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Intensive Community-Based Aftercare Programs

Training Manual for Action Planning Conference

October, 1992

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U.S. Department of Justice
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CONTENTS

IAP Training Curriculum Modules

MODULE ONE OVERVIEW OF THE INTENSIVE COMMUNITY-BASED AFTERCARE PROJECT AND THE INTENSIVE AFTERCARE PROGRAM (IAP) MODEL

I. Key Points 1
II. Module Goals 1
III. Introduction 1
IV. Overview of IAP Background, Purpose and Development Process 1
V. Project Design 2
VI. Initial Assessment Work 3
VII. Development of the IAP Model: Key Dimensions, Policies, and Procedures 3

MODULE TWO THE IAP MODEL: INTEGRATED THEORETICAL UNDERPINNINGS AND UNDERLYING PRINCIPLES OF PROGRAMMATIC ACTION

I. Key Points 1
II. Module Goals 1
III. Introduction 1
IV. Integrated Theoretical Framework 2
V. Five Principles of Programmatic Action 3

MODULE THREE ORGANIZATIONAL FACTORS AND THE EXTERNAL ENVIRONMENT IN IAP PLANNING AND PROGRAM DEVELOPMENT

I. Key Points 1
II. Module Goals 1
III. Introduction 1
IV. Assessing the Existing System within the Target Jurisdiction 2

MODULE FOUR OVERARCHING CASE MANAGEMENT: CONCEPTS AND INTRODUCTION TO ASSESSMENT AND CLASSIFICATION

I. Key Points (Part One) 1
II. Module Goals (Part One) 1
III. Introduction 1
IV. Obstacles to and Requirements of Overarching Case Management 3
V. Key Points (Part Two) 3
VI. Module Goals (Part Two) 4
VII. The Target Population 4

MODULE FIVE OVERARCHING CASE MANAGEMENT: INDIVIDUALIZED CASE PLANNING

I. Key Points 1
II. Module Goals 1
III. Introduction 2
IV. Assessment for Individual Case Planning 2
V. What a Master Plan Does for the Case 4
VI. Staged Transitioning 5
VII. What an Institutional/Aftercare Master Plan Includes 5
VIII. Logistical Issues in Planning and Service Provision 5
IX. Early Initiation of Aftercare Planning 6
X. Early Matching of Youths with Aftercare/Community Resources 6
XI. Early Involvement of Aftercare Staff with Institutionalized Youth 7
XII. Monitoring the Implementation of Master Plans 7
XIII. Scheduled Reassessments and Staged Transitioning 8

MODULE SIX OVERARCHING CASE MANAGEMENT: SPECIFICATIONS ON A MIX OF SURVEILLANCE TECHNIQUES AND PROGRAMMING/SERVICES PROVISION

I. Key Points 1
II. Module Goals 1
III. Introduction 2
IV. Monitoring, Surveillance, and Social Control Activities 2
V. Core Services Addressing Identified Offense and Need-Related Risk Factors 9
VI. Ancillary Services 31
VII. Restorative Justice 39

MODULE SEVEN

OVERARCHING CASE MANAGEMENT:
BALANCED INCENTIVES AND GRADUATED CONSEQUENCES

I. Key Points 1
II. Module Goals 1
III. Introduction 1
IV. Importance of Reinforcing Prosocial Behavior 2
V. Judicious Use of Aftercare Conditions and Limitations 2
VI. Swift, Certain and Graduated Consequences of Limited Duration 3
VII. Alternatives to Revocation 4

MODULE EIGHT

OVERARCHING CASE MANAGEMENT: SPECIFICATIONS ON SERVICE BROKERAGE WITH COMMUNITY RESOURCES AND LINKAGE WITH SOCIAL NETWORKS

I. Key Points 1
II. Module Goals 1
III. Introduction 1
IV. Nature and Role of Youth's Social Network and Implications for Master Service Plan 2
V. Community Resources and Organizations 3
VI. Advocacy for Resources, Services and Youths 3
VII. Monitoring Service Provision for Delivery, Receipt, and Quality Control 4

MODULE NINE

SPECIFICATIONS ON MANAGEMENT INFORMATION AND PROGRAM EVALUATION

I. Key Points 1
II. Module Goals 1
III. Introduction 1
IV. Why Evaluate? 2
V. Evaluation Planning 3
VI. Two Types of Evaluation 6
VII. Evaluation Program Implementation 6
VIII. Evaluating Program Outcomes 9
IX. Towards an Evaluative Mind Set 13

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MODULE ONE

OVERVIEW OF THE INTENSIVE COMMUNITY-BASED AFTERCARE PROJECT AND THE INTENSIVE AFTERCARE PROGRAM (IAP) MODEL

I. KEY POINTS

Ideas essential to this module are:

A. This research and development project is a cumulative, multi-stepped process that leads to fieldtesting the proposed IAP Model in selected jurisdictions nationwide.

B. The proposed IAP Model is both theory-driven and empirically based.

C. The development of the proposed IAP Model involved an extensive, multi-faceted assessment procedure including literature review, mail and telephone surveys, and on-site fact finding.

D. The proposed IAP Model is purposely generic in nature and can be readily adopted to the circumstances and needs to any particular jurisdiction.

II. MODULE GOALS

The goals of the first module are:

A. To describe the initial assessment and development process that guided the project, and

B. To identify and explore the assumptions that ultimately led to formulation of the IAP prototype or model.

III. INTRODUCTION

The intensive community-based juvenile aftercare research and development project began operation in Spring of 1988 with funding from the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Designed to 1) review the literature and current state-of-the-art approaches, 2) formulate a prototype, and 3) disseminate the findings, the project is now engaged in a training and action planning process. This manual and the nine module training curriculum form the basis of this knowledge building and dissemination effort.

The Intensive Aftercare Program (IAP) prototype that the project developed is a theory-driven, empirically-based framework derived from both integrated theory and validated risk assessment (See Attachment A). It establishes a set of guiding principles, concrete program elements and service components that can be used by jurisdictions in their own efforts to design, implement and manage IAP.

IV. OVERVIEW OF IAP BACKGROUND, PURPOSE, AND DEVELOPMENT PROCESS

Growing concerns about crowding in secure juvenile correctional facilities, higher rates of recidivism and escalating costs of confinement have fueled a renewed interest in bringing change and innovative programming to juvenile aftercare/parole philosophy and practice. A dismal record has been compiled by the juvenile corrections field in its effort to reduce the reoffending rate for substantial numbers of juveniles released from secure confinement. Research indicates that these failures tend to occur disproportionately with a subgroup of released juvenile offenders who have established a long record of misconduct that began at an early age. Not only do such "high-risk" youth tend to exhibit a persistent pattern of justice *system contact* (e.g., arrests, adjudications,

placements), but they are also plagued by a number of other *need-related* risk factors frequently involving a combination of problems associated with family, negative peers influences, school difficulties and substance abuse. In addition to these common need-related risk factors, there are a variety of other important ancillary needs and problems that while not generally "predictive" of reoffending are still problems that some, and at times many, high risk youngsters have and when present must be addressed. For example, while there is widespread consensus that learning disabilities and emotional disturbance are not causally linked to delinquency, this is hardly grounds for ignoring these conditions when they are present in identified youth.

Responding to these concerns, the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP) issued a request for proposals entitled, "Intensive Community-Based Aftercare Programs" in July 1987. This research and development initiative was designed to assess, test and disseminate information on intensive juvenile aftercare program prototypes/models for chronic serious juvenile offenders who initially require secure confinement. The project is viewed by OJJDP as one means to assist public and private correction agencies in developing and implementing promising aftercare approaches. OJJDP is explicit in stating the program goals:

> Effective aftercare programs focused on serious offenders which provide intensive supervision to ensure public safety, and services designed to facilitate the reintegration process may allow some offenders to be released earlier, as well as reduce recidivism among offenders released from residential facilities. This should relieve institutional overcrowding, reduce the cost of supervising juvenile offenders, and ultimately decrease the number of juveniles who develop lengthy delinquent careers and often become the core of the adult criminal population (Federal Register, 1987: 26238-26239).

V. PROJECT DESIGN

As formulated by OJJDP, the intensive aftercare project consisted of the following four stages:

Stage 1: An assessment of (a) programs currently in operation or under development and (b) the relevant research and theoretical literature related to the implementation and operation of community-based aftercare programs for serious and chronic juvenile offenders who are released from residential correctional facilities;

Stage 2: Developing program prototypes (models) and related policies and procedures to guide state and local juvenile correctional agencies and policymakers;

Stage 3: Transferring the prototype design(s), including the policies and procedures, into a training and technical assistance package for use in formal training sessions and for use that is independent of the organized training sessions; and

Stage 4: Implementing and testing in selected jurisdictions the prototype(s) developed in Stage 2.

The Johns Hopkins University's Institute for Policy Studies, in collaboration with California State University at Sacramento's Division of Criminal Justice, was funded to conduct this multi-stage project. Thus far, project staff have completed all work on the first three stages.

VI. INITIAL ASSESSMENT WORK

The assessment work involved four major tasks and the rudimentary formulation of the IAP prototype: a comprehensive literature review focused on research, theory and programs; a national mail survey of juvenile corrections officials intended to identify innovative or promising programs and approaches; telephone interviews with the directors of 36 recommended programs; on-site factfinding at 23 different programs spread across 6 states including 3 statewide systems; and formulation of an empirically based, theory-driven prototype intended to guide the development and implementation of intensive community-based aftercare programs.

The results of these tasks are contained in two project documents: 1) Intensive Community-Based Aftercare Programs: Assessment Report and 2) Intensive Community-Based Aftercare Prototype: Policies and Procedures.

The complete Assessment Report focuses on three key aspects of project activities: 1) an update of issues critical to the design and operation of intensive aftercare programs, 2) a description of innovative and promising programs identified through a national mail survey and follow-up telephone interviews, and 3) a discussion of intensive aftercare approaches and practices examined during a series of site visits. The Prototype Report described the theory-driven, risk assessment-based Intensive Aftercare Program (IAP) Model, which is specifically designed as a generic framework for application in a wide variety of settings and jurisdictions.

VII. DEVELOPMENT OF THE IAP MODEL: KEY DIMENSIONS, POLICIES, AND PROCEDURES

The project's review of research revealed that risk factors regularly associated with juvenile reoffending behavior broadly defined include both justice system factors (e.g., age of youth at first justice system contact, number of prior contacts) and need-related factors (e.g., family, peers, school, substance abuse). In addition, this review found that a variety of other special need and ancillary factors, which while not necessarily "predictive" of recidivism, remain relatively common among juvenile recidivists (e.g., learning problems, low self-esteem). Finally, a small minority of juvenile offenders appears to have still other very serious problems such as diagnosed emotional disturbance.

Theory, Principles and Goals — Given the range and nature of both offense- and need-related risk factors as well as of other special need and ancillary factors, the challenge becomes one of how to link this array of factors with a sufficiently broad-based strategy. This is accomplished by a theory-driven, empirically based program model that establishes a clear set of comprehensive guiding principles; specific, tangible program elements; and the set of needed services.

Any attempt to develop intervention strategies for lowering rates of recidivism with serious and chronic juvenile offenders being released from secure correctional confinement must identify specific techniques for achieving the following objectives: 1) providing highly structured supervision and control, 2) carefully monitoring performance in the community, and 3) ensuring the delivery of a wide variety of essential services. In part, this entails the incorporation of procedures to guarantee a substantial intensification of services and resources focusing upon identified problems and needs.

