

Recommendations for Social Services Programming for Violent Juvenile Offenders that Exhibit
Psychopathic Behaviors

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RECOMMENDATIONS FOR SOCIAL SERVICES PROGRAMMING FOR VIOLENT
JUVENILE OFFENDERS THAT EXHIBIT PSYCHOPATHIC BEHAVIORS

Recommendations for the Criminal Justice System

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Abstract

Recommendations for social services programming for violent juvenile offenders that exhibit psychopathic behaviors.

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Under the supervision of Dr. Klemp-North

Purpose

To argue that the current services available for violent juvenile offenders exhibiting psychopathic behaviors are both ineffective and lacking. The purpose of this study is to give recommendations for effective social service programs ideal for this demographic of youth.

Methods

Through a thorough literature review consisting of secondary sources such as textbooks, journal articles, government websites and evaluations of program websites, this paper examines various social service intervention programs for violent youthful offenders exhibiting psychopathic behaviors in order to provide recommendations for future programming and shifts away from traditional programming surrounding an emphasis on sanctions and punishment. Biological and developmental theories are used to discuss the effects of potential neurobiological deficits and neuroplasticity of the brain along with differentiating between behaviors characterized as being adolescent limited offenses or behaviors that reflect high risk potential for youth to mature into career criminals.

Summary and Findings

Positive behavioral intervention and support programs for youth incarcerated are more effective in decreasing recidivism rates than traditional correctional programs that emphasize

sanctions and punishment. For youth still residing in the community, it is important to utilize wraparound systems of care and/or multi-systemic program models when working with this demographic of youth. For all intervention programming, regardless of being in the community or correctional setting, there needs to be a shift toward providers being trained in trauma informed care.

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I: INTRODUCTION

Adolescence is known to be a time of personal growth, exploration and the time in one's life where many behaviors are met with the phrase, "they're just being kids" or "they'll grow out of it." These statements are quite true for the majority of the population. However, there is a small number of youth that do not grow out of their routine, deviant behaviors and can be categorized as exhibiting a lack of empathy or remorse for the egregious behaviors they partake in. Murrie et al. (2007) found that youth exhibiting psychopathic behaviors have been related to future measures of violent acts and a life of criminality (p 714). It seems that, either this demographic of youth is not treatable, or the services available to the majority of the juvenile offender population are not successful at rehabilitating these youth. To address this concerning issue, there needs to be the development of social services programming designed specifically to address this demographic before they become immersed in the criminal justice system and lead a life of high criminality.

Statement of the Problem

Over 20% of offenders in the United States prison system are individuals that are classified as psychopaths (Kiehl & Sinnott-Armstrong, 2013). Individuals classified as psychopaths that take on a life of criminality are commonly referred to as career criminals and make up to 30-40% of the violent crime in the United States. Specific diagnoses for these offenders consist of various clinical diagnoses such as antisocial personality disorder (American Psychiatric Association, 2013) and/or a diagnosis of psychopathy through a form of psychopathy checklist (Hare, 1993). These offenders are often individuals that were violent juvenile offenders that exhibited psychopathic features and/or had a diagnosis of conduct disorder, oppositional defiant disorder or intermittent explosive disorder as youth.

Maag and Katsiyannis (2010) analyzed the effectiveness of early intervention programs for youth exhibiting psychopathic behaviors. The programs they analyzed were programs for children as young as three and children through elementary school age. After analyzing their research, one is able to observe that there are a plethora of early intervention programs available to young children before they resort to violence and/or are adjudicated delinquent. However, there is a lack of intervention programs that can meet the needs of violent juvenile offenders that are older than elementary school age and/or children that are adjudicated delinquent at a young age. One could argue that youth through elementary school age are easier to treat with preventative interventions, but this does not address the issue of why there are not effective intervention services for youth that are transitioning to the pre-teen and teenage years.

Sharp and Kine (2008) estimated that preventing one single high risk youth from developing into a career criminal saves society \$1.3 million each year. However, research suggests there is much speculation regarding the effectiveness of traditional intervention and corrections programs of these specific juvenile offenders. There is also speculation surrounding the capability of these extremely challenging juvenile offenders to be steered toward a more positive lifestyle. Therefore, the focus for this paper is on effective intervention programs for violent juvenile offenders that exhibit psychopathic behaviors.

Purpose of the Study

Research suggests that however much social services programming is proving more effective for juveniles than corrections, there is still a lack of social service supports for violent juvenile offenders that exhibit psychopathic features that are entering into their pre-teen and teen years. Fernandez et al. (2015) discuss the Department of Juvenile Justice in Georgia and how they are transitioning away from outdated programs that are heavily dependent on

sanctioning/consequences and transitioning toward developing programs that are more strengths and positive reinforcement based. Burns et al. (2003) argues that there are only a few effective intervention programs addressing youth delinquency in North America. Accordingly, Bates and Swan (2014) highlight the necessity for more social services programming and the need for additional awareness to prevent the youth rate of recidivism. Kiehl and Sinnott-Armstrong (2013) argue that adolescents that exhibit psychopathic traits do not respond to traditional offender programming and continue on to state that this issue is often overlooked in the literature (p. 83). This demographic is so specific that these youth unfortunately have much poorer outcomes and are more likely to resort to a life of high criminality. Therefore, through the support of the literature, the goal of this paper is to not only argue that the current services for these individuals are lacking, but to give recommendations for effective social services programs ideal for violent juvenile offenders that exhibit psychopathic behaviors.

Through a qualitative review of different intervention programs designed for preteen and teenage juvenile offenders, this study will evaluate and analyze the effectiveness of the programs at meeting the needs of offenders within this specific demographic and give recommendations for future program development.

Significance and Implications of the Study

As previously stated, violent juvenile offenders that exhibit psychopathic behaviors do not typically respond positively to traditional youth intervention programming (Kiehl & Sinnott-Armstrong, 2013). Because of this, this study is designed to analyze what intervention programs are effective and what changes need to be made with regards to responding to this demographic in hopes of changing their life-course away from the career criminal life trajectory. In doing so, the results of this study not only have the potential to decrease the violent juvenile offender

recidivism rate, the results also have the potential of preventing adult crime in the future by eliminating the chances of individuals developing into career criminals. This will ultimately reduce the cost that goes into incarcerating these individuals, decrease costs and caseloads for probation/parole officers while simultaneously addressing concerns such as offender recidivism rates.

