AN IMPLUSIVE POPULATION: RECOMMENDATIONS IN SUCCESSFULLY TREATING HIGH RISK YOUTH IN THE COMMUNITY

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AN IMPLUSIVE POPULATION: RECOMMENDATIONS IN SUCCESSFULLY TREATING HIGH RISK YOUTH IN THE COMMUNITY

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Starting this degree came at a hard time. Less than a month before starting my degree, serving as a juvenile probation and parole agent, one of my Serious Juvenile Offenders committed suicide. In the coming months, I wasn’t sure if I had faith in the Criminal Justice System any more. I chose to continue my education anyway. I’m glad I did. In the past 2 years I have learned so many things to help me in my career, and hope to bring those tools to the youth I work with in the future. It is this reason I choose this topic and hope it contributes to my field in some small way.
Abstract

An Impulsive Population: Recommendations in Successfully Treating High Risk Youth in the
Community

By Sarina Wiesner

Under the Supervision of Dr. Amy Nemmetz

Statement of the Problem

High risk and violent juveniles have proven some of the most difficult populations to
treat. Lack of emotional development, stunted fear responses, and multiple environmental issues
make incarceration a poor way to reduce recidivism in this population. In fact for decades,
institutionalizing juveniles has shown to increase the likelihood of recidivism (Levine, 1977).
Alternatives to incarceration are needed, however finding the most effective community-based
alternative have proven difficult to find for high risk and violent juveniles.

Methods of Approach

To research the effectiveness of community-based programming of high-risk youth,
multiple bodies of research were examined to determine effectiveness and best results. The focus
on reducing recidivism rates in high risk juveniles, multiple studies were included. Including the
effectiveness of incarcerating high-risk juveniles, the current evidence-based approaches to
reducing recidivism in high risk juveniles, and some of the transitional and community-based
programs around that treat high risk youth.
Summary of Results

Both research and current programs implemented indicate that a multi-systemic therapy (MST) approach is an effective way to reduce recidivism of high-risk youth, producing an average decrease recidivism rate of 70% and a reduced financial impact on communities by approximately $100,00-$200,000 per youth (Klietz, Borduin, & Schaffer, 2010). It is recommended that therapeutic approaches such as multi-systemic therapy (MST) are used more often in the juvenile justice system as an alternative to incarceration. Continued research on multi-systemic therapy and alternatives to incarceration for high risk juveniles should be conducted.
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Introduction

Statement of the Problem

High risk and violent juveniles, much like adults, are often incarcerated for their crimes. Approximately one out of every four youth brought through the juvenile justice system each year will spend time in detention or incarceration (Mallett & Boitel, 2016). Yet for decades institutionalizing juveniles has proven ineffective in reducing recidivism, and has actually shown to increase recidivism rates in juveniles (Levine, 1977). Incarcerating high risk and violent juveniles is not going to produce the mental shift needed to live a crime-free life. Honorable Judge Johnathan Lippmann (2010) also agreed that holding violent criminals is important but finding alternatives to incarceration are necessary to reduce recidivism rate, as incarceration is not effective.

High risk and set-minded juveniles turn in to young adults. According to the U.S. Department of Justice (2014), ages 18 to 24 have the highest arrest rate for violent crime. In a study tracking recidivism rates from 2005 to 2010, recidivism rates among prisoners within one year of release was 56.7%, three years of release 67.8%, and five year 76.7% (Durose, Cooper, Snyder, 2014). Among these results recidivism was directly proportionate to age; the younger the person the more likely there were to reoffend. It is imperative that the Criminal Justice System address the underlying causes and effective solutions to treat violent youth to lower the violent crime rate in young adults. This is not only for the emotional benefit of society, but for the economic benefit to society as well. To effectively reduce the violent crime rate and find better solutions than incarceration would be of economic benefit to communities. Incarcerating an adult is costly but incarcerating a juvenile is even more so. To incarcerate a juvenile for one-year costs
from $45,000 in some states to nearly $400,000 in others, with an average just under $150,000 per youth per year (Justice Policy Institute, 2014).

Evidence based solutions have been a focus in recent decades. Evidence based treatment is based in scientific research and empirical data. This paper will focus on evidence-based treatment of high-risk juveniles, from transitional programs to community-based treatment programs.