Absolutely central to the IAP Model is the fact that the guiding principles, program elements and array of services establish parameters and boundaries which *must be specifically tailored* to the needs, problems and circumstances of each jurisdiction trying to reduce the recidivism of its own juvenile parolee population. Organizational characteristics, the structure of juvenile justice and adolescent service delivery systems, the size and nature of offender populations, and resource availability differ widely among and within states. In addition, managing identified "high risk" juvenile parolees requires the pursuit of multiple goals, which include maintaining public protection both in the short and long run, assuring individual accountability and providing treatment/support services. Exactly how these goals can be achieved may vary from jurisdiction to jurisdiction across the country. Moreover, due to current economic constraints on state governments in general and correctional budgets in particular all three goals must be achieved with limited resources.

The point is that the principles, elements and services that establish IAP parameters can be, and indeed must be, configured and applied in a variety of ways. *Provided that the form IAP takes remains clear and consistent with IAP specifications*, it offers a promising direction that holds great potential. As important, IAP also offers a challenge to the professional community in that it requires an unequivocal commitment by the major juvenile justice, child-serving and community agencies/groups to come together, with the assistance of facilitators, to develop a detailed plan on precisely who will assume responsibility for what, how it will be done, and when.

Though some practitioners are apt to wince when they hear about the lack or inadequacy of the conceptual or theoretical underpinnings of their programs, many have more than a passing acquaintance with some of the consequences of this deficiency. First, to the extent that the overall mission or philosophy underlying a program is either ambiguous or absent, it can be difficult if not impossible for staff, program participants or anyone else to be clear on what practices, services and approaches should be pursued and why, how they should be accomplished and when, who needs to be involved, with which kind of youth, etc.

Second, regardless of whether it is called theory, philosophy, beliefs or mission, it is through a conceptual framework or referent that one can go from identifying risks, problems and needs that are part of the dynamics of recidivism to developing a coherent, defensible and assessable program model for reducing recidivism and failure. In other words, knowing that

something is broken is not the same as knowing how to approach fixing it. In short, tackling recidivism requires a knowledge of what can be done to address the multifaceted and complex circumstances that produce, contribute to and are part of the dynamics of the problem.

A number of previous efforts to develop just such a framework for intervention with serious, chronic juvenile offenders have recognized the multifaceted nature of the problem and accordingly recommended integrating formerly freestanding theories, notably social control, strain and social learning theories. Consistent with a number of these efforts, the IAP Model is grounded in a similar integration. Specific to the IAP Model, however, is the focus upon the numerous issues and concerns arising out of the mostly disconnected and fragmented movement of offenders from court disposition to youth authority and/or institution, to parole/aftercare supervision to discharge.

It is eminently clear that if properly designed and implemented the IAP Model directly addresses two of the widely acknowledged deficiencies of the current system of secure correctional commitment: 1) that institutional confinement does not adequately prepare youth for return to the community, and 2) that those lessons and skills learned while in secure confinement are not monitored, much less reinforced outside the institution.

It is an integrated theory coupled with research on risk and need factors that provides a sound basis and rationale for the identification of general goals around which program elements and specific services in the IAP Model must be tailored. It is simply inadequate and irresponsible to approach the "high-risk" juvenile recidivist problem in less than a comprehensive, carefully coordinated multifaceted fashion that cuts across institutional and professional boundaries. Given these requirements, five principles of programmatic action appear requisite to the IAP Model and fully embody the theoretical assumptions and empirical evidence regarding both the multiple causes and correlates of, and behavior change associated with, reoffending behavior.

The principles are:

A. Preparing youth for progressively increased responsibility and freedom in the community;

B. Facilitating youth-community interaction and involvement;

C. Working with both the offender and targeted community support systems (e.g., families, peers, schools, employers) on qualities needed for constructive interaction and the youth's successful community adjustment;

D. Developing new resources and supports where needed; and

E. Monitoring and testing the youth and the community on their ability to deal with each other productively.

The five principles—which flow from the integrated theoretical framework—collectively establish a set of fundamental operational goals and mission on which the IAP Model rests. They are general in the sense that they allow for a reasonable degree of flexibility in how the goals will be achieved. The overall aim in terms of outcome is to transition and reintegrate identified "high-risk" juvenile offenders from secure confinement gradually back into the community and thereby to lower the high rate of failure and relapse. While it is essential to give planners, administrators and staff sufficient latitude to consider a range of components, features and processes that best suit the needs of both their own communities and confined youth, three major elements and five sub-elements must be taken into account as planners and practitioners translate IAP theory and principles into actual practice.

The major elements are: 1) Organizational Factors and the External Environment, 2) Overarching Case Management, and 3) Management Information and Program Evaluation. The five sub-elements are subsumed by case management and, in fact, serve as the means to clearly define case management. Included are:

A. Assessment, classification and selection criteria;

B. Individual case planning incorporating a family and community perspective;

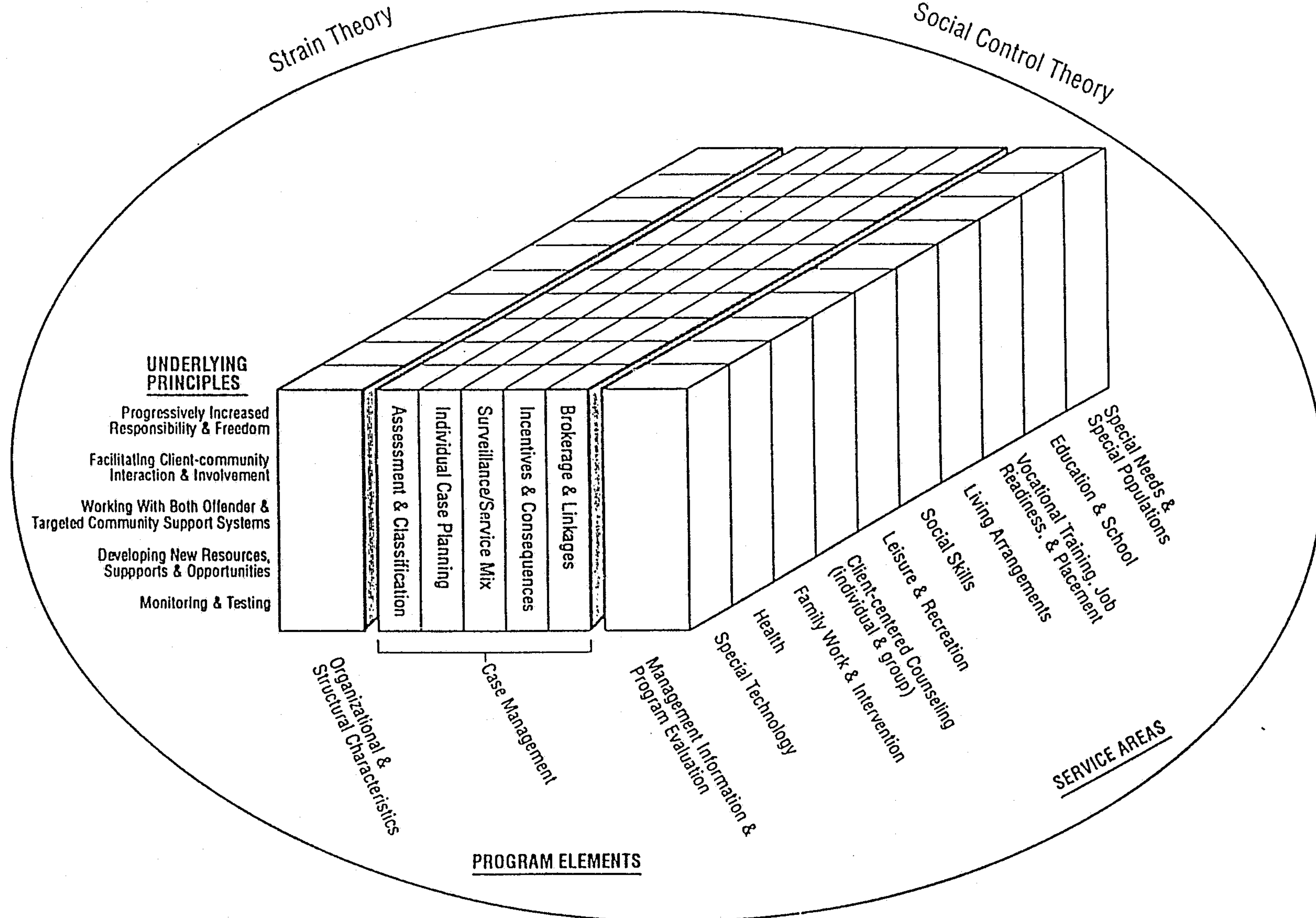
C. A mix of intensive surveillance and services;

D. A balance of incentives and graduated consequences coupled with the imposition of realistic, enforceable conditions; and

E. Service brokerage with community resources and linkage with social networks.

INTERVENTION MODEL FOR JUVENILE INTENSIVE AFTERCARE

An integration of:



MODULE TWO

THE IAP MODEL: INTEGRATED THEORETICAL UNDERPINNINGS AND UNDERLYING PRINCIPLES OF PROGRAMMATIC ACTION.

I. KEY POINTS

Ideas essential to this module are:

A. The IAP Model is premised on the integration of a set of postulates drawn collectively from social control, strain, and social learning theories.

B. Distinctive to the configuration of integrated theories undergirding the IAP Model are those issues and concerns specifically relevant to the reintegrative process.

C. The theoretical base of the IAP Model logically guides the selection of five underlying principles of programmatic action for intensive aftercare.

II. MODULE GOALS

The goals of the second module are:

A. To explain briefly the multifaceted and interrelated set of factors that are frequently associated with the dynamics of chronic delinquency, and

B. To discuss the nature of the principles, priorities and goals driving the IAP Model.

III. INTRODUCTION

There is broad consensus among juvenile justice practitioners that serious and chronic delinquents are often multi-problemed. The causes and contributing factors for illegal behavior by this population are multifaceted and interrelated. In recognition of this view a number of program planners, researchers and delinquency experts have generated an "integrated theory" approach to respond to this situation. This kind of formulation provides a framework through which a comprehensive, clear and consistent set of goals and statement of purpose or mission can be linked to promising intervention strategies and programs.

A number of previous efforts focusing specifically on chronic and serious juvenile offenders have acknowledged the value of this framework and accordingly combined a number of freestanding theories, notable social control, strain and social learning. Simply stated, the result has been to highlight the role played by family, opportunity, and peer group influences in both the causes and solutions associated with the chronic delinquency problem. Consistent with a number of these efforts, the IAP Model is grounded in a similar integration. Distinctive to the IAP Model, however, is the focus upon the numerous issues and concerns arising out of the mostly disconnected and fragmented handling of serious juvenile offenders from court disposition and institutionalization to parole supervision and discharge.

Quite frankly, from a programmatic and practitioner perspective the issue is less one of the articulated theoretical derivations and more one of the concrete terms required to explain what a program and staff need to do, with whom, when, how and why. Using the sports metaphor, the concern is one of being sure that everyone is operating from the same playbook, knowing what to do and uniformly understanding the priorities. In the IAP Model, it is the five principles of programmatic action — flowing from the integrated theory base — which form the specific goals of IAP and thus set the stage for the requisite program elements.

IV. INTEGRATED THEORETICAL FRAMEWORK

Distinctive to the theoretical framework being elucidated in the proposed model of juvenile intensive aftercare is a focus upon issues and concerns defined largely in terms of special demands characterizing the reintegrative process. The broad-gauged conceptual framework takes into account both psychological and sociological explanations of delinquency, as well as individual and environmental factors. This is achieved by combining the relevant strands of social control, strain, and social learning theories into a unified integrated model.

The integrated IAP framework postulates that serious, chronic delinquency is related to: 1) weak controls produced by inadequate socialization, social disorganization and strain, 2) strain, which can have direct effect on delinquency quite independent of weak controls and which is also produced by social disorganization, and 3) peer group influences, which serve as an intervening social force between a youth with weak bonds and/or strain on the one hand and delinquent behavior on the other. The pathways by which these social forces and circumstances produce delinquency or recidivism are multiple and must be addressed accordingly in the design of the intervention model.