Methods of Approach

The method of approach for this paper will be a literature review consisting of secondary sources such as textbooks, journal articles, government websites and evaluations of program websites. This information will be invaluable to the exploration of the various intervention social services programs available to youthful offenders in this specific demographic.

Contributions to the field

The specific contribution to research on this subject will be an analysis of the effectiveness of current intervention programs for violent youth offenders adjudicated delinquent that also display psychopathic features. Additionally, this paper will give recommendations on future intervention programming for this demographic.

Anticipated Outcomes

It is anticipated that many of the nontraditional and newer programs analyzed will yield positive results with regards to the effectiveness of changing violent juvenile offender's life trajectories to a more positive outlook. More specifically, it is anticipated that intervention programs that use a wraparound system of care will be the most effective in terms of meeting the needs of violent juvenile offenders that exhibit psychopathic behaviors. However, it is also anticipated that these programs are lacking, they serve a much more diverse amount of youth, and that more are needed to meet the level of need for the specific demographic in this study.

II: LITERATURE REVIEW

The following information is a literature review beginning with information surrounding different clinical diagnoses and measuring tools for individuals that can be classified as violent youthful offenders that exhibit psychopathic behaviors. This literature review includes information surrounding the Juvenile Department of Corrections and how traditional correctional philosophies are not meeting the needs of youth and are instead increasing their chances of recidivism. Also included is data surrounding juveniles being transferred to adult court and how this increases youth's susceptibility to victimization and a life of criminality. Lastly, the literature review discusses and evaluates different types of intervention programming that have been developed over the years in America. The goals of the review surround educating the public and making the public aware that traditional violent juvenile offender services are not meeting the needs of the demographic they are serving. Additionally, the goal is to raise public awareness of the newer intervention services that are proving to be more effective but unfortunately scarce. These newer and upcoming intervention service programs also need additional empirical support through the development and replication of studies so that they can be further implemented across the United States.

Overview of Various Psychopathic Behavior Diagnoses, Trends and Measuring Tools

There are many different ways that one can describe or define an act that constitutes violent behavior. Therefore, it is essential to clarify what is meant by violent behavior for the purposes of this paper. Tate, Repucci and Mulvey (1995) define violent behavior as 'the intentional use of physical force to inflict harm on another person' (p. 778). For the purpose of this paper, the researcher's definition of violent behavior will be used to encompass the demographic discussed.

Violent youthful offenders that exhibit psychopathic behaviors often, but do not always, fall under a conduct disorder diagnosis. Conduct disorder is thought by some to be the child equivalent diagnosis of antisocial personality disorder or psychopathy in adults, since youth don't meet criteria to be diagnosed with antisocial personality disorder until they reach adulthood. Spain et al. (2004) discuss the concept of psychopathy being applied to youth as very controversial, but also note the importance of acknowledging and studying psychopathic behaviors in youth because of implications that can be made, which have the potential to be displayed precursors for an adult diagnosis of antisocial personality disorder.

There are various methods of measurement to diagnose or classify a juvenile with conduct disorder or an adult with antisocial personality disorder. The diagnosis of conduct disorder and antisocial personality disorder are typically based on a clinical diagnosis from a psychiatrist that has consulted *The Diagnostic Statistical Manual of Psychological Disorders* (DSM-V). The DSM-V does not use the term 'psychopath'. Instead, the DSM-V uses the clinical diagnosis of antisocial personality disorder (APD). Another famous method to evaluate an individual's psychopathic tendencies is Robert Hare's Psychopathic Checklist (Hare, 1993). Hare's checklist includes a list of approximately twenty characteristics in which an individual is rated to either possess or not possess. Hare's psychopathy checklist items include:

1. Glibness/Superficial Charm
2. Grandiose Sense of Self-Worth
3. Need for Stimulation
4. Pathological Lying
5. Conning/Manipulation

6. Lack of Remorse or Guilt
7. Shallow Affect
8. Callous/Lack of Empathy
9. Parasitic Lifestyle
10. Poor Behavioral Controls
11. Promiscuous Sexual Behavior
12. Early Behavioral Problems
13. Lack of Realistic, Long Term Goals
14. Impulsivity
15. Irresponsibility
16. Failure to Accept Responsibility for Own Actions
17. Many Short-Term Marital Relationships
18. Juvenile Delinquency
19. Revocation of Conditional Release
20. Criminal Versatility

Over the years, other questionnaires and surveys like the *Youth Psychopathic Traits Inventory* (YPI), created by Andershed and Kerr et al. (2002) have also been devised to diagnose juveniles. Sharp and Kline (2008) discuss several different questionnaire measures to assess juvenile psychopathy and provide an analysis of each. However, Sharp and Kline argue that questionnaire measures alone are not sufficient to make an accurate diagnosis. The specific questionnaires that the article discusses are the Antisocial Process Screening Device (APSD), the Child Psychopathy Scale (CPS), the Psychopathy Content Scale (PCS) along with the YPI, as

previously mentioned. The majority of these surveys analyze children that are 12-18 years old. Kiehl and Sinnott-Armstrong (2013) also discuss questionnaire measures designed to assess psychopathic features in youngsters that are intended for the use of parents and teachers. Kiehl and Armstrong find that the parent-report measures appear to be relatively stable measures when compared to later measures of adult personality traits (p. 63). This would suggest that in most cases, parents are a reliable source of data collection and a pivotal piece to understanding a youth's behavioral tendencies. However, there are of course, individual exceptions to this in which a thorough analysis must be made when a parents claims and their child's conduct are not aligned.

The criteria for a conduct disorder as outlined in the DSM-V diagnosis (American Psychiatric Association, 2013) are as follows:

Conduct Disorder

A. A repetitive and persistent pattern of behavior in which the basic rights of others or major age appropriate societal norms or rules are violated, as manifested by the presence of at least three of the following 15 criteria in the past 12 months from any of the categories below, with at least one criterion present in the past 6 months:

Aggression to People and Animals

1. Often bullies, threatens, or intimidates others.
2. Often initiates physical fights.
3. Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun).
4. Has been physically cruel to people.