**Purpose of Research**

With incarceration increasing recidivism rates in high-risk juveniles (Levine, 1977), effective community-based treatment is needed. High-risk and violent youth are some of the toughest to work with in the criminal justice system, which is why incarceration has previously seemed like the best option. However, to simply remove a juvenile from the community is not a favorable solution, as all of these young will need to transition into the community once they are released. The added burden of removal from the community is the accompanying stigma placed on the juvenile. Communities need to embrace their youth and find more effective ways to support juveniles and encourage pro-social behavior.

It is the goal of this paper to provide the supportive research on incarceration inefficiency, the underlying deficits in high-risk youth, and the evidence-based community programs that have shown to reduce recidivism in the high-risk youth population.

**Contributions to the Field**

Most direct impact on finding would be the juvenile justice system. Identifying alternatives to incarceration for high-risk youth would lower the cost to states and communities
by an exponential amount, as well as benefit the individual youth. In extension, effective programs for high risk youth could help all the criminal justice system by lowering the violent crime rate in young adults. By locating effective programs and alternatives to incarceration, the Juvenile Justice system would be able to implement programs that work for their most difficult population.

**Assumptions**

It is assumed that high risk juveniles and violent youth benefit more from community based treatment versus incarceration. In reviewing multiple meta-analysis of community based programs and treatment and finding the results to support the reducing of recidivism rates, it supports the assumption that community based treatment is the superior method of approach when attempting to rehabilitate juveniles.

The term “high risk youth” has been inconsistently defined across studies (Kington, Mihalic, & Sigel, 2016). For purposes of this paper, high-risk youth is defined in terms of delinquency; therefore only studies that defined risk level by these terms were included. A high-risk youth would be a youth with a high likelihood of committing a subsequent crime. Such risk levels are ascribed by risk assessment within the juvenile justice system. The focus is not on the development of that risk level, as studies and states use different risk assessments with juveniles.

**Methodology**

To research the effectiveness of community based programming of high risk youth this analysis will be researching the recidivism rate of incarcerated high risk juveniles, the current evidence based approaches to reducing recidivism in high risk juveniles, and the institutional and community based programs around the country treating high risk youth.
Only programs that dealt with at least an element of community based treatment were observed. Only programs that used evidence based practices were utilized, which included primarily therapeutic approaches. Programs from multiple states have been examined and compared for efficiency, population of study, and effectiveness.

**Resources**

To locate current research and programs journals, internet searches and textbooks were used. University of Wisconsin – Platteville Elton S. Karrmann Library subscribes to electronic journals. Key words and phrases were used to find relevant studies in conjunction with the term “high risk youth”; such as “recidivism”, “community based”, “cognitive intervention”, “evidence based”, and “emotional regulation”. Internet searches were utilized to locate programs and journals that did not have full information available on the Elton S. Karrmann database. Government and non-profit organization pages were used, as well as one for-profit program that hired an independent research team to evaluate their results. For these searches google.com was primarily used. Textbooks, utilized by University of Wisconsin Platteville – Masters of Science in Criminal Justice, were used for supplemental information on theories and statistics.

**Theoretical Framework**

**Theories in Juvenile Delinquency**

*Differential Association Theory*

Sutherland's Differential Association Theory proposed that an explanation of criminal behavior can apply across social lines, to include all classes, ages, gender and races (Bates &
Swan, 2017). The theory supports that criminal behavior is learned from groups we have contact with. Learning is done through communication with other people, where they teach you how to commit crime as well as the motives, rationalizations and attitudes for the crime itself. Lastly the definitions of committing the crime have positively outweigh the potential consequences of that crime (Bates & Swan, 2017). Specifically, within youth, they already must see the potential risks as worth the rewards.

Differential associated theory can be applied to not only the initial cause of criminal behavior, but also the causes of recidivism in institutions. In Sutherland’s Differential Association Theory crime is learned in close inter-personal groups (Matsueda, 1988). Crime therefore is a learned behavior, in which high risk and violent youth would have to learn this behavior from the close person groups they have in their community. Those close person groups would need to favor committing crime and the specific motives and rationalizations/attitudes. In criminological terms this is called anti-social cognition or anti-social attitudes, the criminal thinking and behaviors that are learned within the group. An example would be a groups’ view, that their community does not care about their well-being so stealing or hurting someone in the community is a positive not a negative. Sutherland went on to describe the several factors influencing these motive and belief, inciting that it is a systemic problem within the family, peer group and community. Therefore, effective treatment would need to be systemic in order to change the criminal mind-set (Matsueda, 1988).