A. Social Control Theory

This combines biological, psychodynamic and psychosocial formulations, but in its most widely cited version (Hirschi, 1969) the theory suggests that a failure in socialization and bonding to prosocial values and activities is the chief causal factor in delinquency. While control theory generally asserts that all youngsters have frustrated wants and unfilled needs (i.e., constant strain), the critical element is the strength of social controls that serve to regulate behavior and restrain the impulse toward delinquent behavior.

B. Strain Theory

This formulation asserts that delinquency, notably the subcultural variety found in lower-class adolescent males, largely results from blocked opportunities for conformity. From this perspective, delinquency is a response to actual or anticipated failure to fulfill societally induced needs and to meet societally accepted goals and aspirations through conventional channels.

C. Social Learning Theory

This explicitly recognizes the influence that both conventional and deviant socializing groups — particularly peers — and activities can have upon behavior. The formulation also focuses directly on the process whereby youth are socialized into delinquency. Since delinquency is learned and maintained in much the same way as is conforming behavior, it is logical to assume that efforts focused to develop and positively reinforce bonds to conventional groups and activities are critical.

V. FIVE PRINCIPLES OF PROGRAMMATIC ACTION

The integrated model provides an empirically informed theoretical base that logically guides the selection of five underlying principles of programmatic action for successful intensive aftercare. These principles are derived from the integration of the three key theories and specify a set of goals through which program elements and specific services can be identified. As a constellation of linked principles, they set the stage for the delineation of particular models of operation, which can include a variety of different program components, features, and processes.

A. Preparing Youth For Progressively Increased Responsibility Freedom In The Community

A planned and gradual transitioning process requires that the services provided and a youth's progression on aftercare status must be designed to provide a clear basis by which youth know at all times how they can advance their standing, what is expected of them, and how their accomplishments in the facility will be linked to aftercare services. Whatever comprehensible and predictable pathway is used for transitioning, it is important to provide the youth with frequent reassessments, positive reinforcements, immediate accountability and consequences for misconduct, and clarity as to what is expected and how it relates to the parole plan.

B. Facilitating Youth-Community Interaction And Involvement

The theoretical framework highlights the critical role that family, schooling, peers, and significant others play in the initiation and maintenance of a conventional, nondelinquent lifestyle. This suggests that it is vital to identify sources of external support among a youth's personal social network (e.g., family, close friends, peers in general) and important community subsystems (e.g, schools, workplaces, churches, training programs, community organizations, youth groups).

C. Working With Both The Offender And Targeted Community Support Systems For Constructive Interaction And Successful Community Adjustment

It is essential that families, schools, peer groups and employees — as well as significant others who can serve as role models and mentors — become both targets of intervention and partners in service provision. To create an environment conducive to the development of social bonding may mean that as much, if not more attention has to be focused on the units of socialization as on the youth. The thrust toward maximal offender involvement with community resources requires that actions be taken by staff to establish and maintain pathways conducive to the development and maintenance of external bonds.

D. Developing New Resources And Supports Where Needed

To facilitate successful community adjustment, juvenile parolees must be provided with convenient and accessible work, education and training, and recreational opportunities, as well as other services geared to "special needs" populations (e.g., emotional disturbance, sex offenders, learning disabled, developmentally disabled, drug and alcohol dependence, severely acting-out).

E. Monitoring And Testing The Youth And The Community On Their Ability To Deal With Each Other Productively

Encouraging the formation and reinforcement of bonds to conventional groups and activities, while at the same time providing consistent, clear, swift, and graduated sanctions for misconduct and rule violations, requires close monitoring and supervision of youth.

MODULE THREE

ORGANIZATIONAL FACTORS AND THE EXTERNAL ENVIRONMENT IN IAP PLANNING AND PROGRAM DEVELOPMENT

I. KEY POINTS

Ideas essential to this module are:

A. An initial assessment of the juvenile correctional system should be conducted by any jurisdiction that considers testing the proposed IAP Model.

B. The system assessment is a critical first step in planning for implementation since the proposed IAP Model is generic by design and must be tailored to fit the program requirements for each specific environment.

C. The fact that juvenile correctional systems vary enormously in terms of their structures and operations requires an assessment of the pluses and minuses of adopting the model across all critical dimensions.

II. MODULE GOALS

The goals of the third module are:

A. To guide the trainees through a review of the particular array of characteristics and procedures relevant to defining how the aftercare function is organized and carried out in their home jurisdictions, and

B. To aid trainees in identifying those characteristics of their home jurisdictions that serve either as pluses or minuses in adapting a version of the IAP for testing.

III. INTRODUCTION

The decision to conduct assessment regarding the need and/or feasibility of designing and implementing a prototype of IAP requires a number of separate considerations. Deciding who should assume the lead role in conducting the assessment of the existing system can be approached in several ways: 1) juvenile justice officials within the jurisdiction may conduct the assessment, or 2) outside parties may be contracted to conduct the assessment. If the former approach is chosen, it is vital that key decisionmakers from the various agencies essential to the program's design and operations (stakeholders) jointly assume responsibility for conducting the assessment. If the latter approach is chosen, consensus must be achieved among local justice officials about the appropriateness of the outside consultants for conducting the assessment. Regardless, local officials must play a key role in profiling the system by making any valuable information available and reviewing all draft materials.

The initial assessment of the system is a critical first step in beginning to plan for the implementation of an IAP since the proposed model is generic by design and must be individually tailored to fit the program requirements for a specific environment. The central underlying reason for assessment is that correctional systems vary enormously across a number of major dimensions. Consequently, the nature of any particular juvenile justice system must be described in terms of these dimensions.

This module offers a guideline for identifying and describing those key dimensions that should be taken into account while profiling the existing system. Additionally, other idiosyncratic features of any system can always be incorporated into the assessment.

IV. ASSESSING THE EXISTING SYSTEM WITHIN THE TARGET JURISDICTION

A. Structure of the Juvenile Justice System

This part of the overall system assessment requires a description of a wide array of characteristics and procedures relevant to defining how the aftercare function is organized and carried out in any jurisdiction. Among the principal features of the system that need to be documented are the following:

1. Organizational arrangements for the management of aftercare (e.g., housing both juvenile correctional facilities and juvenile aftercare in the same agency, housing juvenile correctional facilities and juvenile aftercare in separate agencies, having juvenile aftercare operate as a state-wide function [under jurisdiction of either the executive or judicial branch of government], having juvenile aftercare operate as a county level function, and having a centralized state agency responsible for aftercare versus a regionalized model of aftercare).
2. Nature of state statutes (primarily the juvenile code), bureaucratic guidelines, and agency rules/procedures regarding the management and processing of juvenile offenders, especially at the points of institutional confinement and parole.
3. Size of system including both institutional and aftercare components (number of facilities, number of parole units, number of staff) and number of youth under correctional supervision (both in institutions and on parole.)
4. Distribution of institutions and aftercare units, staff, confined youth and parolees across the jurisdiction (reflecting the relative importance of urban and rural populations in determining the structure of the system.
5. Presence of any currently operating specialized aftercare units or programs primarily defining their target populations in terms of risk and/or need factors.

B. Resource Level (Amount and nature of available funds) and Strategies for Resource Allocation (Designated use categories, as well as extent and nature of public versus private/contracted service provision)

1. Resource level — The total amount of financial resources made available for aftercare varies tremendously from jurisdiction to jurisdiction. Further, the sources of funding may be divergent including federal, state, county, local, and private (corporate and foundation) contributions.

2. Strategies for resource allocation — The manner in which resources targeted for aftercare are spread across the defined functional categories will be distinctive in each jurisdiction. Further, the way in which community-based resources are made available to parolees will vary. In some jurisdictions the aftercare agency utilizes extensive purchase-of-service arrangements with private contractors, while in other jurisdictions the aftercare agency itself either is directly responsible for operating most of the programs and services available to parolees or locates community resources that provide service at little or not charge to the aftercare agency. The service system must be described in terms of the relative presence and involvement of these two basic strategies.

C. Inter- and Intra-agency collaboration (e.g., courts, probation, institutions, aftercare, education, employment and training, mental health/social services/substance abuse, and community groups)

1. Substantial numbers of youth in correctional confinement are labeled/diagnosed as multi-problem delinquents. Obtaining appropriate treatment and service provision suggests the need for interagency collaboration utilizing the expertise and resources of various agencies in combination to meet the complex needs of specific youth. Beyond the need for treatment and service provision, aftercare agencies can greatly benefit by obtaining and sharing information with other organizational actors in the system (e.g., courts, probation, institutions) that have previously worked with the youth. Assessment must explore the extent of such linkages in the community, as well as the number and range of community agencies/groups that might enter into agreements for purposes of parolee supervision, treatment, and service provision.

MODULE FOUR

OVERARCHING CASE MANAGEMENT: SPECIFICATIONS ON CONCEPTS AND INTRODUCTION TO ASSESSMENT AND CLASSIFICATION

I. KEY POINTS (Part One)

Ideas essential to part one (case management in an IAP context) of this module are:

A. Case management within the IAP context provides the critical ingredient for ensuring effective interventions for delinquent youth.

B. Case management within the IAP context provides a logical approach to intervention by combining assessment, planning and intervention in one entity.

C. Case management in based on comprehensive and balanced interventions with delinquent youth, dealing with more than one dimension of problems and prioritizing those which are highly related to the youths' delinquent activity.

D. To be effective, case management within an IAP context requires continuity of care through effective coordination and communication by those providing case management services.

E. Case management provides a valuable input to ground-up planning of delinquency services by providing feedback to administrators and policy makers about effective services.

F. Case managers must be held accountable for the outcomes of their clients so that they will in turn hold others accountable.

G. Case managers must be supported within and outside their respective organizations and, to be effective, they must be provided with the authority and flexibility to adapt services to the changing needs of youth.

II. MODULE GOALS (Part One)

The goals of part one of the fourth module are:

A. To provide a broad overview of exactly what overarching case management entails in terms of its application to the IAP Model,

B. To delineate the set of concepts constituting the core of overarching case management, and

C. To describe the five concrete and very specific programmatic components included in overarching case management.

III. INTRODUCTION

At the outset, it is important to identify the most important case management concepts that run throughout all case management functions, from initial assessment through termination of cases. These ten concepts set the stage for our consideration of master planning and are drawn from the work of the Center for Human Resources at the School of Social Work, Brandeis University.

Principal Concepts of Case Management

A. Case management means *comprehensive, "client-centered"* services

B. There needs to be a *relationship of mutual respect* between the young person and the case manager

C. Case management requires *partnership with the youth* sharing responsibility rather than working on him or her

D. Effective case management i*nvolves the participant's family* and significant others

E. Case management *relates client actions to outcomes*

F. Case management is *integrated and coordinated*

G. The case manager and system must be *accountable*

H. The relationship between case manager and client is *ongoing*

I. Case management involves *creative problem-solving*

J. Case management is *cost-effective* in the long-run.

In general terms, case management in the context of the secure confinement-intensive aftercare continuum for "high-risk" delinquents refers to the process by which coordinated and comprehensive planning, information exchange, continuity, consistency, service provision and referral, and monitoring can be achieved with youth who have reached the "deep end" of the juvenile correctional system. Experience has repeatedly shown that serious problems plague organizational efforts to provide continuous case management for this population as it transitions from secure confinement to community supervision. The proposed IAP Model suggests that particular attention needs to be focused on five discrete components or sub-elements defining the specific areas which must be coordinated among, and jointly planned by, key staff who are (and will be) involved with the designated high-risk cases from the point of the secure care disposition until discharge from parole status. The five case management components / sub-elements include:

A. Assessment, classification and selection criteria;

B. Individual case planning incorporating a family and community perspective;

C. A mix of intensive surveillance and treatment/service provision;

D. A balance of incentives and graduated consequences coupled with the imposition of realistic, enforceable conditions; and

E. Service brokerage with community resources and linkage with social networks.

IV. OBSTACLES TO AND REQUIREMENTS OF OVERARCHING CASE MANAGEMENT

What the components require is the active involvement of the aftercare counselor or case manager in the case as soon as secure confinement commences and the initiation of service provision by other involved aftercare service providers *prior to discharge* from secure confinement. Among some of the more serious problems that have confronted aftercare historically are The lack of meaningful involvement of the aftercare worker until the final phase of confinement, if at all; little coordination, transitioning, continuity or consistency between what is done with a youth inside a secure facility and afterwards while on aftercare; negligible attention to family concerns during most of the confinement period and frequently afterwards; and sporadic monitoring of both the parolee and the aftercare service providers.