5. Has been physically cruel to animals.
6. Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery).
7. Has forced someone into sexual activity.

Destruction of Property

8. Has deliberately engaged in fire setting with the intention of causing serious damage.
9. Has deliberately destroyed others' property (other than by fire setting).

Deceitfulness or Theft

10. Has broken into someone else's house, building, or car.
11. Often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others).
12. Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery).

Serious Violations of Rules

13. Often stays out at night despite parental prohibitions, beginning before age 13 years.
14. Has run away from home overnight at least twice while living in the parental or parental surrogate home, or once without returning for a lengthy period.
15. Is often truant from school, beginning before age 13 years.

B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.

C. If the individual is age 18 years or older, criteria are not met for antisocial personality disorder.

A conduct disorder diagnosis or scoring high on a questionnaire designed to measure psychopathic traits is an indicator of high risk youth that have an increased likelihood for participating in future criminal behavior. However, youth with a conduct disorder diagnosis or youth that score high on questionnaire measures are not necessarily classified as violent youthful offenders. Therefore, the diagnosis is not all encompassing of the demographic for this paper. There are youth that have been diagnosed with conduct disorder that *are not* violent and there are youth that have not been diagnosed with conduct disorder that exhibit psychopathic tendencies and *are* violent. It is important to emphasize this distinction and discuss the broad spectrum of behavior that a conduct disorder diagnosis encompasses. Murrie et al. (2004) found that youth that have a higher degree of psychopathic characteristics are more likely to have been violent in the past. This would suggest that there is a correlation between one exhibiting psychopathic behaviors and violence.

Previous research suggests that gender differences should be acknowledged with regard to psychopathic tendencies. Fanti, Demetriou and Kimonis (2013) state that, “boys tend to score higher on psychopathic traits, are more likely to engage in antisocial behaviors, and tend to score lower on internalizing problems compared to girls” (2013, p. 967). Meier and Slutske (2011) also note that risk factors for youth engaged in deviant behavior are more prevalent in males than females. However, they conclude that, “risk factors for antisocial behavior differed for males and females in childhood but not in adulthood” (p. 10). The majority of studies seeking to answer questions regarding the development and progression of youth deviant behavior overwhelmingly

stem from longitudinal studies. For this paper, there will not be an analysis into the gender differences of youth falling into this demographic and receiving the social services programming interventions. However, it is assumed that the youth in this specific demographic are primarily male.

The Adult and Juvenile Department of Corrections

Longitudinal studies of juveniles have yielded essential information to understanding the progression of crime across the lifespan and its development in American society. Walker (2011) discusses Wolfgang's Birth Cohort, which was a longitudinal study devised of individuals all born in 1945 designed to analyze their delinquency. The study isolated a small fraction of youth participants (6%) that appeared to be responsible for the majority of all crimes and roughly two-thirds of all violent crimes. These individuals were predicted to mature into whom criminal justice experts designate career criminals. Career criminals are simply individuals that lead a life of high criminality and often times spend the majority of their juvenile and adult life in the department of corrections.

It is likely that the 6% of offenders responsible for the majority of violent offenses in the Wolfgang Birth Cohort (Walker, 2011) could be classified as the demographic for which this paper is intended. It is also likely that this demographic of youth are individuals that unfortunately become enmeshed in the system. In many cases, violent youthful offenders are unfortunately placed in the adult criminal justice system due to the severity of their crimes. Taking individuals that are already high-risk for reoffending and then placing them in an adult system increases their chances of recidivism, ultimately setting them up for failure (Ryan, 2014). Not only are these youth that are high-risk already more likely to develop into career criminals,

but they are also more likely to be targeted, victimized and abused (Ryan, 2014). This ultimately takes children that are already lacking the pro-social supports needed to thrive and plants them into a toxic environment that will in turn reinforce their aggression and lack of positive connection to their home and/or community.

Setting aside the negative impacts of prosecuting youth in adult court, it is important to discuss the juvenile corrections population and facilities in the United States. Bates and Swan (2014) found that the United States has the highest incarceration rate in the world. In 2008, Bates and Swan found that roughly 366 out of 100,000 youth were incarcerated in America. This rate of incarceration is more than quadrupled that of any other country in the world and leads criminal justice experts to believe that juvenile correctional facilities in the United States are dangerous, ineffective, often unnecessary, wasteful, inadequate, and obsolete when compared to empirical studies outlining alternative intervention and treatment strategies for youthful offenders (p. 336). Please see appendix B for a chart displaying a comparison of various nations and their incarceration rates.

Elaborating more on the cost of juvenile incarceration, Keihl (2014) finds that incarcerating youth in a maximum-security juvenile prison can cost up to \$514,000 each year per youth. Putting this into perspective, Bates and Swan (2014) found that over 70,000 youth were incarcerated in the United States in 2010. In other words, it is astronomically expensive to be incarcerating youthful offenders when corrections has proven to be ineffective (Bates & Swan, 2014) and new research suggests that programs designed to treat serious, chronic and violent offenders reduce juvenile offending (Ryan, 2014, p. 1182).

Traditional Intervention Programming and Its Effectiveness

In terms of evaluating traditional intervention programming and its effectiveness when analyzing violent juvenile offenders, there are several programming methods that have been proposed and implemented, but unfortunately none of the traditional offender programs have proven to be effective for this demographic of youth (Kiehl & Sinnott-Armstrong, 2013). When it comes to traditional intervention programming, there unfortunately are not any for this demographic except what is part of the juvenile corrections system.

In the 1980's and 1990's, the United States adopted a "tough on crime" philosophy (Frick, 2001). This is especially true for individuals that committed and were convicted for violent and drug offenses. Because of this, programming for violent youth exhibiting psychopathic tendencies was more focused on punishment/incarceration instead of mental health, rehabilitation and intervention. Frick (2001) discusses the detrimental impacts of traditional programming based on the "tough on crime" philosophy on this vulnerable demographic citing that some of the traditional programs have the capability to do more harm than good (p. 597). So instead of correcting behavior, it seems that the department of corrections is simply breeding more deviant behavior because it is not getting to the bottom of the underlying issues and concerns associated with the offender's conduct.