Not only does Differential Association indicate that the problem and the solution relate directly back to environment, but it also leads to the explanation that incarceration is not effective in changing a criminal mindset (Matsueda, 1988). To be surrounded by other high risk
youth with anti-social behaviors and mentalities would further perpetuate the belief that what they did is not entirely wrong or it is justified in “their” groups’ mindset. By enclosing them with other high-risk youth, the propensity to share negative views and social norms increase. Some youth refer to incarceration as “crime school”, where they learn how to be a better criminal. As these youth are forced to be surrounded by people who share similar criminal tendencies, they inevitably reinforce that their motives and rationalize such behaviors as favorable or necessary.

*Labeling Theory*

Stigmatization is an inevitable result of being placed into the juvenile justice system. This stigma can come in so many forms; “trouble maker”, “delinquent”, “violent”, “hoodlum” or in the case of this research “high risk”. The justice system labels youth from their adjudication, to the institution, to the community. Giving youth a label, allows both the public and the youth themselves to believe it and refuse the investment to change (Bates & Swan, 2018). Removing them from the community, removes them from their “in group” and instead places them in an “out group”. One choice does not make someone a criminal for the rest of their lives, yet society treats them as such by placing labels on them. Even diagnoses can be stigmatizations, such as Oppositional Defiant Disorder. Once labeled as Oppositional Defiant, youth may become even more resistant (Walters, 2016). Instead of finding the cause for the behavior, youth are labeled and treated differently because of that label. Impressionable youth can internalize a label to such a degree that it becomes their only identity. Their crime becomes their only identity. “Once a drug dealer, always a drug dealer”.

If they believe that they are not in control of their behaviors or they are prone to certain behaviors indicative of their label, they have a high likelihood to repeat that behavior (Walters,
Labeling someone a trouble maker, a delinquent, or in this case a High Risk of violent offender does not reduce recidivism, it actually increases it. Labeling them prior to them even committing another crime. In an institutional environment youth are assigned risk based on static factors and their offense. When juveniles are given the help that they need in the community and with their families, this stigma and social isolation is lessened. Lowering their likelihood to commit crime.

*Intergenerational Transmission of Violence & Aggression*

Looking directly at the population of high risk and violent youth there is always a need to look at their environment. Youth do not simply become violent for no reason, often they have been victims to abuse or neglect in early childhood. In a study by Widom, a group of abused and non-abused children was observed over a 15 to 20-year period (Wallace & Roberson, 2016). The study found that youth that been abused or neglected were more likely to commit crime than non-abused youth, with an even largely likelihood of committing violent crime if the youth had been a victim of physical abuse. The second biggest indicator of future violent crime is those that had been neglected (Wallace & Roberson, 2016).

Although it is not acceptable to become violent towards others, youth have often been victims to the very crimes they commit. Whether it is simply observation or acts being done directly towards them, these behaviors are learned from their family and passed down through generations. Without proper treatment, they are more likely than non-abused youth to commit violent crimes (Wallace & Roberson, 2016).
Theories in Crime Prevention

*Strain Theory & Social Bonding Theory*

According to Miller-Perrin & Perrin (2013), the differences between Strain and Social Bonding Theories are the underlying nature of human behavior. Within Strain theories people are assumed to not want to engage in crime, but strain causes crime. Social bonding theory suggests that people naturally are deviant and will commit crime, but social factor prevent them from engaging in crime. In both cases the social factors within the community are what matter in the commission and prevention of crime.

Within Strain theory, it is suggested that those with unequal opportunities along with the other stressors of poverty tend to have higher levels of frustration and anger. In this framework, crime is more likely to occur in these because of that frustration. Believing that their circumstances make it unattainable to pursue the American Dream are what lead to the strain that causes crime. When that strain is eliminated, or at least lessened, in a youth’s life they are therefore less likely to commit crime. For high risk and violent youth incarceration would increase the strain of obtaining their goals, however community-based treatments that addressed their underlying stressors would decrease recidivism (Miller-Perrin & Perrin, 2013).

