procedures for keeping weapons out of the building.

7. A rigidly enforced key control policy is in effect and sensitive locks are replaced every three to four years.

8. There are effective policies and procedures for keeping gang-related identifiers and behaviors out of the building and off school grounds.

9. Check to see if staff members feel safe at all times during the school day. Work to improve the emotional climate of the school.

10. The school has a well-formulated Mission Statement that is posted, shared with all parties, and underlies improvement efforts. Work to change norms and expectations about aggression and violence.

11. The school has a collaboratively written Code of Conduct that has been examined for currency. It is educational more than punitive, and defines desirable, as well as undesirable behaviors and resultant consequences.

12. Administration and teachers have established an Inviting Learning Environment that encourages school bonding and ownership from all groups of students, staff and parents. Set up a School Website, telephone hotline, Home-school Link. Be sure to have teachers contact parents when students are doing well in school. Involve students in establishing and implementing rules and activities.
13. Academic standards are high, and pride in achievement is emphasized and publicly expressed through multiple outlets.

14. Cultural, ethnic, and other minority groups are valued, and diversity is respected and honored. Bolster strengths of students and their families.

15. Parents are welcomed into the building and provided with opportunities and information to be full partners in their child’s education. Work with parents to improve parenting skills such as monitoring, supervising and academic support.

16. All teachers have received training in classroom behavior management, and 95% of disciplinary consequences are administered at the classroom level.

17. All students receive evidence-based classroom instruction in anger management, social problem-solving, and/or conflict resolution across multiple grade levels.

18. The school has a comprehensive school-wide anti-bullying program in place and systematically evaluates its effectiveness.

19. The school has implemented a student peer mediation training program.

20. The school has implemented a peer warning system that allows for confidential student communication to identified trusted adults.

21. The school has a broadly represented Crisis Intervention Team that has been trained in crisis response and management.

22. There are staff members professionally trained in emergency first aid and CPR, and their identities and hourly locations are posted.

23. Administration and school personnel have undertaken initiatives to foster community-based supports and partnerships. Increase the availability of youth development opportunities and civic activities.

Secondary Prevention

24. All teachers have received training on methods to tailor academic instruction to meet diverse student needs. Convey high, clear expectations, but be realistic and collaborative.

25. The school has undertaken a special initiative to improve student’s reading achievement and monitors its effectiveness.

26. Have a commitment to systematically collect data to evaluate intervention programs designed to reduce bullying, improve academic performance, improve parental involvement, reduce absenteeism, suspensions, expulsions, and drop outs. Share this data with staff and provide Professional Development days for staff training on a needs basis.
27. Work to bolster student “connectedness” to school and encourage teachers to be supportive, look for the good in students and point it out to them and share it with others. Celebrate student contributions, not give up on students who made mistakes, and talk to them about their futures.

28. Check on the health of your students.

29. Since school alienation has been found to be a key factor in the development of juvenile delinquency, work to bolster student “connectedness” to school.

30. Supportive services staff are provided adequate time and relief from other duties to implement interventions for identified students at risk.

31. Existing interventions for at-risk students have undergone recent program evaluations to assess their effectiveness.

32. Administrators treat office referrals as teaching opportunities to augment disciplinary procedures.

33. Out of school suspension is exceedingly rare and used only for clear issues of student safety and when home supervision can be assured.

34. In-school suspension is used sparingly, only for the most serious offences, and it contains an academic support component.

35. School personnel have assessed the drop-out problem and implemented evidence-based dropout prevention programs.

36. The school has implemented a mentoring program for at-risk students.

37. Ongoing needs assessment and program planning are driven by authentic data from disciplinary referrals and academic progress monitoring, and interventions are linked to these data.

Tertiary Prevention

38. Students with chronic and persistent behavior problems are routinely provided with assessment-driven behavior intervention plans.

39. Students with chronic anger management and aggression problems are provided with evidence-based skills training by supportive services staff.

40. All school personnel have been taught and have practiced ways to defuse and redirect students who evidence aggressive and violent behaviors.

41. There are staff members professionally trained in student restraint and safe transport, and their identities are known to everyone.
42. Effective partnership or wraparound arrangements with families, community mental health, law enforcement and social service agencies are maintained to support the highest risk students.