Traditional social service intervention programming for violent youthful offenders can take many forms and is more than likely based on what is decided in court through placement and/or being adjudicated delinquent. As previously stated, traditional programming is unfortunately more than likely to come from the juvenile department of corrections. Programming can be through a form of juvenile prison, military style boot camps, residential care centers or in fewer cases given this specific high-risk demographic, other types of community-based services such as supervision.

As previously discussed, juvenile long-term correctional facilities, like adult correctional facilities are expensive and proven to be ineffective. Bates and Swan (2014) also note that research suggests that these facilities don't actually reduce delinquency and instead have high rates of recidivism (p. 336). When one is removed from the community without the tools and assistance to rehabilitate themselves, they are ultimately released to society where they have immense difficulty being reintroduced to society. Whether that be from being overwhelmed by their criminal record that will continuously follow them, not having the resources to make it on ones own and not having the skills to seek out assistance, it is quite trivial why offenders reoffend and are re-incarcerated.

Because of the proven ineffectiveness of juvenile correctional facilities, alternatives were designed. One of those alternatives was the military style boot camp. Bates and Swan (2014) find that boot camps are also not effective at reducing recidivism rates for youth but that potentially lengthening their duration and post-release supervision has potential to increase success (Bates & Swan). However, making these changes would increase the cost of boot camp programming, making it similar in cost to juvenile correctional facilities. This, in turn, is not a suitable solution to decreasing the cost of incarceration.

Along with boot camps came the privatization of juvenile correction facilities, which brought about a few pros and also several cons. Private institutions had the ability to give youth more individualized attention, but many of those facilities were not interested in this and were simply concerned with making a profit, which in turn lead to facilities closing due to legal action surrounding overpopulated facilities with inadequate conditions (Bates & Swan, 2014). More specifically, Roush (2008) discusses the progression of juvenile correctional facilities developing control units (CU's) designed to address youth not being compliant to the facility's rewards and

punishments mentality surrounding behavior and discipline. Many of the youth sent to control units are one's that had undergone corporal punishment and/or solitary confinement without changes in behavior. Roush also discussed the development of control units later being called intensive treatment units. Many of these units closed due to their focus on punishment and lack of attention to mental health services. Many were later redeveloped to focus on behavior modification and cognitive behavioral therapeutic approaches (p. 31-32). This will be elaborated on further when nontraditional intervention programs are discussed.

Putting aside the unfortunate limitations of traditional programming for violent juvenile offenders exhibiting psychopathic tendencies, it is important to acknowledge that youth falling into this demographic are difficult to treat and are unfortunately, more likely than not, put into some type of corrections institutional setting. Many youth in society are known to participate in deviant behavior and then subsequently age out of those behaviors or be amenable to traditional social services programming. The demographic for this study are not. In other words, traditional social services programs were not originally designed to meet the needs of violent juvenile offenders exhibiting psychopathic tendencies. Caldwell et al. (2006) found that violent youth exhibiting psychopathic behaviors are more likely to be noncompliant, disruptive and aggressive when exposed to treatment opportunities and this contributes to their lower rates of success when compared with other youth undergoing the same treatment services (p. 574). Therefore, it is extremely difficult to treat this population and study effective measures.

Caldwell et al. (2006) found that traditional juvenile correctional institutions typically were not staffed with every day mental health professionals. Mental health services for youth in facilities is typically medication management of a psychiatrist with a caseload ranging from 300 to 500 youth. Outside of medication management by a traveling psychiatrist, juvenile offender's

mental health services consist of infrequent individual and group psychotherapy along with crisis intervention services (p. 577).

Caldwell et al. (2006) also discuss the juvenile correctional system philosophy. As previously discussed, there is a historical philosophy of being “tough on crime” with a focus on punishment, also known as sanctions. The researchers discuss sanctions being the main tool for controlling institutional misbehavior and it seems that the “tough on crime” mentality coupled with the lack of empirical support for programming led to a significant rise in the U.S. prison population.

Nontraditional Intervention Programs

Given the comprehensive literature review of traditional social services programs for violent juvenile offenders exhibiting psychopathic behaviors, it is evident that stark changes are needed to adequately address the needs of this challenging demographic of youth, especially the development of services that keep youth in the community. The pivotal element to the success of this demographic is the application of empirical data surrounding effective treatment services. Mainly, the shift in focus from punishment/sanctioning to a trauma informed care/mental health services approach. Because of the wide array of juveniles falling into the demographic of ‘violent juvenile offenders exhibiting psychopathic behaviors’, services will include those that are secure correctional facilities along with those that are available in the community or residential treatment facilities.

As previously stated, there are a plethora of early intervention programs available to children at the elementary school age or younger that are identified for being high risk of delinquency or justice system involvement (Maag & Katsiyannis, 2010). The Michigan Early

Offender Program, which was established in 1985, is designed to work with elementary school aged children but also youth up to age thirteen (Burns et al., 2003). This would be applicable to the preteens that are part of the demographic for this study. To be eligible for the Michigan Early Offender Program (EOP), youth must have at least two police contacts and have been adjudicated delinquent for an offense. Michigan's EOP offers youth individualized treatment plans, therapy plans, therapy groups, school preparation assistance, and short-term detention for up to ten days (p. 8). Michigan's EOP offers empirical support for its effectiveness. Burns et al. (2003) found that when compared to a control study, Michigan's EOP participants reflected lower recidivism rates, fewer adjudications among youth that did reoffend, along with fewer and shorter time spans for out-of-home placements (p. 8). It is clear that replicating Michigan's EOP could prove beneficial for elementary age and preteen youth.