On the opposite side with Social Bonding Theory, for those believing people are inherently deviant, there are also ways to enhance their bonds within the community. Community-based programs keep youth invested and actively engaging in their futures. Forming these bonds within their own families and communities gives youth a higher social factor preventing them from engaging future crimes. Giving youth a reason to want to stay in their environment and understanding an address
Literature Review

Incarceration

Mallet & Julian (2008) discuss the infectivity as well as the cost of incarcerating juveniles. Many of the youth do not have access to attorneys and have mental health issues and or special education issues that do not get addressed in the institutions. Mallet & Julian examine the Youth Advocacy Program in Cleveland Ohio that provided youth with representation in court as well as access to mental health and disability services. Over a 21-month period evaluating 82 felony offending juveniles, the program saw a decrease in detention center placement by 47% and a decrease in state facility days by 74%. Total savings of this program was $625,898.

In a study of 42 juvenile offenders, authors found that juveniles have a less reactive fear sense than the 40 in the control group. They established that even more so, the persistent (or high risk) juveniles had the lowest fear response. This indicated a cognitive impairment in processing emotions (Syngelaki, et al., 2013). The results indicate that punitive punishments do not work on high risk juveniles, as they do not process fear in the same way older populations do. High risk juveniles are simply not scared into obedience or deterrence. The fear typically associated with incarceration does not have the same effect on high risk juveniles. Finally, the authors recommended the incorporation of emotional responses into risk assessments to identify better courses of treatment in persistent criminal youth (Syngelaki, et al., 2013).

Mallet & Boitel (2016) continued research on incarceration with youth. Finding that, 1 out of every 4-youth brought through the juvenile justice system each year will spend time in detention or incarceration (Mallet & Boitel, 2016), yet incarceration did not lead to better outcomes in the community. Instead a rehabilitative approach was more effective in reducing
recidivism rates among youth. Mallett & Boitel (2016) recommended states develop or invest in expanding a rehabilitative approach in communities to reduce the rate of recidivism.

**Cognitive Function & Emotional Regulation**

Pihet, Combremont, Suter & Stephan (2012) conducted a multiple regression analysis of 80 high risk males age 13-19 to measure risk factors as predictors of criminal behaviors. Serious delinquency was linked to both substance abuse as well as rigid and dichotomous thinking (Pihet, et al., 2012). This indicates high risk youth have a lack of cognitive flexibility in addition to emotional regulation deficits. Recommendations to use of Emotional Regulation techniques in conjunction with Cognitive Invention techniques to reduce recidivism in High Risk and Violent Youth.

Pihet, Combremont, Suter & Stephan (2012) addressed the use of Emotional Regulation in youth both with minor delinquency as well as major delinquency. Their research found that emotional regulation did attribute to lower recidivism rate amongst minor delinquency, however it was far less effective with violent and major delinquent youth. It is the proposal of this paper that emotional regulation in conjunction with cognitive interventions will reduce the recidivism rate in higher delinquent youth. In another study, emotional regulation teachings in school also predicted the likelihood of delinquency (Kemp, Thamotharan, Poindexter, Barker, Tolou-Sham, & Houck, 2017). Findings indicated that the sooner emotional regulation is taught in youth the lower the likelihood of subsequent delinquency. This affirms that emotional regulation techniques should be taught often and as soon as possible, especially in the area of high risk and major delinquents.
Jones, Joyal, Crisler, and Bai (2017) conducted a study on emotional regulation in juvenile sex offenders. They compared both the brain development in offending and non-offending juveniles, the results concluded that the composition and functioning ability of the brain is the same between both groups. However, the main differences between the two groups were emotional regulation, cognitive control, and memory. Offending youth had a lower rate in all three categories. The largest take away from the study is that these skills, though a deficit among the offending group, are skills that can be taught (Jones, et al, 2017). Given the impulsivity in youth, emotional and cognitive regulation are key skills in reducing recidivism.

Evaluated 1170 male juvenile delinquents and found that criminal thinking and low self-control and belief in their lack of self-control indicated a relationship to past and future crime. The research was centered on the psychological inertia theory, in generalized terms that continued patterns of thinking linked past and future crime in persistently delinquent juveniles (Walters, 2016). In the terms of this paper, that means high risk juveniles are stuck in their way of thinking about themselves and/or crime. Targeted cognitive interventions were recommended by the author based on the results of the study.