43. School personnel have been trained to identify and help students who live with neglect and violence
COGNITIVE-BEHAVIOR INTERVENTIONS WITH CHILDREN and ADOLESCENTS

Review of Primary, Secondary and Tertiary Interventions (See Table 6 and 7)

Clinical Interventions with Aggressive Children (Work by Feindler, Larson, Lochman) (See Tables 1 and 2)

What Does Not Work and Viable Alternatives (See Tables 3 and 4)

How To Foster Generalization (See Table 5)

Work With Parents of Aggressive Children (Work of Alexander, Cavell, Chamberlain, Patterson and Fogatch, Webster-Stratton, Critique of MST - - Henggeler)

Anecdotal Analysis of Parent-Child Interactions
  1. Behavioral Repertoire (Expectations and Knowledge, Bidirectionality)
  2. “Mind set” (Cognitive events, cognitive processes, cognitive structures)

Examples of Parental Interventions

Use “Clock Metaphor”

12 o'clock - External and Internal Triggers

3 o'clock - Primary and Secondary Emotions

6 o'clock - Thinking Processes
  (Automatic thoughts, thinking style, beliefs and schemas)

9 o'clock - Behaviors and Resultant Consequences

“Vicious cycle, Impact, Toll, Price”

“How Break Cycle?”
Table 21
WHAT KIND OF SITUATIONS MAKE PEOPLE ANGRY: CODING PROVOCATIONS

<table>
<thead>
<tr>
<th>II</th>
<th>C E</th>
<th>HOPE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interruption</strong> of planned activities and obstacles to goal-directed behaviors – the closer someone is to the achievement of his/her goal, the greater is the frustration and anger when interrupted</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Implications</strong> of noncompliance (possible short and long-term consequences of the significant other not complying) – e.g., not only what others do, but the implications for the future as in the case of significant others engaging in unhealthy behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Concern</strong> about possible injury to others or to self and possible concern of what might have happened – e.g., other engaging in high-risk behaviors</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expectations</strong> violated – disruption of the flow of interpersonal interactions by breaking implicit shared rules. Something that significant other “should” or “should not” be doing that elicits anger</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>History repeats itself</strong> (over and over again) – pattern of annoying behaviors that can accumulate over time</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Overload</strong> of the individual – fatigue or stress can lessen the tolerance level of the individual (i.e., it takes less to get someone angry – “straw that breaks the camel’s back”)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Personal peeve</strong> (violation of personal rules and values) – e.g., being “dissed” or disrespected in front of others</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Embarrassment</strong> (noncompliant behavior occurs in public places in front of others)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GUIDELINES FOR CLASSROOM MANAGEMENT

1. Give students a voice in setting up and implementing rules

2. Make sure rules are clear, concise and unambiguous

3. Keep the number of rules small (e.g., not more than 8 or fewer)

4. List rules sequentially so they cover the full school day from beginning to the end

5. Discuss with the students the rationale for following the rules and how they are to be implemented

6. Begin each rule with an action word

   Example
   Walk in halls
   Begin work on time

   Non-example
   Don't run in halls
   Do your work

7. Focus rules on observable behaviors

   Example
   Raise your hand

   Non-example
   Think before you speak

8. Post rules so they are easily seen and refer to specific rules when giving feedback and praise

9. Provide positive and corrective feedback by making reference to rule compliance (e.g., "I noticed you were X" — behavior consistent with previously established rule)

10. Engage students in the process of implementing rules (e.g., "Can anyone suggest what we might do in the future to...?")