The Mendota Juvenile Treatment Center (MJTC) in Madison, Wisconsin is a juvenile correctional facility housed at a Mendota Mental Health. MJTC has more than double the staff to offender ratio than other correctional facilities along with a wider array of treatment resources (Caldwell et al., 2006). In contrast to most correctional systems punishment/sanctioning philosophy, the MJTC is designed to work with offenders that do not respond positively to those types of correctional ideologies. In fact, Caldwell et al. found that imposing sanction based methodologies on this demographic of youths actually had the opposite effect in which youth became trapped in a vicious cycle of sanctioning, ultimately leading to more violence and illegal activity. The MJTC attempts to eliminate the vicious cycle surrounding sanctions and subsequent deviant behavior by focusing their efforts on more individualized attention with youth and the exploration of conventional roles, expectations and conventional bonds (p. 578). Accordingly, the staff at MJTC developed a positive behavioral intervention known as the Today/Tomorrow

Program. This program focuses on incentivizing positive behavior instead of sanctioning negative behavior. The program seeks to end the vicious cycle of sanctioning by clearly and repeatedly explaining expectations to establish concrete understanding (Kiehl & Sinnott-Armstrong, 2013).

Caldwell et al. (2006) found that youth in the MJTC were 2.7 times less likely to become violent in the community than those that were not part of the intensive treatment program and these youth also had significantly lower rates and more days in the community without recidivism than youth in traditional correctional settings (p. 590). Furthermore, this specific study supports traditional sanctioning methodologies to be ineffective for this demographic.

Taking a look at another secure treatment facility, the Georgia Department of Juvenile Justice has undergone extensive reform in the past decade surrounding the transition of all their secure facilities throughout the state implementing positive behavioral interventions and supports (PBIS) within their juvenile correctional facilities (Fernandez et al. 2015). Georgia's Intensive Treatment Unit, located in Milledgeville, Georgia, is a secure residential treatment program for youth characterized as being diagnosed with severe and persistent disruptive behavior disorders (p. 17). Fernandez et al. (2015), note that their programming is actually a replication of the model developed at Mendota Juvenile Treatment Center in Madison. The researchers discuss the key elements of treatment being a behavioral point system, also known as the Today/Tomorrow Program, treatment groups, individual therapy sessions, a decompression approach to defiance, educational programming with qualified educational staff and life skills groups to prepare youth for the real world.

Fernandez et al. (2015), do not discuss the findings surrounding the implementation of PBIS in the Georgia Juvenile Correctional facilities but do discuss their commitment to evidence-based programming and their shift from enforcing consequences to providing adequate treatment that is capable of meeting the needs of even the most challenging youth.

As previously discussed, not all youth classified as violent youthful offenders are confined to correctional facilities or residential treatment programs. In fact, some are in the community under supervision or waiting for a juvenile case to proceed. In cases such as these, one must evaluate social services programming opportunities in the community. RISE, founded in 2017, is a non-profit organization located in Madison, Wisconsin that originated from two separate non-profits, Community Partnerships and Center for Families. Within RISE is the Children Come First (CCF) Program, which has been in existence since 2000. The CCF program works with youth suffering from at least one mental illness and that are currently at risk of out of home placement. Out of home placements can take several different forms such as foster placement, a residential care center, a mental institution, the juvenile department of corrections, etc. As diverse as the children and youth are within the CCF program, CCF does occasionally work with violent youthful offenders, but that is by no means the only demographic of youth they serve.

The golden ticket to CCF's success is the wraparound system of care philosophy. CCF is all about meeting the needs of the individual and the family unit as a whole. CCF clients are assigned a care coordinator whom, assesses and evaluates the need of the individual to devise a plan of care, a crisis plan, and assembles a team of supports to be in place for the youth and family. In cases such as working with violent youthful offenders, care coordinators have access to non-traditional services such as in-home individual or family therapy, mentoring services,

parent coaching, specialty therapies such as EMDR, brain-spotting, art therapy, equine therapy and payment for temporary out of home programming such as wilderness therapy or thirty day assessments. In cases of youth in this demographic, the care coordinator would also more than likely have support of the county social worker and court system in implementing nontraditional services. Youth involvement in CCF is voluntary and youth can stay enrolled as long as there is a need, until they reach nineteen years of age, and/or they are sentenced to corrections. Because of the diverse group of youth the CCF program services, there are no records indicating just youth diagnosed with conduct disorder, oppositional defiant disorder or intermittent explosive disorders. Therefore, it is very difficult to evaluate the effectiveness of this community program.

As mentioned as a potentially funded service by the RISE Children Come First Program, New Vision Wilderness (NVW) Therapy (2017) is another great opportunity for violent youthful offenders that exhibit psychopathic behaviors. NVW has wilderness therapy programs located in both northern Wisconsin and Oregon. Different groups and programs are available to preteens (aged 10-12), adolescents (aged 13-17), and young adults (aged 18-25). NVW accepts youth with a variety of mental health concerns, trauma histories and legal troubles. Youth accepted into NVW programming are typically away from home for a few to several months as they are immersed in NVW's treatment model of intensive therapeutic support, personal growth in the wild, adventure education, and preparation for reentry to society. Parents of youth involved in NVW are often simultaneously working on reunification by making changes to their home, how they support their youth and participating in occasional family therapy visits and check-ins with NVW staff. New Vision Wilderness is a nationally recognized therapeutic program for troubled youth, but there is extremely limited evidence based research regarding its effectiveness. Lipsey, Wilson and Cothorn (2000) found that wilderness/challenge

treatments have weak or no effects but with inconsistent evidence. Bartol and Bartol (2011) found that many studies conducted to evaluate the effectiveness of wilderness therapy programs were methodologically flawed due to not having control groups for comparison, but that they do appear to be more effective than traditional boot camp settings. NVW was founded in 2007 and one can assume that the development of past wilderness programming effectiveness was explored in order to make positive changes surrounding effectiveness, but the fact remains that there are still many unknowns regarding the effectiveness of NVW. It would be helpful for there to be more research done to understand any changes surrounding its effectiveness today and to be able to have supporting data to explain the benefits in contrast with other intervention programming options.

However much Tate, Reppucci and Mulvey (1995)'s research can appear to be outdated, their research surrounding treatment effectiveness and implication for future treatments yields insightful information that somewhat compensates for the lack of empirical data and information surrounding various treatment effectiveness. Tate, Reppucci and Mulvey discuss several social services treatment options that have proven effective such as cognitive-behavioral approaches, social skills training which includes aggression replacement training (ART), problem-solving skills training, and multi-systemic therapy. Multi-systemic therapy (MST) is very similar to the RISE CCF program's wraparound system of care model in that MST is designed to take place in the home and across different community settings such as school, the neighborhood and other settings. MST is described as being child-focused, family-centered and directed toward addressing challenges and/or concerns in multiple parts of a youth's life (p. 779). Tate, Reppucci and Mulvey argue that MST was the only treatment program that showed both short and long-term effectiveness for violent youthful offenders that are the focus for this paper.