None of these problems will surprise parole, institution staff or administrators. Indeed, these management concerns represent some of the major problems they have recited for years. Factors that contribute to this problem include a scarcity of correctional funding devoted to aftercare, a paucity of community program and resources, large caseload sizes and inadequate staffing, fragmented lines of authority, unrealistic coverage (e.g., traditional business hours and no weekends), a lack of differential supervision standards and an associated workload management system, insufficient attention to pre-release planning and staff capability, excessive distance between institution and home communities, professional and organizational rigidity, rivalry and turf battling, and an overall crisis-driven mode of operation. As a result, the courts, correctional facilities, parole agencies and aftercare service providers have been unable and/or unwilling to enter into an actively functioning, working partnership regarding reintegration and pre-release planning, transitional services, and aftercare supervision and support.

A new commitment toward jointly planned and shared funding of aftercare is clearly needed. The virtue of case management as it is delineated in the IAP Model is that very specific guidance is given on what the five components embraced by case management involve, along with examples on how the goals of these components can best be achieved.

V. KEY POINTS (Part Two)

Ideas essential to part two (risk assessment in an IAP context) of this module are:

A. A *validated* and standardized risk assessment screening device (for client selection purposes) provides an empirical means to determine which youth among those institutionalized are "statistically" most likely to reoffend.

B. Coupled with a mechanism that allows carefully defined and approved exceptions (i.e., overrides), risk assessment introduces an objective and defensible basis on which to make decisions about which youth to include in IAP. In this way, limited aftercare resources can be disproportionately targeted on those "high-risk" institutionalized youth most jeopardizing public safety.

C. Risk assessment for IAP client selection establishes a rational basis that can inform policy decisions related to budget planning and workload management.

D. Recidivism can be defined in a variety of ways and this definition has a direct bearing on how accurate risk assessment instruments are.

E. A *validated* risk assessment instrument is based on the recidivism of different subgroups of individuals, and thus, the instrument predicts *what percentage* of the subgroup will reoffend, *not which specific* individuals will reoffend.

F. Common problems, needs and deficiencies associated with "high-risk" institutionalized youth sometimes also describe "low-risk" institutionalized youth as well as non-institutionalized youth. Accordingly, not all common problems and needs associated with "high-risk" institutionalized youth predict who is at "high-risk" for recidivating.

G. Risk assessment is based on minimizing risk and promoting community protection. Punishment and just deserts are quite separate considerations. Punishment may be deemed justifiable regardless of the potential for reoffending.

VI. MODULE GOALS (Part Two)

The goals of part two of the fourth module are:

A. To show the nature of risk assessment as used for IAP client selection purposes,

B. To define the IAP target group and how risk assessment identifies this group,

C. To explain the reasons for conducting risk assessment for client selection purposes,

D. To demonstrate how risk assessment instruments can be developed and validated,

E. To show the limitations of the risk assessment process, and

F. To offer suggestions for promoting line staff investment in the risk assessment process.

VII. THE TARGET POPULATION

One of the keys to successful case management is that the appropriate target population participating in the IAP Model be precisely defined in order to avoid problems of netwidening and generally inappropriate referral. This requires a formal, highly objective process of identification in which these youth will be carefully defined.

A. Definitions

1. Classification: the process of sorting the aftercare population into different groups for purposes of: 1) selection of program participants and 2) determining program interventions for those selected.

2. Assessment: the process of determining whether potential candidates meet program eligibility criteria and, if so, what types of interventions are most appropriate.

Two distinct levels of assessment and classification need to be considered:

a) assessment and classification in relation to the target population;

b) assessment and classification for individualized case planning.

B. Assessment and classification of the target population is geared toward making IAP "in/out" decisions.

1. Which subset of the juvenile aftercare population has been targeted for intensive aftercare participation in existing programs? These include:

   a) all parolees

   b) chronic offenders (measured by number and type of prior offenses)

   c) serious offenders (measured by nature of instant and prior offenses)

   d) high-risk offenders (measured by statistical likelihood of reoffending)

   e) high needs offenders (measured by the number of offender problems or the intensity of a single problem, e.g., sex offenders).

2. Selection of the target group should be directly linked to program goals and will impact the nature of program design/interventions.

   a) If program goal is to reduce institutional overcrowding, the target group is typically *lower risk, non-violent* offenders who can be released early from an institution.

   b) If programs goal is to increase public safety, the logical target group is those most likely to commit new offenses, i.e., high-risk or chronic offenders.

   c) Other goals, however defined, will result in different target groups.

   d) Target group selection has implications for programming; for example:

      (1) If serious, but low-risk offenders are the target group, there is little need for intensive supervision and monitoring to promote public safety. To use extensive risk controls for low risk offenders may therefore constitute a waste of scarce resources. It also may "backfire"; research has demonstrated that low-risk offenders do *worse* under intensive supervision than if they had been handled traditionally (Baird, 1983; Markley and Eisenberg, 1986; Erwin and Bennett, 1987; Andrews, 1987). For example, the results of a study of adult probationers in New York State (reported by Baird, 1983) showed that while high-risk cases given intensive supervision were more successful than

high-risk cases given regular supervision (53% vs. 42%), low-risk cases given intensive supervision were less successful (76%) than low-risk cases given regular supervision (88%).

(2) If need factors are addressed in the target group, program interventions will tend to focus on rehabilitation, be more clinically oriented, be highly specialized, and more likely to be delivered by contracted service providers.

C. IAP Target Population

1. In the proposed IAP Model, the intended target group is *high-risk juvenile offenders. There is a need to insure that the intended target population is the one actually served.* "Alternative" correctional programs have historically resulted in net-widening; i.e., they end up serving a much less serious target population than was originally intended (Klein, 1979; Austin and Krisberg, 1982; Cohen, 1985). Net-widening effects have been apparent in a number of adult and juvenile intensive supervision programs evaluated to date (Erwin, 1987; Pearson, 1988; Barton and Butts, 1988; Clear and Hardyman, 1990; Baird and Wagner, 1990). Net widening in an IAP can result in:

a) A mismatch between clients, interventions and program goals (as outlined above).

b) Exacerbation of the problem the program was intended to ameliorate. Intensive supervision programs almost always result in increased discovery of technical violations. (Baird, 1983; Erwin, 1987; Pearson, 1988; Petersilia and Turner, 1990; Wiebush, 1991). For example, in a recent evaluation of the Lucas County Ohio juvenile court IAP, Wiebush (1991) found that during an 18 month follow-up, over half (53%) of the IAP cases had been convicted of technical violations. In contrast, just 29% of each comparison group (parolees and probationers) had technical violations. Under these circumstances, if the program serves a relatively lightweight (low risk) population and if the response to violations is revocation, recidivism rates may be unnecessarily and inappropriately inflated. The program may then inadvertently contribute to institutional overcrowding.

c) Misallocation of scarce resources. If those being intensively supervised could do just as well under regular (and in some cases, no) supervision, how can the additional costs of IAP be justified?

d) Inconclusive evaluation results. The program may produce good results, but these results can be discredited as the program served mostly moderate or low-risk offenders.

D. What needs to happen?

Insuring selection of the target group requires:

1. clear definition of the selection criteria and
2. standardized assessments to measure those criteria.

In order to meet these conditions, use of a formal risk assessment instrument is strongly recommended for the IAP Model.

1. Clear and Measurable Criteria.

   a) What exactly is meant, for example, by a "serious" offender?

      (1) one with one or more violent felonies?

      (2) one with five or more total offenses?

      (3) one with an instant offense of a certain degree or level?

      There is obviously room for considerable variation in the definition. The definition of "high-risk" youth will also vary widely across agencies and across individual workers within any one agency, unless the IAP program is explicit in its definition.

   b) Risk and seriousness are frequently confused. "Risk" here refers to an offender's propensity for recidivism in an actual sense. Seriousness of the instant offense is usually either not related — or even inversely related — to likelihood of reoffending. A serious offender may be high, moderate or low risk. A high-risk offender may have committed a serious or relatively minor instant offense.

   c) In the IAP Model, "high-risk" refers to youth who have the relatively greatest likelihood of committing a new offense (in comparison to other aftercare youth in the jurisdiction), as measured by a formal, empirically derived, risk assessment instrument.

   d) Empirically derived risk factors have been found to include offense-related factors as well as certain need-related factors. The research on risk factors indicates that recidivism tends to occur disproportionately with a subgroup of juvenile offenders who have established a long record of misconduct that began at an early age. Not only do such "high-risk" youth tend to exhibit a persistent pattern of justice *system contact* (e.g., arrests, adjudications, placements), but they are plagued by a number of other *need-related risk factors* frequently involving a combination of problems associated with family, negative peers influences, school difficulties and substance abuse.

      It is critical conceptually to distinguish *need-related risk factors* (sometimes called stability factors) from other wide ranging needs that are commonly found in both high and low-risk

youth. The key distinction is that the identified risk factors are based on group (or aggregate) prediction models, which divide a delinquent population into subgroupings that exhibit different (base) rates of recidivism. Validated risk assessment instruments will identify a high-risk delinquent subgroup with substantially higher rates of recidivism than the low-risk subgroup. Since risk assessment instruments and their constituent factors are based on group data (like insurance rates and life expectancy table), they predict *what percentage* of a particular subgroup will recidivate, *not which specific youngsters* will recidivate.

As a consequence of this actuarial-oriented, risk assessment approach, there are three major implications. First, risk assessment is used to identify the target population based on group prediction probabilities and thus many other needs, while not generally "predictive' of recidivism, can still represent significant problems that high-risk youngsters have and which — when present — must be addressed. For example, while there is widespread consensus that learning disabilities and emotional disturbance are not predictive of (or causally linked to) delinquency, this is hardly grounds for ignoring these conditions when they are present in identified youth.

Second, risk assessment is *not* needs assessment and neither can substitute for the other. Need assessment establishes the basis for the individualized case and service planning of every IAP participant and it may play into the admissions decision if it identifies a special need or problem IAP is not designed to provide. Finally, a certain percentage of delinquents who are classified as high-risk will not end up recidivating, and thus in terms of actual outcomes these individual have been in effect misclassified (referred to as "false positives"). Determining what is an acceptable level of "false positives" is a policy issue that needs to be explicitly addressed.

2. Standardized Risk Assessment Instruments

   a) Formal risk assessment instruments incorporate objective measures of recidivism potential. The objective measures are that set of variables which have been empirically identified as recidivism predictors.

      (1) Empirically derived risk assessment tools have consistently shown better results than clinical prediction methods. (See, for example, Meehl, 1954.) In addition to providing greater accuracy, they insure that the same factors are considered for all youth during the assessment and classification process. This promotes equity and consistency in decision making.

(2) Ideally, each jurisdiction would develop its own risk instrument, since the characteristics associated with recidivism will vary somewhat from jurisdiction to jurisdiction. Since aftercare youth are a smaller and unique subset of the total correctional population, instruments based on a *probation* population may be inappropriate. Where limited resources do not allow for the development of a local instrument, agencies should adopt some other *validated instrument.* Local validation research should then be undertaken.