11. Avoid student confrontations. Use private soft reprimands - go up to students and quietly remind him/her about the agreed-upon rule

12. Be respectful and use the "art of questioning" as prompts (e.g., "May we have your attention so we can get started?"; "Is something the matter? We don't call out in class. Remember our rule is X")

13. Keep running record of rule violations. Note pattern and problems solve with the students about persistent failures. Can do this on an individual basis. (note antecedents or triggers of behavior; context where/when; consequences - what happens)
14. Send copy of class rules and consequences to parents early on the school year

15. Use social praise and other rewards for following rules (e.g., stickers, treats, certificates, free time)

16. Teach students self-management skills such as goal-setting, self-monitoring, self-questioning -- "Am I working quietly?", "Did I check my work?" Teacher should model these skills.
Treatment of Traumatized Children

(See Cohen, J.A., Mannarino, A.P. & Deblinger, E. (2006). Treating Trauma and Traumatic Grief in Children and Adolescents. New York: Guilford Press. Also see the following websites for training in Trauma-focused Cognitive Behavioral Training and for related materials:

www.musc.edu/tfcbt
www.nctsnet.org

TREATMENT PROTOCOL: ACRONYM PRACTICE

P  PSYCHOEDUCATION AND PARENTING SKILLS
R  RELAXATION SKILLS
A  AFFECT MODULATION SKILLS
C  COGNITIVE COPING AND PROCESSING SKILLS
T  TRAUMA NARRATIVE
I  IN VIVO MASTERY
C  CONJOINT CHILD-PARENT SESSIONS
E  ENHANCING FUTURE SAFETY AND DEVELOPMENT
"SELLING" PREVENTATIVE PROGRAMS: FACTOIDS

1. **Prevalence of Serious Emotional Disturbance 9-17 year olds**
   - 5%-9% of youth with serious emotional disturbance and extreme functional impairment
   - 20% of youth with diagnosable disorder
   - As many as 3% to 5% of school children are considered to have serious behavioral and emotional disabilities that require intensive coordinated services
   - **Less than 2%** of those students receive any Mental Health services
   - For youth in the juvenile justice system the picture is even worse where the estimate of the prevalence of emotional disabilities is estimated to be three to five times greater
     *Source Mental Health Schools and Families Working Together for All Children any Youth: Toward Shared Agenda www.nasmhpd.org.*

2. The need for early intervention is underscored by the longitudinal research that found that aggressive 8 year olds displayed school maladjustment at age 14, problem drinking and lack of occupational alternatives at age 27 and chronic unemployment at age 36
   *Bloomquist & Schnell, 2002.* But there is hope that this developmental trajectory can be altered.


4. On the preventative side, for every dollar invested in treatment of children with conduct disorders and their families, the return is $7- $31 in savings across the life-span.

5. For every dollar spent on Early childhood interventions (Visiting Nurse Program, High Scope Perry Point Preschool Program, Headstart), the rate of return are several dollars and in some intervention programs was as high as $25,000 over the lifespan. (Karoly et al. 1997).

6. Perhaps, most convincing is data on financial savings from a major Prevention Program called **Triple P** that stands for Positive Parenting Program. Triple P provides a 5 multileveled preventative intervention program for parents. This highly tauted evidence-based preventative program has recently demonstrated significant benefits *(see www.TripleP-americ.com).*
   The various levels of intervention vary from media-based universal parent education to intense group-based interventions for families who require wrap-around services. The Paxis Institute that evaluates Best Practices *(www.paxis.org)* has developed a **Triple P Prevention Estimator** that yields the level of estimated financial savings for your State as a result of implementing the Triple P program. It provides the **Total Lifetime Costs Saved** for implementing the Triple P program in terms of Cases of Maltreatment, Out of Home Placements, and Cases of Lifetime Conduct Disorders.
   For example, if you plug in the State of Florida, where the Melissa Institute is located, the
following figures emerge for the 1,977,541 children aged 0-9,

<table>
<thead>
<tr>
<th>Estimated Number</th>
<th>Annual Costs per Child</th>
<th>Dollars Saved Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of Cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substantiated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cases Maltreatment</td>
<td>13,605</td>
<td>$9,184</td>
</tr>
<tr>
<td>Out of Home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placements</td>
<td>4,746</td>
<td>$22,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number</th>
<th>Lifetime Costs</th>
<th>Total Lifetime Costs Saved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct</td>
<td>$1,400,000</td>
<td>$8,638,000,000</td>
</tr>
<tr>
<td>Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Averted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Given the financial needs of the U.S., such Prevention programs seem like a wise investment.