Wicks-Nelson and Israel (2015) found that there has been a considerable amount of empirical support for MST's and their associated long-term success and cost effectiveness since Tate, Reuppucci and Mulvey's research. Wicks-Nelson and Israel found that families where a youth has undergone MST have reported increased family cohesion, a decrease in peer aggression and benefits several youth demographics such as chronic juvenile offenders, adolescent sexual offenders, substance abusing an dependent youth and youth meeting criteria for psychiatric hospitalization (p. 213). Given the effectiveness of MST's, one can assume that the model was expanded to be just one part of other community programs such as the RISE CCF wraparound model.

After exploring the various clinical diagnoses of the demographic for this paper, the effects that the department of corrections has had on youth along with charging youth in the adult system, the different nontraditional social services programs and evaluating any associated empirical support, it is clear that there are emerging programs that prove beneficial to the violent youthful offender that exhibits psychopathic behaviors demographic, but that there needs to be a more abundant wealth of evidence based research support to fully support the needs of this demographic. Intervention programs that have proven effective include program designs emphasizing positive behavioral supports and interventions along with multi-systemic designs. Please see Exhibit 1 in the Appendix to review Lipsey, Wilson and Cothorn's (2000) chart that compares different treatments in order of effectiveness. It would be helpful for researchers to devise and utilize more charts such as these to evaluate the effectiveness of various programs and changes that can be made to increase their effectiveness. Doing so would assist researchers in advancing and replicating treatment types and modalities today.

As much as it is essential to evaluate the literature and research surrounding the clinical, governmental and programming affecting violent youthful offenders that exhibit psychopathic tendencies, it is also essential to evaluate the theoretical framework associated with youth of this demographic.

III: THEORETICAL FRAMEWORK

In analyzing the theoretical framework most applicable to violent, youthful offenders exhibiting psychopathic behaviors, the most relevant theories include biological and developmental theories. It is also important to discuss the recently developing trauma informed care movement. One could argue that trauma informed care is, and may one day be part of developmental theories, but since it is quickly becoming a substantial component of various treatment modalities, it will be discussed as its own separate framework. Biological theories are discussed and evaluated first because they are in essence, the building blocks of one's life and that is supported by neurobiological deficits in some along with research surrounding the influence of one's temperament. Biological theories along with the exploration of developmental theories helps one understand the situations in youth mature into the violent youthful offender exhibiting psychopathic behaviors demographic.

Biological Theories

Comer (2014) discusses certain biological factors that possess the potential to play a role in an individual exhibiting psychopathy. Comer specifically argues that certain chemical differences in individual brains could contribute to psychopathy along with abnormalities in various brain region structures. The main chemical difference found in individuals that are known to be impulsive, aggressive and possess a psychopathic diagnosis is that many have lower amounts of serotonin than others in the general population. Brain abnormalities that have been found for this demographic include deficiencies in the frontal lobes along with an underactive amygdala (Anderson & Kiehl, 2014). The frontal lobes are known to be the area of the brain responsible for abstract thought and decision making. It serves as one's moral compass. The

amygdala is known to be the part of the brain responsible for emotions and how one reacts to them.

Tate, Reppucci and Mulvey (1995) discuss the likelihood that certain youth's neurobiological makeup is a strong contributor to their deviant behavior. The researchers also discuss the research surrounding the extent of the biological contribution is rare and therefore there are not many biological interventions available aside from medication management, which is very often just one service among many being implemented. Kiehl and Sinnott Armstrong (2013) discuss the plasticity of the brain, which opens up the potential for change to brain regions that have impairments and/or deficits. It would be helpful for researchers to study the brain's plasticity and the potential for biologically based corrective treatments.

Developmental Theories

Anderson and Kiehl (2014) discuss that many of the features and characteristics in individuals exhibiting psychopathy are developmental in nature and that most of those traits become observable before an individual reaches ten years old. As one ages, they go through different developmental life stages, which are typically surrounding important biologically driven milestones of aging (walking, talking, abstract thought, reasoning skills, developing independence, etc.) and/or social construct milestones surrounding the appropriate time for youth to participate in certain activities such as schooling, working, driving a car, etc.

Bartol and Bartol (2011) discuss Moffitt's Developmental Theory, created by Terrie Moffitt in 1993, which details the differences between life-course-persistent offenders (LCPs) and adolescent-limited offenders (ALs). It is a common fact of life that adolescence is a time where individuals are more likely to be impulsive, partake in risky behavior and potentially get

in some trouble. It is also a common fact of life that many of those youth will age out of their delinquent behavior, once their brain is given the time to finish maturing. This concept can be applied to the adolescence-limited offenders. In contrast, the life-course-persistent offenders are individuals that continue to their delinquent behavior into adulthood and lead a life unfortunately full of criminality.

Bartol and Bartol discuss that LCPs typically exhibit neurobiological concerns during their early life, which translates into observable characteristics such as poor temperament or emotional regulation skills, a diagnosis of attention deficit/hyperactive disorder (ADHD) and learning challenges in school. These neurobiological differences can lead to youth being rejected and isolated, which typically worsens the symptoms, and makes youth more likely to participate in delinquent activities as youth and a wide array of aggressive and violent crimes over the course of their lifespan (p. 147). Without the support of one's family and community, it can be very difficult for these youth to not lead a life of criminality because of the pro-social support they're missing at each developmental life stage.

Another developmental theory that Bartol and Bartol (2011) discuss is the Coercion Developmental Theory, created by Gerald Patterson in 1982, which is very similar to Moffitt's but has less of a focus on the neurobiological differences/characteristics in individuals and an extensive focus on the role of parenting youth as they progress through the various developmental life stages. The researchers discuss the potential for children certain challenging neurobiological characteristics to elicit more negative parenting responses and behaviors from their caregivers. However, this developmental theory has more to do with various parent/family dynamics such as children being supervised, disruptive family transitions such as divorce and inconsistent parenting strategies being at the forefront contributions that can be associated with

youth being involved in early onset deviant behavior (p. 151). The researchers also discuss there being two separate but virtually identical developmental trajectories for youth under this model with the only difference being the time frame progression. The two developmental trajectories are the early and late start trajectories. Both trajectories are heavily influenced by social and environmental influences as already described.