(3) To our knowledge, there are several parole-specific, validated, risk assessment instruments currently in use.

(a) The Ohio instrument is parole-specific, has been validated and is used for a statewide population (see Attachment A).

(b) The Colorado instrument is parole-specific, has been validated and is used for a statewide population (see Attachment B).

(c) The Arizona instrument was developed solely for use with parolees and is a good example of the "decision tree" approach. However, this tool has not been field validated. Further, it is a policy-rather than a research-driven tool. (see Attachment C.)

(d) Interestingly, the earliest attempts to develop empirically based risk assessment instruments were done for aftercare populations (Baird, 1973; Wenk, 1975; Wenk and Emerich, 1972; Baird, Heinz and Bemus, 1978). However, these instruments are not widely (if at all) used today.

(e) The most commonly used tool for both probation and parole is that developed for the NIC "Model" case management system (Baird, 1984) for juveniles (see Attachment D). This instrument was developed using probation and parole samples from five different jurisdictions (Orange and Hennepin counties, New Mexico, Hawaii and Louisiana Departments of Correction). It has been adopted or adapted for use in hundreds of juvenile agencies. A copy of the original adaptation (by Bucks County, PA) of the instrument has been validated in several juvenile jurisdictions (see Attachment E).

(f) Several jurisdictions have developed empirically-based, site-specific risk assessment instruments for *probationers.* These include: Cuyahoga County, OH (See Attachment F); Lucas County, OH (See Attachment G); Cobb County, GA (See Attachment H) and Michigan Youth Services (See Attachment I), among others.

E. Classification and Cut-Off Scores

1. Classification based on risk assessment involves policy choices as well as empirical information.

2. Cut-off scores are those points along the risk continuum that are used to demarcate the several risk categories (i.e., high, medium, low). Cut-off scores determine the proportion of offenders in each risk category and the relative recidivism potential of each risk group.

3. The identification of cut-off scores is *not* inherent in research results. Rather, agencies must decide what they consider "high" risk (e.g., 20%, 40%, 60% recidivism) and balance against each classification category. Ideally, all youth with a greater than 50% recidivism probability might be designated as high-risk. However, if half the aftercare population falls into that category, it is unlikely that the agency would have sufficient resources to supervise such a large group "intensively."

4. Some rules of thumb for determining cut-offs are that: 1) the high-risk group should have 2 and 1/2 to 3 times the recidivism potential of the low-risk group; and, 2) the high-risk group should consist of approximately 15% - 25% of the offender population.

   Figure 1 shows how the use of alternative cut-off scores can affect the classification distribution and the recidivism potential of the same offender population.

FIGURE 1

Option A **Option B**

Group	Risk Score	Percentage Population	Percentage Received	Group	Risk Score	Percentage Population	Percentage Received
High	15+	25%	60%	High	18+	20%	70%
Medium	8-14	50%	42%	Medium	10-17	53%	49%
Low	0-7	25%	20%	Low	0-9	27%	24%

F. Overrides

Risk assessment instruments are used to structure and guide the decision making process. However, allowances need to be made for selected cases, which, in spite of their risk score, are considered appropriate (or inappropriate) for the IAP. Unique case circumstances may warrant a level of supervision other than that indicated by the risk score. In these instances, an officer-initiated and supervisor-approved "override" of the score may be appropriate. Overrides should be closely monitored and as a "rule of thumb" should affect no more than 15% of all classification decisions.

G. Additional Selection Criteria

The intended target group may be further defined by the use of additional selection criteria. These include:

1. Offense-Related Criteria

a) Targeting. Some programs may want to target high-risk offenders who also have a history of certain kinds of offenses (e.g., violent, burglary, sex) and thereby provide the potential for more specialized interventions. Note, however, that this strategy may result in considerable shrinkage of the pool of eligible participants.

b) Exclusions. Other programs may want to specifically exclude from eligibility certain types of offenders (e.g., rapists) for community acceptance or other "political" reasons. This strategy might be appropriate for an IAP designed as an early release mechanism (i.e., the rapist remaining institutionalized for his full term). It would be totally inappropriate for programs not built around early release, since the alternative to intensive supervision would be non-intensive supervision for these high-risk and politically sensitive cases.

c) Serious Offenders. Some jurisdictions may want to include in IAP certain types of serious offenders (defined by the nature of the instant offense), *regardless of their risk score*. This approach amounts to use of an offense-based override. It can be accomplished by assigning sufficient points -for selected offenses — to an offenders risk score to insure that the offender falls into the "high" group.

In Ohio, DYS used an explicit offense-based override provision. There, all youth who had a history of 2 or more violent offenses were placed into intensive supervision, regardless of their risk score. This was a very precise definition of "serious" that avoided the problem of "flooding" the ISP with non-high-risk offenders who had a single serious offense. This automatic override also helped to insure acceptance of the empirically-based tool: it provided greater face validity and recognized legitimate "political" concerns.

Some agencies may be interested in a program selection matrix, which combines instant offense and risk, to determine eligibility. An example of a potential matrix is shown below.

AJAX COUNTY IAP SELECTION MATRIX

	RISK SCORE		
Instant Offense Type	**High**	**Medium**	**Low**
Major Felony	ISP	ISP	ISP
Serious Felony	ISP	Regular	Regular
Other Felony	ISP	Regular	Minimum
Misdemeanor	ISP	Regular	Minimum
Other	ISP	Regular	Minimum

2. Needs-Related Criteria

   The results of structured needs assessment are sometimes used to inform client selection decisions.

   a) In some programs, youth scoring high on *either* a risk or needs assessment have been considered program eligible. Since some youth may be high need but only moderate (and occasionally low) risk, the use of this criteria suggest that the program is equally concerned with offender rehabilitation (regardless of risk) and community protection as program goals.

   b) A second option for the use of needs assessment in client selection is as a basis for excluding youth who may be inappropriate for the program. For example, if the IAP is entirely nonresidential, those whose characteristics indicate the need for placement in an in-patient or residential setting may not considered "workable" in the IAP.

   c) Whether or not offender needs are used to inform the selection decision, structured needs assessments should be completed on all program participant to provide a foundation for case planning.

   d) Need assessment instruments are usually developed through a staff consensus-building process that identifies, defines and prioritizes the types of problems most frequently encountered in clients. Prioritization or weighing of the need factor is frequently based on the relative amount of time believed to be required to address different needs. Needs assessment instruments lend themselves to transferability across jurisdictions more readily than risk assessment tools. The NIC needs assessment instrument (See Attachment J) forms the foundation for most needs assessment tools. It has been adopted in full, modified on the basis of local circumstances and used as the starting point for developing local instrument. An example of a locally developed instrument is shown in Attachment K.

H. Additional Selection Issues

1. Administrative vs. Judicial Selection. Client selection for the IAP Model is primarily based on a structured decision making process and risk of reoffending criteria. However, the availability of an intensive aftercare program may present an attractive alternative for judges who work with resource-limited agencies and communities. They want the best service for all offenders. While understandable, if the IAP selection decision is made or substantially influenced by the judiciary, it is particularly important to guard against two potential problems:

   a) referral to the program of a larger number of offenders than it is designed to handle and

   b) referral to the program of inappropriate (non-target group) offenders.

Both result would negatively impact program operations and goal attainment. IAP programs will need to work with the judiciary on an on-going basis to promote the need for, and benefits of, a structured decision making approach and the potential negative impacts of "judicial overrides".

2. Monitoring IAP Offender Selection. The history of alternative correctional programs suggests that the erosion of selection criteria and processes is a significant threat to program integrity and effectiveness. Such erosion will result in net-widening. IAP managers must develop mechanisms for monitoring the characteristics of program youth and the process by which they are selected. Three processes deserve close attention and monitoring to avoid erosion and/or manipulation: 1) how risk scoring is conducted; 2) agency/officer overrides and 3) judicial overrides.

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STATE OF OHIO
DEPARTMENT OF YOUTH SERVICES

AFTERCARE RISK ASSESSMENT

Youth's Name		DYS #
Date of Birth	Institution	
Social Security #	Region	
Admission Date	Committing County	
Minimum Expiration Date	Committing Judge	
Prepared By		Date

Question		
1. What was youth's age at first Adjudication? 13 or younger = 6 14 = 4 15 - 16 = 1 17 or older = 0		
2. What was the total number of adjudicated complaints for the youth? 7 or more = 3 3-6 = 2 2 or less = 0		
3 What is the total number of adjudicated felonies for the youth? 4 or more =1 3 or less =0		
4. What is the felony level of the most serious current committing offense? F3 or F4 = 2 F1 or F2 = 0		
5. Has the youth ever been on probation? Yes = 2 No = 0		
6 Has the youth ever had a previous out-of-home placement? Yes = 1 No = 0		
7. Has the youth ever run away or escaped? Yes = 4 No = 0		
8. Are there discipline problems in the home? Yes = 1 No = 0		
9. Has the youth had a sibling committed to DYS? Yes = 2 No = 0		
10. Is there any record of parental criminality? Yes = 3 No = 0		
11. Is there any record of parental substance abuse? Yes = 1 No = 0		
12. Is there any record of family violence or a referral for abuse, neglect or dependency? Yes = 1 No = 0		
13. Does the youth have an alcohol abuse problem? Yes = 3 No = 0		
14. Has the youth been determined to need a Special Education Program? Yes = 2 No = 0		
15. What is the youth's school achievement level? 2 or more years behind AGP = 2 less than 2 years behind AGP = 0		
Total Score		

23+ = Intensive Supervision   15-22 = Regular Supervision   0-14 = Low Supervision

Management Factors
- ☐ 2+ Violent
- ☐ Serious Offense
- ☐ None

Service Factors
- ☐ Residential Treatment
- ☐ Group Home (Level Change)
- ☐ None

Assigned Supervision Category
- ☐ Intensive, Level ____
- ☐ Regular, Level ____
- ☐ Low, Level ____

DYS 1601

Module Four
Attachment B

STATE OF COLORADO
DIVISION OF YOUTH SERVICES
INITIAL
COMMITMENT CLASSIFICATION INSTRUMENT

Placement_____ C=Comm.
S=Secure

Name____

DOB _____/_____/_____ Sex_____ 1 = Male
2 = Female

Ethnicity_____ 1 = Anglo 2 = Indian # Days Credit Time_____
3 = Black 4 = Asian
5 = Hispanic 6 = Other

Commitment Date _____/_____/_____ Type_____ Sent Min_____

Committing Country______________ Unit_____ Sent Max_____

Resident Country______________ # of same day petitions_____

Commitment Charge	(JD)	SP LP MjP,OP,O MiP	

** _____	# of prior adjudications F___ M___ P___	If none, add 0 points If greater than 0, add 1 point	_____
** _____	Age at first adjudication	If less than 15, add 3 points If 15 or older, add 0 points	_____
* _____	Prior D/A referral/treatment	If none, add 0 points If any, add 1 point	_____
** _____	Prior out-of-home placement	If none, add 0 points If any, add 2 points	_____
* _____	Runaway History	If none, add 0 points If any, add 2 points	_____
_____	Presenting Offense Type	If serious person, add 1 point If lesser person, add 2points If major property, other property, or "other", add 3 points If minor property, add 5 points	_____

TOTAL _____ (H)→

Offense Severity Score					
8 or more	16	17	18	19	20
3 - 7	11	12	13	14	15
1 - 2	6	7	8	9	10
0	1	2	3	4	5
	1 thru 3	4 thru 7	8 thru 10	11 thru 12	13 thru 14

V ↑

H → Risk Score

___ Mitigating / Aggravating Factors - Review for Placement ______ (Agg/Mit)

1=Agg 2=Mit 3=None 4=Unknown

*** ___ Plea Bargaining:

1. From Crime Against Person to Property Offense _______ (Yes/No)
2. From Crime Against Person to Lesser Crime Against Person _______ (Yes/No)
3. From Property Offense to Lesser Property Offense _______ (Yes/No)
4. Other charges pled / dropped _______ (Yes/No)
5. No

* Use DYS Face Sheet codes.
** Use actual number.
*** Use most severe code.