7. Roughly 30% of all students in the U.S. are not graduating, and up to 58% of Hispanics do not graduate high school.

8. Consider that high school graduates earn an average of $290,000 more during their lifespan than do high school dropouts and graduates pay $100,000 more in taxes. It has been estimated that State and local governments lose $3.1 billion dollars in tax revenue for each one year cohort of high school dropouts. For instance, Clive Belfield and Henry Levin (2007) in their book “The price we pay”, estimates that each year California has 120,000 dropouts and over the cost of a lifetime California will lose $46 billion in taxes or 2.9% of their Gross State Product.

9. Finally, there is a need to highlight “hope”. As Reeves (2003) reports in very high poverty schools with a 90% make up of poverty level, 90% minority status, there is a 90% high achievement level (90/90/90schools). Also see Marzano, 2003, Marzano & Pickering 2001, and Meichenbaum & Biemiller, 1998. School psychologists need to be the “purveyors of hope” and also have the knowledge and skills to transform hope into practice. (Eron, et al., 1994; Henderson & Milstein, 2007).
YOUTH VIOLENCE PREVENTION

Http://www.colorado.edu.cspv/blueprints/

violece risk in juveniles. New York: Guilford Press.

effects of violent media on aggression in children and adults. 
Archives of Pediatric and Adolescent Medicine, 150, 348-352.


violece-related attitudes, behaviors and influence among youth: A 
compendium of assessment tools. Atlanta, GA: CDC, 2nd Ed.

pathways and prevention challenges. American Journal of Preventive 
Medicine, 20, 3-14.


influences in programs for youth. New York: Guilford Press.

we there yet? Aggression and Violent Behavior, 11, 138150.

framework for understanding healthy development in the face of risk. 
Annual Review of Public Health, 26, 399-419.


WEBSITES

Aggression in Girls Pepler, D.J. & Sedighehdeami, F.

Bully Prevention Websites
www.eyesonbullying.org
www.bullying.org
www.safetyouth.org/scripts/topics/bullying.asp
www.pacer.org/bullying/bpaw/index.asp
www.prevnet.ca
www.stopbullyingnow.hrsa.gov/index.asp
www.fightcrime.org/cyberbullying
www.arts.yorku.ca/lamash/pdf/Making_a_Difference_in_Bullying.pdf
http://mentalhealth.samhsa.gov/15plus/aboutbullying.asp
http://actagainstviolence.apa.org
www.fasttrackproject.org

Center for the Study and Prevention of Violence: Blueprint for Violence Prevention
www.colorado.edu/cspv/blueprints/

Center for Psychology in Schools and Education
www.apa.org/ed/cpse/homepage.html

Crime Prevention
http://www.preventingcrime.org
http://www.bsos.umd.edu/ccjs/corrections

Evidence-based Practices and Programs
http://nasmhp.org

Hamilton Fish Institute
www.hamfish.org

Melissa Institute for Violence Prevention
www.melissainstitute.org
www.teachsafeschools.org

National Association of State Mental Health Program Directors
www.nasmhp.org
National Registry of Effective Programs and Practices
www.mentalhealth.samhsa.gov
www.effectivechildtherapy.com

National Center for PTSD in Children
www.nctsnet.org

National School Safety Center
http://nsscl.org/

Oregon’s Guidelines for Effective Gender-Responsive Programming
http://www.ocjc.state.or.us/JCP/JCPGenderSpecific.htm

PAXIS Institute : Applying Best Practices
www.paxis.org

Policy Leadership Cadre for Mental Health in Schools. Mental Health in Schools
http://smhp.psych.ucla.edu/pdfs/docs/policymakers/cadreguidelines.pdf

Seeking Safety Program L. Najavits
www.seekingsafety.org

Society for Prevention Research
www.oslc.org/spr/apa/summaries.html
http://preventionpathways.samhsa.gov/nrepp/adv_search.cfm

Trauma-focused Cognitive-behavior Therapy (Training)
www.musc.edu/tfcbt

Triple P (Positive Parenting Program) in America
www.triplep-america.com

U.S. Office of Juvenile Justice and Delinquency Prevention
http://www.ncjrs.org/pdffiles/fs9878.pdf

War Fighter Diaries - - Prototype
www.warfighterdiaries.com

Zero Tolerance Policy Report - - APA
(or Russell Skiba skiba@indiana.edu)