After analyzing both Moffitt's Developmental Theory and the Coercion Developmental Theory, one is able to see the parallels between them both acknowledging the neurobiological influences often associated with delinquency and criminality, but that they differ in the amount at which this is a factor. The Coercion Developmental Theory appears to be more sound in that it does not rely on the absolutes of neurobiological characteristics by also taking into account the social and environmental contributions to healthy development.

From a developmental theory perspective, Bartol and Bartol (2011) discuss the characteristics associated with successful intervention programs designed to treat juvenile delinquents. Those characteristics are beginning early, following developmental principles, focusing on multiple setting and/or systems, acknowledging along with respecting cultural backgrounds and focusing on the family first. Based on this information, it appears that MST and wraparound systems of care models would be effective intervention programming options for the demographic of youth in this paper that reside in a community setting.

The Trauma Informed Care Movement

As previously stated, trauma informed care is not a theoretical model, but it is a developing movement in the treatment world due to the overwhelming number of individuals in society experiencing traumatic events, especially children. Wicks-Nelson and Israel (2015)

define trauma as, “an event outside everyday experience that would be distressing to almost anyone” (p. 123). Trauma can include many things such as being abused or witnessing abuse, going through a traumatic experience such as a car accident, divorce, losing a loved one, or even watching one’s parents react to a traumatic event and needing to be a consoler as a young child. Because of the wide breadth of trauma impacting our society, especially young people, professionals involved in social services programming are adopting trauma informed care approaches to effectively meet the needs for juvenile delinquents. One of those approaches is developing therapeutic treatment modalities to include a focus on trauma. An example of this is trauma-focused cognitive behavioral therapy (Bates & Swan, 2014).

Professionals involved in social services programming for youthful offenders do not need to have a specific trauma focused therapy modality to be trauma informed. One must simply give time to the understanding that a person is made up of all their experiences and take the time to understand how a person’s trauma can or could have impacted their conduct or explain their behavior. Looking specifically at the demographic of youth in this paper, one can assume that many, if not most, of these youth do have some type of trauma influencing their life-course trajectory and lack of pro-social relationships. Whether that trauma be family based such as an abusive household, neglectful household, or trauma due to already being enmeshed in the juvenile or criminal justice system of our society that poses its own risks to the wellbeing of children (abuse/victimization in detention/jail, threat of harm, or basic traumatization), it is likely that there are many types of potentially traumatic factors associated with these juvenile delinquents that need to be fully understood and recognized to adequately provide the interventions and care they need.

IV: RECOMMENDATIONS

Through the analysis of the different traditional and non-traditional social service intervention programs along with the various theoretical frameworks, it is clear that it is better to get youth involved in interventions when they are as young as possible, specifically eight years and younger (Frick, 2001). However, this is not realistic for every child or familial situation and one is not always aware of how substantial the concern is until it appears to be much too late. The real deficit in successful intervention programming is when youth reach the preteen and teenage years. Because of this, there needs to be more of an emphasis on the development of intervention programming for violent youthful offenders exhibiting psychopathic behaviors that are incarcerated or simply in some form of custody/placement along with those youth still in the community. More specifically, there need to be more social service intervention programs that utilize methodologies surrounding positive behavioral intervention supports along with wraparound systems of care in contrast to traditional interventions surrounding sanctions and punishment.

The Mendota Juvenile Treatment Center's (MJTC) Today Tomorrow Program in Madison, Wisconsin is a program that has empirical support and was replicated in the juvenile correctional settings in the state of Georgia. The positive behavioral interventions and support (PBIS) methodology in contrast to traditional methodologies focused on sanctions/punishments, is empirically proven to lower recidivism rates of this demographic (Kiehl & Sinnott-Armstrong, 2013). Government funds need to be channeled into the training and expansion of MJTC's Today Tomorrow Program methodology so that other juvenile correctional facilities can implement this design in combat of mass incarceration. It would also be helpful for the adult department of corrections to research and adapt the MJTC methodology to the adult system.

Through the body of the research and the exploration of positive behavioral interventions and supports, it has been made abundantly clear that sanctioning and/or punishing offenders has not proven to be an effective corrective measure or deterrent for others when it comes to the choice of participating in deviant behavior. Caldwell, Skeem, Salekin and Rybroek (2006) discuss one of the many success of MJTC's Today Tomorrow Program being that one of the goals of the program is to keep even the most disruptive and aggressive youth involved in the program and to even give them priority in intensive treatment attention. This same level of due diligence needs to be applied in all treatment facilities.

For youth that have not reached the point of being placed in a juvenile correctional setting by the court, it is important to keep youth in the community and also be open to the concept of being creative. Traditional community interventions typically consist of court supervision, which more often than not leads to sanctions with the court because a lack of other community supports to keep youth on the right track. There is not one foolproof social service intervention program or technique that is going to work for each youth in this demographic. Often times, it will come down to how well all the systems involved (family, county, school, mental health services, other community supports) can work together to meet the needs of the youth. This involvement and collaboration of multiple systems is representative of programs that adopt wraparound systems of care or multi-systemic treatment plan philosophies. Both are very similar and essential at providing the unique and untraditional support needed for this often challenging demographic.

In all of the different intervention programs, regardless of if they are incarceration programs or those in the community, all of them need to adopt a trauma informed care philosophy. Having providers trained in trauma informed care has potential for youth to be more

open to mental health services, get more out of the specific program and can increase opportunities for providers to build rapport with the youth they serve. The trauma informed care movement is still up and coming and because of this, many traditional supports such as military style boot camps or traditional juvenile correctional facilities have little, if any, emphasis on adapting their methodologies to reflect on the impacts of trauma on youth.