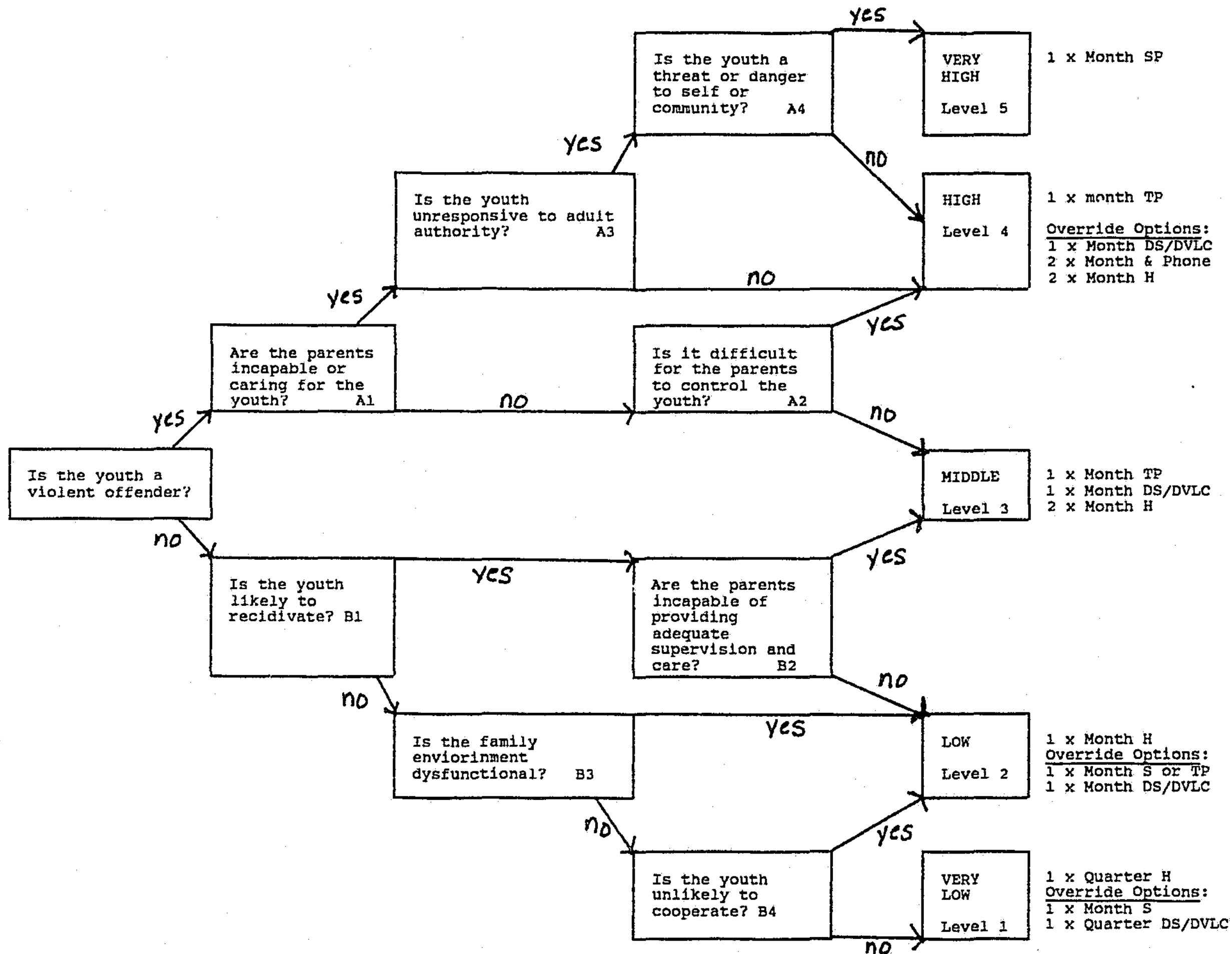
Clinical diagnostician ______________________________ *Date* ___/___/___

7/91

Module Four
Attachment C

STATE OF ARIZONA
JUVENILE AFTERCARE DECISION TREE

INSTRUCTIONS: Starting at the left, circle the yes or no in each question. Refer to the decision criteria for identification of each question. When the degree of restrictiveness is reached place an X in the box.



SP: Secure Placement
TP: Treatment Placement
DS: Day Support
DVLC: Desert Valley Learning Center
H: Home
S: Shelter

Override:

Type____________________ Justification____________________

Parole Officer________________ Parole Supervisor________________

NATIONAL INSTITUTE OF CORRECTIONS

JUVENILE PROBATION AND AFTERCARE ASSESSMENT OF RISK

Select the highest point total applicable for each category

AGE AT FIRST ADJUDICATION ______
- 0 = 16 or older
- 3 = 14 or 15
- 5 = 13 or younger

PRIOR CRIMINAL BEHAVIOR ______
- 0 = No prior arrests
- 2 = Prior arrest record, no formal sanctions
- 3 = Prior delinquency petitions sustained; no offenses classified as assaultive
- 5 = Prior delinquency petitions sustained; at least one assaultive offense recorded

INSTITUTIONAL COMMITMENTS OR PLACEMENTS OF 30 DAYS OR MORE ______
- 0 = None
- 2 = One
- 4 = Two or more

DRUG/CHEMICAL ABUSE ______
- 0 = No known use or no interference with functioning
- 2 = Some disruption of functioning
- 5 = Chronic abuse or dependency

ALCOHOL ABUSE ______
- 0 = No known use or no interference with functioning
- 1 = Occasional abuse, some disruption of functioning
- 3 = Chronic abuse, serious disruption of functioning

PARENTAL CONTROL ______
- 0 = Generally effective
- 2 = Inconsistent and/or ineffective
- 4 = Little or none

SCHOOL DISCIPLINARY PROBLEMS ______
- 0 = Attending, graduated, GED equivalence
- 1 = Problems handled at school level
- 3 = Severe truancy or behavioral problems
- 5 = Not attending/expelled

PEER RELATIONSHIPS ______
- 0 = Good support and influence
- 2 = Negative influence, companions involved in delinquent behavior
- 4 = Gang member

TOTAL ______

BUCKS COUNTY JUVENILE PROBATION
RISK ASSESSMENT

Case No. ________________ Officer's Name ________________ Date ________________

Client's Name ________________ D.O.B. ________ Age ________
(last) (first) (M.I.)

Select the highest point total applicable for each category & place the number in the adjacent blank.

1. AGE AT FIRST REFERAL TO JUVENILE COURT
   0= 16 or older
   3= 14 or 15
   5= 13 or younger ____

2. PRIOR CRIMINAL BEHAVIOR
   0= No prior arrests
   2= Prior arrest; no Juv. Ct. action
   3= Prior petitions resulting in delinquency or Consent Decree; No assaultive offense, arson, or sexually related offense
   5= Prior petitions resulting in delinquency or Consent Decree sustained; at least 1 assaultive, arson, or sexually related offense sustained ____

3. INSTITUTIONAL COMMITTMENTS OR PLACEMENTS
   0= None
   2= One
   4= Two or more ____

4. DRUG/CHEMICAL ABUSE
   0= No known use or no interference with functioning
   2= Some disruption of functioning
   5= Chronic abuse or dependency ____

5. ALCOHOL ABUSE
   0= No known use or interference with functioning
   1= Occasional abuse; some disruption of functioning
   3= Chronic abuse; serious disruption of functioning ____

6. PARENTAL CONTROL
   0= Generally effective
   2= Concerned but inconsistent and/or ineffective
   4= No control ____

7. SCHOOL DISCIPLINE PROBS.
   0= Attending, Graduated, GED
   1= Problems handled at home school
   3= Severe truancy or behavior problems
   5= Presently withdrawn/Expelled ____

8. PEER RELATIONSHIPS
   0= Good support and influence, or loner
   2= Negative influence, some companions involved in delinquent behavior
   4= Exclusive negative influence ____

9. NUMBER OF FAMILY MOVES (In Last 12 Months)
   0= None
   1= One
   2= Two or more ____

TOTAL ____

CUYAHOGA COUNTY JUVENILE COURT
PROBATION DEPARTMENT

Child's Name: ______________________ (First) (Last) (M.I.) JCID No. __________ DOB __________

Address ______________________ City __________ Census Tract __________

Race ______ Sex ____ Case Number __________ Judge/Referee __________

---

1. What is the type of current offense?
   Felony = 3 Status = 2 Misdemeanor = 0 ______
2. What was youth's age at First Adjudication?
   14 and under = 6 15 or 16 = 3 17+ = 0 ______
3. Is youth a discipline problem in school?
   Non or Minor = 0 Major = 3 ______
4. Is youth a discipline problem in the home?
   No = 0 Yes = 4 ______
5. Has the family ever been referred for Abuse, Neglect, or Dependency to the Court or Welfare?
   No = 0 Yes = 3 ______
6. Does either parent have a drug or alcohol problem?
   No = 0 Yes = 2 ______
7. Has youth ever run away from home?
   No = 0 Yes = 1 ______
8. Does youth use drugs?
   None or Minor = 0 Major Problem = 2 ______
9. Does youth use alcohol?
   None or Minor = 0 Major Problem = 2 ______
10. Peer Associations:
    No Delinquent Peer Influence = 0 Delinquent Peers = 2 ______
11. Was youth involved in any structured activities during the past six months?
    No = 3 Yes = 0 ______
12. Sex
    Female = 0 Male = 2 ______

TOTAL ______

P.O. Signature ______________________ P.O. #__________ Date __________

INITIAL ASSESSMENT OF RISK

JC62049 3744

LUCAS COUNTY, OHIO

FIGURE 1

LUCAS COUNTY JUVENILE COURT
INITIAL ASSESSMENT OF RISK

Name:________________________ DOB:__________ B-#:______________

Affidavit #:____________________ Offense:______________________

1. CURRENT OFFENSE.. ____

   Felony = 0   Misdemeanor/Status = 2 ____

2. TOTAL NUMBER OF ADJUDICATED COMPLAINTS........................ ____

   One = 0   Two = 1   Three or more = 4 ____

3. SCHOOL ATTENDNACE.. ____

   No problem = 0   Truancy = 6   Dropped out/Expelled = 8 ____

4. SPECIAL EDUCATION.. ____

   No = 0   Yes = 3 ____

5. SCHOOL BEHAVIOR.. ____

   No problems = 0   Some problems = 1   Major problems = 2 ____

6. FAMILY PROBLEMS.. ____

   No = 0   Yes = 3 ____

7. DRUG USE... ____

   No problem = 0   Problematic = 2 ____

8. ALCOHOL USE.. ____

   No problem = 0   Problematic = 1 ____

9. NEGATIVE PEERS... ____

   No problem = 0   Problematic = 2 ____

10. SEX... ____

   Female = 0   Male = 2 ____

TOTAL SCORE ____

____

____
Signature of person completing form   Date

COBB COUNTY, GEORGIA

Risk Assessment

Name ________ Case Number ________ P. O. ________ Date _____

SCORE

1) Age at first adjudication with any court.

a.	15 or older.	0	
b.	13 or 14.	6	
c.	12 or under.	11	______

2) Documented alcohol or drug abuse.

a.	none	0	
b.	suspected but unsubstantiated.	2	
c.	low/recreational	4	
d.	documented usage with degree unknown. . .	6	
e.	medium/abuse	7	
f.	high/dependence	13	______

3) Peer group of child.