Findings of a meta-analysis consisting of 58 experimental and quasi-experimental studies on the effects of Cognitive behavioral therapy (CBT) were shown to lower recidivism specifically in high risk offenders. The results were a mean recidivism reduction of 30%. High risk juveniles and adults were combined within the meta-analysis with a little less than 30% of the total population in the study being high risk juveniles. Age however did not have a significant effect on the results, indicating that high risk youth and high risk adults are similar in their mentality as well as capacity for change (Landenberger & Lipsey, 2005).
The authors review several cognitive based intervention programs used in schools around the country, one was designated as a “promising program” by the US Department of Justice and the American Correctional Association. The program is an evidence based program called Aggression Replacement Therapy (ART) developed by Dr. Arnold Goldstein. The curriculum is split into three sections; social skills, anger control training, and moral reasoning (Amendola & Scozzie, 2004). Social Skills encourages the use of role playing and transferring skills outside the classroom. “Anger Control Training” is specifically focused on emotional regulation, being able to detect anger in others and in yourself. Finally moral reasoning the youth are given moral dilemmas where the concepts of fairness justice, compassion and concern for others are discussed (Amendola & Scozzie, 2004). The authors urge schools to teach these skills in schools as a preventative measure, especially for youth with an indication of aggression or anger. How these programs are utilized is not discussed however, as targeting specific youth instead making these programs universal may create the opposite effect intended by labeling youth as aggressive.

**Community Based Treatments**

A study examining 33 adolescence that had been referred by juvenile courts to residential placement. The authors took a research back positions that cognitive-based and behavior interventions have been shown to reduce recidivism with the most promising environment to enhance these programs in community based treatment. They found that 100% of participants that were released back home and continued to received services remained arrest free. In contract the youth that were released home without continued services about 40% were re-arrested within 6 months of discharge.
Chamberlain has contributed many bodies of research on the study of juveniles and effective alternatives to incarceration. With one of her first studies in 1998, she sought to find effective alternative to incarceration for chronic and serious juvenile offender. In this case, Chamberlain examined boys. Results found that group care and Multidimensional Treatment Foster Care (MTFC) were effective in lowering recidivism, with MTFC have a slightly better result (Chamberlain & Reid, 1998).

To expand on her prior research, Chamberlain and her associates sought to study the MTFC within multiple age ranges of children, this time with girls. All participants in the study had antisocial behaviors, emotional disturbance, and elements of delinquency (Chamberlain, 2007). MTFC includes many elements; training for the foster parents, therapy for biological parents, training and therapy for the youth, school support and interventions, as well as any professional psychiatric needs for medication. The results of Chamberlains 2207 study mirrored the results of her first study in 1998. The use of MTFC reduced criminal referrals and resulted in a return to their biological home more often.

An economic study between the multi-systemic therapy approach and individual therapy approach used within a clinical trial of serious juvenile offenders. The results found that they were significantly less costs to communities who utilized the MST approach, as it produced lower recidivism rates that individual therapy. In monetary terms, they stated that for every dollar spent on MST for the individual youth could save the community $9.51 to $23.59 in savings.
This was a comprehensive study on multiple evidence based programs currently being used in the field to reduce recidivism in youth. Underwood, Von Dresner, & Phillips (2006) review Multi-systemic Therapy (MST), Functional Family Therapy (FFT), Multidimensional Treatment Foster Care (MTFC), Wrap-Around Milwaukee, Intensive Aftercare Program (LAP), Mode Deactivation Therapy (MDT), and Big Brother Big Sisters of America (BBBSA). The review of the programs indicates that a Multi-systemic Therapy approach has the best produced long term results at an average of 70% reduction in recidivism rates, and serves as an alternative to incarceration or out of home placements (Underwood, Von Dresner, & Phillips, 2006).

**Current Programs**

**Juvenile Cognitive Intervention Program (JCIP) – Wisconsin**

The State of Wisconsin has adopted an evidence based approach to supervising juveniles in institutions as well as in the community. A risk assessment is conducted at multiple points during incarceration and supervision, which identifies 8 areas of risk and tailors a case plan to address those needs. The risk factors however have only little to do with self-regulation and mostly has to do with static factors that predisposition a juvenile to commit crimes. The driving factors include Antisocial Companions, Family, Antisocial Personality, and Antisocial Cognition. This already identifies 2 areas of highest risk in juveniles as their emotional regulation and cognitive control/thinking. In an attempt to combat cognitive errors, Wisconsin adopted Juvenile Cognitive Intervention Program or JCIP for short (Jackson, 2008).