In terms of future studies and the development of further empirical support for programming, there needs to be extensive research into specific programming such as wraparound service models and nontraditional therapies such as wilderness therapies. The challenge in this will be devising ethically sound studies that are able to measure the effectiveness of these programs or designs. This is difficult due to the need of control groups and ethics surrounding offering supportive services and not to some individuals. As of now, it seems there is a lot of data suggesting that traditional juvenile correctional services are not effective and that there's promise in non-traditional services, but there needs to be more research done to get the funding needed to expand these programs across the United States.

Future studies also need to analyze the extent at which, neurobiological deficits plays a role in the development of youth maturing into career criminals, the neuroplasticity of the brain and potential corrective possibilities along with the impact of medication management on the conduct of youth in this specific demographic. These are questions that are difficult to study due to various environmental impacts, but still important to continue to study when simultaneously evaluating program effectiveness and various participants.

V. SUMMARY AND CONCLUSIONS

It is clear that violent youthful offenders exhibiting psychopathic behaviors are more than likely youth that will lead a life of criminality and mature into career criminals, being enmeshed in the criminal justice system for the majority of their adult life. If changes are not made to how the juvenile and adult correctional systems approach vulnerable individuals, such as the youth discussed in this paper, it is likely that the prison population will continue to climb.

Långström and Grann (2002) found that within the prison population, the prevalence of adults with a DSM-V diagnosis of antisocial personality disorder is 46% and noted that the percentage attributed to specifically offenders convicted of violent crimes was substantially higher (p. 86). Correctional methods such as enforcing sanctions and punishments, as done in both the juvenile and adult corrections systems, do not work, especially when working with a population of individuals that one could argue may feel they have nothing to lose. Instead of spending time stacking up punishments that will more than likely make this population even less motivated than they initially were, there should be positive behavioral interventions and supports implemented along with a focus on trauma informed care to show that when one does something wrong, they are not simply thrown away and assumed to be not worth the effort or assistance toward a path of change.

Violent youthful offenders that exhibit psychopathic tendencies are still developing and need interventions that are able to effectively meet their needs so that they do not progress toward a life of high criminality. These challenging youth are a combination of their experiences, many including past trauma and potential neurobiological deficits. It is a disservice to these youth, or any person, to simply classify them in a demographic without taking the time to know them individually and understand their specific needs. Wraparound and Multi-Systemic

programming philosophies allow this opportunity and should be utilized in designing treatment methods to rehabilitate these youth. Pouring funds into these programs and reforming correctional facilities, juvenile and adult, with positive behavioral intervention and support programs has the potential to create a shift in America away from being known as the nation with the highest rate of incarceration in the world.

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Appendix A

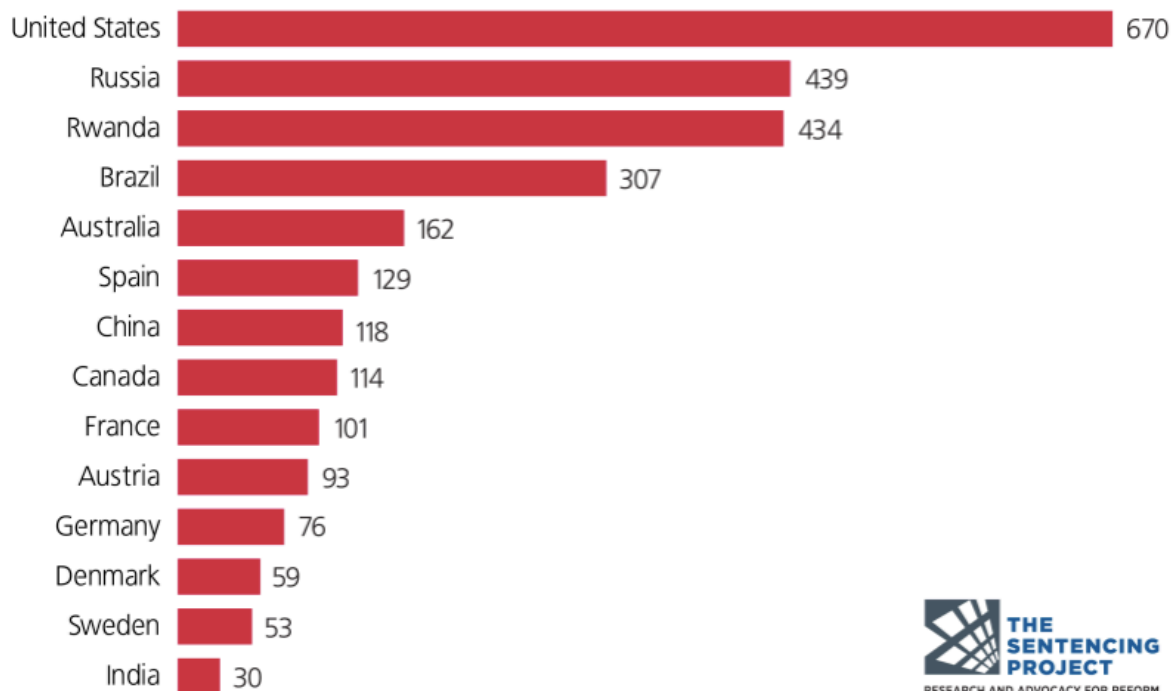
Table 1: A Comparison of Treatment Types in Order of Effectiveness

Types of Treatment Used With Noninstitutionalized Offenders	Types of Treatment Used With Institutionalized Offenders
Positive effects, consistent evidence	
Individual counseling Interpersonal skills Behavioral programs	Interpersonal skills Teaching family homes
Positive effects, less consistent evidence	
Multiple services Restitution, probation/parole	Behavioral programs Community residential Multiple services
Mixed but generally positive effects, inconsistent evidence	
Employment related Academic programs Advocacy/casework Family counseling Group counseling	Individual counseling Guided group counseling Group counseling
Weak or no effects, inconsistent evidence	
Reduced caseload, probation/parole	Employment related Drug abstinence Wilderness/challenge
Weak or no effects, consistent evidence	
Wilderness/challenge Early release, probation/parole Deterrence programs Vocational programs	Milieu therapy

Lipsey, Wilson & Cothorn (2000)

Appendix B

International Rates of Incarceration per 100,000



Source: Walmsley, R. (2016). *World Prison Brief*. London: Institute for Criminal Policy Research. Available online: <http://www.prisonstudies.org/world-prison-brief>.