a.	not mentioned.	0	
b.	inappropriate relationships.	3	
c.	significant/documented negative peer invol. . .	5	
d.	gang/occult.	9	______

4) Documented criminal involvement by child's family.

a.	none	0	
b.	one member	5	
c.	two or more members. . .	10	______

5) School functioning.

a.	no problems indicated. .	0	
b.	quit school/drop-out. .	4	
c.	recent problems	8	
d.	long-term problems . . .	15	______

6) Prior record of delinquent adjudication in any court.

a.	none	0	
b.	one	2	
c.	two.	4	
d.	three or more	7	______

7) Prior record of unruly adjudication in any court.

a.	none	0	
b.	one	3	
c.	two	6	
d.	three or more	9	______

8) Prior record of probation violation in any court.

a.	none	0	
b.	one or two	1	
c.	three or more	2	______

TOTAL SCORE ______

CLASSIFICATION LEVEL ______

STATE OF MICHIGAN

Michigan Youth Services
Delinquency Risk Assessment Scale

	Item	Points	Score
1.	**Age at First Adjudication**		______
	11 or under	3	
	12 - 14	2	
	15	1	
	16 or over	0	
2.	**Number of Prior Arrests**		______
	None	0	
	One or two	1	
	Three or more	2	
3.	**Current Offense**		______
	Non-assaultive offense (i.e., property, drug, etc.)	2	
	All others	0	
4.	**Number of Prior Out-of-Home Placements**		______
	One or fewer	0	
	Two or more	1	
5.	**History of Drug Usage**		______
	No known use or experimentation only	0	
	Regular use, serious disruption of functioning	1	
6.	**Current School Status**		______
	Attending regularly, occasional truancy only, or graduated/GED	0	
	Dropped out of school	1	
	Expelled/suspended or habitually truant	2	
7.	**Youth was on Probation at Time of Commitment to DSS**		______
	No	0	
	Yes	1	
8.	**Number of Runaways from Prior Placements**		______
	None	0	
	One or more	1	
9.	**Number of Grades Behind in School**		______
	One or fewer	0	
	Two or three	1	
	Four or more	2	
10.	**Level of Parental/Caretaker Control**		______
	Generally effective	0	
	Inconsistent and/or ineffective	1	
	Little or no supervision provided	2	
11.	**Peer Relationships**		______
	Good support and influence; associates with non-delinquent friends	0	
	Not peer-oriented or some companions with delinquent orientations	2	
	Most companions involved in delinquent behavior or gang involvement/membership	3	
		TOTAL SCORE:	______

Risk Assessment

Score	Risk
0 - 8	Low Risk
9 - 13	Moderate Risk
14 - 18	High Risk

NATIONAL INSTITUTE OF CORRECTIONS

Client Name Last First M.I.	Client No.

For each item below, select the single appropriate answer and enter the associated number in the adjacent blank.

DRUG/CHEMICAL ABUSE 0 No interference with functioning	4 Occasional abuse, some disruption of functioning, unwilling to participate in treatment program	6 Frequent abuse, serious disruption, needs immediate treatment	___
ALCOHOL ABUSE 0 No known use	4 Occasional abuse, some disruption of functioning, unwilling to participate in treatment program	6 Frequent abuse, serious disruption, needs immediate treatment	___
PRIMARY FAMILY RELATIONSHIPS 0 Relatively stable relationships or not applicable	3 Some disorganization or stress but potential for improvement	5 Major disorganization or stress	___
ALTERNATIVE FAMILY RELATIONSHIPS 0 Relatively stable relationships or not applicable	3 Some disorganization or stress but potential for improvement	5 Major disorganization or stress, unwilling to comply with family rules	___
EMOTIONAL STABILITY 0 Appropriate adolescent response	3 Exaggerated periodic or sporadic responses e.g., aggressive acting out or depressive withdrawal	6 Excessive responses; prohibits or limits adequate functioning	___
INTELLECTUAL ABILITY 0 Able to function independently	3 Some need for assistance, potential for adequate adjustment; mild retardation	5 Deficiencies severely limit independent functioning, moderate retardation	___
LEARNING DISABILITY 0 None	3 Mild disability, able to function in classroom	5 Serous disability, interferes with social functioning	___
EMPLOYMENT 0 Not needed or currently employed	3 Currently employed but poor work habits	4 Needs employment	___
VOCATIONAL/TECHNICAL SKILLS 0 Currently developing marketable skills	3 Needs to develop marketable skills		___

Enter the value 1 for each characteristic which applies to this case.

EDUCATIONAL ADJUSTMENT	Not working to potential Poor attendance record Refusal to participate in any educational programs Program not appropriate for needs, age or/or ability Disruptive school behavior	_____ _____ _____ _____ _____	Total _____
PEER RELATIONSHIPS	Socially inept Loner behavior Receives basically negative influence from peers Dependent upon others Exploits and/or manipulates others	_____ _____ _____ _____ _____	Total _____
HEALTH AND HYGIENE	Medical or Dental referral needed Needs health or hygiene education Handicap or illness limits functioning	_____ _____ _____	Total _____
SEXUAL ADJUSTMENT	Lacks knowledge (sex education) Avoidance of the opposite sex Promiscuity (not prostitution) Sexual deviant (not prostitution) Unwed parent Prostitution	_____ _____ _____ _____ _____ _____	Total _____
			Total Needs Score _____

LUCAS COUNTY JUVENILE COURT
INITIAL ASSESSMENT OF NEED

Name: ______________ DOB: ________ B-# ________ Date: ________

Affidavit #: ________________ Offense: ________________

1. FAMILY RELATIONSHIPS [ ]
   0=Stable/Supportive
   3=Some Disorganization/Stress
   6=Major Disorganization/Stress

2. PARENTAL PROBLEMS [ ]
   (check all that apply/add points)
   1=Inadequate discipline ___
   1=Emotional Instability ___
   1=Criminality ___
   1=Substance abuse ___
   1=Physical/sexual abuse ___
   1=Marital discord ___

3. SUPPORT SYSTEM [ ]
   0=Youth has support system external to family/none needed
   1=No family/external support

4. SCHOOL ATTENDANCE [ ]
   0=No Problem
   1=Some Truancy
   2=Major Truancy/Dropped Out

5. SCHOOL BEHAVIOR [ ]
   0 = No Problem
   1 = Some Problem
   2 = Major Problem

6. SUBSTANCE ABUSE [ ]
   0 = No Use
   1 = Experimenter
   3 = Former Abuse/In Recovery
   4 = Occasional Use
   8 = Abuse

7. EMOTIONAL STABILITY [ ]
   0=No Problem
   1=Some Problem, occasional interference w/functioning
   2=Major Problem, serious interference w/functioning

8. PEER RELATIONSHIPS [ ]
   0=Good Support/Influence
   1=Associations w/occasional negative results
   2=Associations primarily negative

9. HEALTH [ ]
   0=No Problem
   1=Needs health, hygiene, sex education
   2=Handicap/illness limits functioning

10. SEXUAL ADJUSTMENT [ ]
    (check all that apply, enter highest)
    0=No Problem ___
    1=Prostitution ___
    1=Sex Offenses ___
    1=Sexual Identity Problems ___
    3=Pregnant/has child (female only) ___
    4=Aggressive/Assaultive Sex Offenses ___

11. STRUCTURED ACTIVITIES [ ]
    0 = Involvement
    2 = No Involvement

TOTAL SCORE [ ]

____
Signature of person completing form

/my (4-23-87)

MODULE FIVE

OVERARCHING CASE MANAGEMENT: YOUTH ASSESSMENT AND INDIVIDUALIZED PLANNING

I. KEY POINTS

Ideas essential to this module are:

Assessment

A. Assessment is a logical first step of case management if a priority is to be placed upon accountability for responding to significant problems of delinquent youth.

B. Assessment must generate relevant information regarding the priority goals of youth corrections interventions: namely, protecting the public safety, addressing youth competencies, and ensuring that youth are held accountable for their actions.

C. Assessment must provide information that allows youth corrections interventions to be tailored to individual delinquent youth.

D. Assessment must be focused and organized so that information may be utilized in developing a comprehensive master plan.

E. Assessment combines good professional judgment with other information gathering techniques.

F. Assessment must be overseen throughout by the case manager in order to ensure full utilization of assessment data and insights.

Planning

A. An institutional/aftercare master plan is essential to ensure the effectiveness of the interventions and the coordination of all aspects of the plan.

B. An institutional/aftercare master plan promotes accountability by specifying exactly what is to be achieved in terms of outcomes and by selecting only those interventions that will help to attain these outcomes.

C. Setting clear behavioral objectives through a force field analysis of each youth's environment is the most critical step in developing effective and high quality case plans.

D. Assessment and case planning are continuous processes, requiring constant information collection and analysis that feeds into appropriate changes in the case plan as youth progress to accomplish objectives.

II. MODULE GOALS

The goals of the fifth module are:

A. To familiarize the trainees with the major advantages and principal concepts of case management as applied to individualized case planning for aftercare clients,

B. To familiarize the trainees with the strategies that may be used in developing a master plan for each youth; this includes both institutional and aftercare goals and objectives,

C. To familiarize the trainees with logistical issues that concern the onset of aftercare planning and service provision,

D. To familiarize the trainees with the importance of and strategies for building working relationships between institutional and aftercare staff, and

E. To familiarize the trainee with the approaches that may be used to monitor the implementation of the master plan.

III. INTRODUCTION

On both a theoretical and practical basis, no one can deny the logic of establishing an aftercare program for offenders transitioning from residential placement and confinement into their home communities. Just as the theory supporting the value of aftercare is logical, the need for an individualized institutional/aftercare master plan in every case is imperative to guide the decision making for all those involved. In the aftercare arena, we have identified several important issues that must be addressed if an intensive transition program is to achieve its potential. Among the areas that will be discussed in this module are the particular issues concerned with the development of an institutional/aftercare master plan for each youth, logistical issues concerning the initiation of aftercare planning and service provision, strategies for building working relationships between aftercare and institutional staff, and approaches that may be used to monitor the implementation of the institutional/aftercare master plan.

IV. ASSESSMENT FOR INDIVIDUAL CASE PLANNING

The IAP client selection process is designed to identify a group of offenders who share some basic characteristics (e.g., they are all high-risk). Yet, there will likely be considerable differences in the specific risk/need characteristics of the IAP clients. The task of assessment at the individual case planning level is to identify the specific and sometimes unique factors that contribute to each youth's delinquency. How these factors are to be addressed by both institutional and aftercare staff will constitute the foundation of the individualized case plan.

A. Multiple causes require wide-ranging assessment.

1. High-risk offenders are typically multi-problem youth.
2. Assessment must take into account risk factors identified for each youth as a result of the risk assessment screening.
3. Individualized risk factors—which may not be included in the target population risk instrument — must also be considered. These might include:
   a) History of physical/sexual abuse
   b) History of family violence
   c) Special educational needs
   d) Developmental disabilities
   e) Other
4. Application of the needs assessment instrument may "flag" certain areas as requiring more in-depth assessment. For example, a youth with "major mental health" problems indicated on the needs assessment may warrant an up-dated psychological exam to determine his/her current status and functioning.

B. Assessment must examine youth in the context of the IAP Model.

1. If the principles are to be meaningful, they should guide and inform the assessment process.
2. Multiple potential explanations for delinquency suggest that different youth take different pathways — all factors in the model do not necessarily apply to each youth.
3. Each youth should be assessed along with the following dimensions.
   a) strength of internal/external bonding
   b) specific sources of strain
   c) those contexts and relationships that provide reinforcement for both anti-and pro-social behaviors.

C. Need assessment must take into account factors that are frequently overlooked.

1. The nature of, and circumstances surrounding, delinquent activity.
   a) in-depth exploration of offending behavior to determine antecedent conditions, motivations, influences, pay-offs, etc.
   b) why does the youth think he/she has been involved?
2. Identification of youth/family/community strengths.
   a) staff tend to focus solely on "problems"
   b) need to identify those characteristics, accomplishments and relationships that can serve as foundation for intervention.