JCIP is conducted in a group setting and is curriculum based. Developed by Dr. Steve Parese and Dr. David L. Smith, the program is broken down into three phases (Revive Youth &
Family Services, 2017). The first phase is called “Choices”, where youth examine their own cycles of thinking and how that thinking contributes to their criminal behavior. Phase two is called “Changes” which teaches the 5 stages of change as well as a 5-step problem solving technique that encourages pro-social outcomes. The third is called “challenges” and is completed in the community individually to help youth reflect on choice and situations they experience in their daily lives (Wisconsin Department of Corrections: Division of Juveniles Corrections, 2017).

Limitations of JCIP

Phases 1 & 2 are typically completed in a secure facility of some kind. This included incarceration, group homes, extended supervision facilities (Revive Youth Program, 2014). It is only phase 3 that is carried out in the community. The drawbacks to doing cognitive intervention programs primarily in the institutions is that they are not experiencing real world situations as often as they would in the community. Recommendations would be to attempt these programs in the community. The last limitation was the amount of data on the program’s success, the last known evaluation was done in 2008 (Jackson, S., 2008). Results were measured by a tool they call HIT, or “How I Think”. It measures the anti-social cognition that leads to criminal behaviors. Youth were tested in facilities before and after complete Phase 1 & 2 of JCIP. The results states that there was a “significant improvement” or reduction in criminal thinking based on post-JCIP HIT scores. There was no specific data on the Phase 3 or community phase of the program, indicating that this program is lacking in long lasting effects of the program.
Youth Villages – YVIntercept & MST

Youth Villages is a non-profit organization that focuses on the community transition for high risk youth. The program has locations in Alabama, Arkansas, Florida, Georgia, Indiana, Massachusetts, Mississippi, New Hampshire, North Carolina, Oklahoma, Oregon, Tennessee, Ohio, and coordinating facilities in several other states. The organization offers many different programs for out of home placements as well as in-home solutions. The two in-home solutions include YVIntercept and Multi-systemic Therapy (MST).

Limitations of Youth Villages

This program is implemented not only with juvenile delinquents but with many youths in at environmentally at-risk category. This would include youth that were not necessarily delinquent, but potentially on the way to becoming delinquent based on their current circumstances. There is no specific data that has been derived from the program, with YVIntercept only available in 11 states and MST 3 states.

Juvenile Breaking the Cycle Program (JBTC) – Lane County, Oregon

This program focuses primarily on drug use as a cause and element of juvenile delinquency. Incorporating elements of cognitive interventions, therapy, as well as regularly drug testing and being supervised by the court in a reward/consequence based system.

Population targeted youth ages 9-18 that were flagged as both high risk as well as having drug/alcohol problems (Lattimore, 2004). Program used assessments to identify, provide, and
coordinate individualized services for high-risk and drug involved youth. It has been labeled as “effective” by the National Justice Institute. Participants are indicated are less likely to recidivate compared to non-participants. In this study, the youth had to be both high-risk as well having drug or alcohol problems. Goals were to increase access to treatment, reduce substance abuse, intensive case management. Implemented in 1998 by Lane County youth services. These program were court monitored and served as an intervention and an alternative to incarceration. Finding, participants that 12 months post-program participants were 2.36 times less likely to be re-arrested. Believe that based on the access to treatment was main cause for the success; both mental health and AODA treatments.

Limitations of JBTC

The program inextricably links criminality with drug and alcohol abuses. Although this is not entirely false, it does not include the high risk youth that do not have a dependency program. Treatment of all kinds are offered to the youth participants, and there is not clear way to determine if it was the alcohol and drug treatment, the other treatments, or a combination. Results do show that there was a reduction in recidivism without a clear link or recommendation for high risk youth more broadly.

MST Services

MST Services is an organization built on Multi-systemic Therapy model. With centers located in South Carolina, Georgia, and California they are a for profit organization that is attempting to market the low cost high return on their programs, which promises to decrease the recidivism rate dramatically in the high risk youth they serve.
MST Services is a private organization backed by evidence based and independent research. Currently the program has delivered services to 15 countries and 34 U.S. states. MST Services was developed out of an evidenced based practice called Multi-systemic Therapy. Multi-systemic therapy is an intensive family and community based treatment that focuses on the child’s systems of support and how they affect behaviors. MST builds on strength of youth and attempts to produce long lasting change by involving all the support networks in the youth's life. MST Services boasts that MST is the “only” intervention for high risk youth where results have been replicated multiple times, with mean statistics of a low 13% re-arrest rate at the end of treatment. Overall statistics of the program; 54% reduction in arrests (14 year analysis) and 75% reduction in violent felony arrests (22 year analysis).

Limitations of MST Services

Ultimately, the program is more expensive than incarceration initially; however, the cost benefits outweighs the immediate expenditure given the dramatic decrease in recidivism rates in the participating youth. This reduces the cost it would be to pursue criminal charges and subsequently incarcerate a youth for another crime. Another limitation of the MST Services is that it is a for-profit organization, specifically marketing multi-systemic therapy. Given that is the approach they have chosen to market, it is less likely they will pursue other forms of community approaches. Although MST is a scientifically based program, they do have ulterior motives to produce positive results. With the research and statistics given it appears that MST is the best approach in reduces recidivism in a high-risk youth population.
Recommendations

Further Research Recommendations

Not only are there inconsistent definitions of high risk youth, but there is also limited available research devoted to high risk and violent youth. Although multi-systemic therapy seems to be the most recent evidence-based practice approach, there is limits on which communities implement them based on budget. It is recommended that research specifically dedicated to the recidivism rates, causes, and effective treatment, and cost analysis are continued and presented to communities with dense high risk populations.

Another recommendation on research would be to incorporate a larger population. Youth and young adults should be studied together to determine the effect of cognitive based interventions and multi-systemic therapy. Given that the highest violent crime rate occurs in the late teens and early 20’s (U.S. Department of Justice, 2014), the study of recidivism through those years would be beneficial to the field.

Juvenile Justice System Recommendations

Juvenile justice systems should implement alternatives to incarceration. Sentencing a youth to spend mandatory time in jail or institutions is not effective in reducing recidivism and costs the communities more of tax payer resources. The use of multi-systemic therapy should be used, and results studied, if available in the community.

Correctional staff and community workers should become trained in cognitive based interventions and more rehabilitative methods. It has been shown that a more therapeutic and
rehabilitative approach reduces the recidivism rate in juveniles and requires training and by-in throughout. The skills learned within can be taught to any staff members, and the more frequently these skills are used with youth the more likely they will be utilized in their everyday lives.

More data gathered within the system is also recommended. Programs gather their information differently and measure effectiveness in multiple ways. A more universal tool or measurement technique should be used by most of the programs to gather more reliable data. Many programs look at recidivism during and immediately following treatment, however long-term effects are not as easily acquired. Specifically, the long-term research of high risk and violent youth over longer periods of time should be studied to determine if the attribute a small or large portion in the young adult offender population.

**Legislators Recommendations**

In terms of legislation, juvenile justice is vastly different across states lines. Legislators tend to look at cost benefit analysis and how most effectively to distributing funding state-wide. It would be recommended that legislatures observe a cost analysis of incarceration versus community-based alternatives. Family based treatment for serious and violent offenders has been shown to lower the high costs associated with a life-persistent criminal, with a potential savings $1.4 Million (Klietz, et. all, 2010). Increased funding for community programs would be an initial investment that would decrease funding needed for the imprisonment of high-risk youth.
Summary & Conclusion

Ultimately, research within the field shows that multi-dimensional and multi-systemic therapy (MST), which is individualized to the youth and their community, is the most successful in reducing recidivism. High risk youth have a variety of need that entail detailed and multi-area approaches. Multiple organizations across the country and the globe are utilizing MST to reduce recidivism in high risk and violent youth. Immediate monetary gains may be minimal, as a more individualized retreatment of youth in the community may initially be more expensive. However with reduced recidivism rates, it would also reduce incarceration and community costs. There are many communities that do not currently use an MST program. Implementing an MST program may mean communities need additional resources, training, and funding.

Mass incarceration in the United States is a problem yet addressing the issues with how the U.S. treats youth could have a lasting effect on the adult prison population as well. Overall, continued research needs to be done from first entrance into the criminal justice through early adulthood to determine if a multi-systemic approach is the most effective to reduce the high risk and violent youth recidivism rates.
References


Youth Villages (2018). Community based solutions for high risk youth. Obtained from

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