D. Individual case planning flows directly from the assessment

1. Focus of case plan should be on those deficits that are clearly linked to offending patterns. No attempt should be made to "fix" everything that may be "wrong."
2. Analysis should involve prioritizing problems, determining problem interrelatedness and consideration of the relative intractability of each problem
3. Analysis should involve determination of what factors can be directly addressed (i.e., with the youth and family members) and what might only be influenced indirectly (e.g., community conditions).
4. Plan itself should identify:
   a) goals
   b) objectives
   c) action steps
   d) The responsibilities of parties to the plan

5. Plan should translate into a behavior-oriented, objectives based contract that would:
   a) provide guidelines and expectations for all interventions
   b) focus on behavior, rather than values or attitudes
   c) contain specific and measurable objectives
   d) include realistic objectives, so that youth is not set up for failure
   e) incorporate objectives that are relevant and meaningful to the youth and his/her family, so that ownership is fostered.
   f) include in the planning process all significant stakeholders — youth, parents, program staff, institutional staff, service providers, and mentors.
   g) clearly specify the potential rewards and sanctions associated with compliance/failure in each area of the plan and contract.

V. WHAT A MASTER PLAN DOES FOR THE CASE

Can a successful transition from institution to community be achieved without an institutional/aftercare master plan? To answer this, we must think about all of the factors that need to be considered even in the simplest cases. We must consider the various needs of transitioning youth for services and supports, as well as the interests of the community in minimizing the risks to public safety.

Clearly, the answer is that an institutional/aftercare master plan is essential to ensure the effectiveness of the intervention and the coordination of all aspects of the plan. Some of the advantages and contributions of an institutional/aftercare master plan are:

A. It provides meaning and directions to activities
B. It specifies exactly what is to be achieved in terms of outcomes
C. It sets limits on interventions by selecting only those that will help to attain goals
D. It provides milestones against which to measure progress
E. It develops the client's sense of accomplishment and self-esteem as goals are achieved
F. It helps to resolve disagreements with clients and others on how the case will be handled
G. It facilitates accountability

What is an institutional/aftercare master plan, then? By definition, a high-quality institutional/aftercare master plan is:

A. A written, strategically-sequenced series of actions
B. On the part of, and mutually developed by, the client, case manager, and other individuals
C. A coordinated effort to capitalize on the young person's strengths and to overcome his/her deficits and problems on the way to meeting key goals.

In essence, a good institutional/aftercare master plan is a *road map* to help all decision makers move from initiating the youth's involvement in juvenile court to termination of his case. It is a *different kind of road map* than we usually work with, however, in that the youth does not take it and drive away alone. Rather, the youth uses it in *collaboration* with the case manager and all others involved in implementing the plan.

VI. STAGED TRANSITIONING

For juvenile offenders to be able to make successful transitions back into their home communities, the institutional/aftercare master plan should identify key milestones along the way to plan objectives that in effect break down the goals into achievable objectives. Much like the staging of a battle in sequential movements, this approach will allow youth to succeed at incremental steps along the way to their ultimate goals.

VII. WHAT AN INSTITUTIONAL/ AFTERCARE MASTER PLAN INCLUDES

Most experts around the country agree that there are basically five ingredients to a good supervision plan. These are:

A. *Clear, reasonable goals*
B. *Clear, measurable, short-term objectives*
C. *Specific actions* by all parties necessary to achieve plan objectives
D. *Resources* that will be utilized in implementing the plan (including internal family, agency, outside provider, and volunteer resources)
E. *Details of accountability* and methods that will be used to evaluate the plan's effectiveness. Included as Attachment A is one example of the format that can be used for an institutional/aftercare master plan. This was developed by the Eckerd Family Youth Alternatives for guiding caseworkers who are transitioning youth back into their communities.

VIII. LOGISTICAL ISSUES IN PLANNING AND SERVICE PROVISION

The foregoing discussion presents the rationale and contents of an institutional/aftercare master plan. Now, let us turn our attention to some of the more important logistical issues to be addressed in beginning case planning and service provision for youth who will reenter the community from an institutional stay. Of all the operational issues that present challenges to policy makers attempting to implement new aftercare programs, perhaps the most difficult relate to the need to begin aftercare planning and service delivery as soon as the youth begin their institutional stay.

For aftercare plan to offer their greatest return, there are three primary functions that must be addressed during the early phases of residential placement: early initiation of aftercare planning, preliminary matching of youth with aftercare/community resources, and early involvement of aftercare staff with institutionalized youth.

IX. EARLY INITIATION OF AFTERCARE PLANNING

There are several reasons for beginning aftercare planning as soon as a youth begins his/her institutional stay. For one thing, the main reason for the institutionalization in the first place is that the youth is not able to stay within the bounds of the law and presents a danger to self and others while in the community.

Identifying and addressing problems within the community should be the cornerstone of the youth's total treatment plan, and the sooner the attention of the youth and the program is placed upon this community environment, the more realistic the plan will be. Conversely, the less attention paid to the youth's post-release environment, the more likely the total plan will be unrealistic and superficial, only addressing issues related to institutional confinement.

Another reason to begin post-release or aftercare planning upon the youth's arrival at the institution is that often issues related to service need and placement may require extended time frames to be resolved, and since some institutional stays have become shorter, there is a need for as much advance time as possible to set up these components of the institutional/aftercare master plan.

Some well-established aftercare programs emphasize the importance of beginning aftercare planning as soon as possible. The CORE Connections Program, a transitional/reentry service provided to institutionalized Massachusetts youth, requires that aftercare planning be initiated a least two months prior to a youth's discharge (See Attachment B). The Eckerd Youth Development Center, a privately operated state training school in central Florida, requires that an aftercare caseworker contact all institutionalized youth within 24 hours of admission.

X. EARLY MATCHING OF YOUTH WITH AFTERCARE/ COMMUNITY RESOURCES

As individual case planning and assessment begin to identify critical needs of the youth, it is imperative that the aftercare counselor begin to make contact with appropriate community resources that address already identified goals and objectives of the institutional/aftercare master plan. In this sense, the aftercare counselor should be careful to use an expanded concept of community resources, one that includes traditional and non-traditional service providers as well as the family, other relatives, and the youth themselves.

Beginning to access community resources when the youth is in the institution will send a clear message to all parties that the real goal of the justice intervention is successful reintegration, not complacent institutionalization. Also, it may be possible to have community-based program staff actually begin providing services while the youth is institutionalized, a strategy that is bound to have benefits for the youth and for other parts of the program.

It is not easy, however, for any staff to line up community resources for youth that are outside the community, and aftercare staff will have to be creative and persistent. There are several basic strategies that an aftercare counselor should use to work effectively with resource providers. Among these are:

A. Establishing *clear expectations* beginning in the institutional/aftercare master plan, and making the adjustments clearly understood by all parties.

B. Establishing *clear measures* for how service provision will be evaluated, both during the plan and in terms of evaluating outcomes.

C. Establishing a *clear method for data collection* and dissemination which will provide the information needed to monitor the service being provided.

D. Giving *clear feedback* when information is received, both positive and negative.

E. Being very *generous with praise and appreciation* when things are going well with the client and/or when the provider is going beyond the call of duty.

F. *Taking action, quickly and decisively* when the information received so indicates.

XI. EARLY INVOLVEMENT OF AFTERCARE STAFF WITH INSTITUTIONALIZED YOUTH

To accomplish early initiation of aftercare planning and early matching of of community resources with returning youth, aftercare staff must establish solid contacts with youth early during their institutional stay. The CORE and Eckerd programs mentioned above ensure this early contact through clearly established policy and management supervision.

To support aftercare staff in discharging their duties to begin planning and contacts while youth are at the institution, it is also important that aftercare staff be included as part of the institutional treatment teams. Several strategies are available to accomplish this. Perhaps the most simplified strategy is to actually assign aftercare staff to a certain treatment team at the institution, and they would work alongside of other staff providing more "traditional" institutional services. Another strategy is to integrate aftercare staff within the training and other staff activities. Whatever strategy is chosen, though, it is important that aftercare staff be perceived as an integral part of what makes the program effective and that they be included in all significant treatment decisions that are made.

XII. MONITORING THE IMPLEMENTATION OF MASTER PLANS

If we are to take seriously the previous work done with these cases (i.e., the assessments and case planning, the resource development and collaboration with key parties), then setting up and following a monitoring system seems axiomatic.

From the very beginning of the implementation phase, it is imperative that there be an accountability strategy for following and keeping track of the plan. While this may sound elementary, most of us have taken the time to plan something carefully and then have lost our energy or momentum as soon as the plan was completed so that we did not adequately follow-up on what had already been accomplished.

Earlier, we identified one of the key elements of a master plan to be the details of accountability. If case planning is done correctly, the structure of the plan is designed for staying on course. There should be actions, time frames and specific parties identified that can be easily used in a monitoring system.

XIII. SCHEDULED REASSESSMENTS AND STAGED TRANSITIONING

From the very beginning of the planning effort, it is important to establish a schedule for reassessments of each case at regular intervals. Case workers should also be prepared to call for impromptu reassessments at any time that developments in the case so warrant, i.e., when significant changes occur that would necessitate a modification of the plan.

Reassessments should be scheduled at intervals when the youth are entering or completing key transitional points in the plan, and the original plan should in fact seek to "stage" these transitional steps so that youth can succeed in incremental achievements.

It is also important for aftercare staff to recognize as early as possible when things are not working and try to do *predictive work* on why this is happening and what can be done about it. Often, we receive information and fail to act quickly enough or decisively enough to make a difference.

There are at least three basic approaches to effective monitoring of aftercare programs: monitoring the individual case, monitoring the overall program, and monitoring case worker activity.

Individual case monitoring is probably the most logical way to establish accountability for the aftercare service. It is recommended that monitoring track the same case objectives established as treatment goals in the institutional/aftercare master plan. Significant activity, progress, problems and obstacles can be noted on each case objective and a logical tracking system be established. On a monthly or bimonthly basis, important points can be summarized for each objective in each case. This provides a relatively easy procedure to aggregate results for monitoring the entire program of each youth. An example of a sample aftercare biweekly report is included as Attachment C.

Every aftercare program should establish a reliable mechanism for ensuring that important program and case information is collected and reviewed.

There are an unlimited number of formats that can be utilized for recording this type of monitoring, but the important points are that the information collected be relatively easy to acquire in the field and that regular feedback based on the reports is given to key staff at all levels of the program. An example of a monthly aftercare report in included as Attachment D.

Monitoring by overall programs is also an important process for ensuring that the aftercare program is implemented according to established standards and that the program is effective in achieving outcomes that are desired. Quality control efforts need to provide reliable and useful feedback to allow program mangers and staff to identify program strengths and weaknesses and to take appropriate action when warranted. Likewise, outcome evaluation efforts that identify and assess the actual outcomes that are achieved by youth in the aftercare program are essential to show policy makers and funding representatives how well aftercare works.

In order to assess the effectiveness of individual caseworkers in the aftercare program, it is important to establish a monitoring system that reports activity and case outcomes by caseworker. Obviously, a performance appraisal system should be established to regularly assess a caseworker's work performance along the lines of key job duties and functions. A reporting format, such as the one included as Attachment E, may be utilized.

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Module Five
Attachment A

ECKERD YOUTH CHALLENGE PROGRAM
TREATMENT PLAN

Student_________________ Group_________________ Date_________________

Date of Entry_____________ Date of Next Review_____________________

Date of Birth_____________

Presenting Problems	Goals	Interventions/ Objectives
Behavior		
School/Vocation		
Family		
AC Counselor:	Coordinator:	Student:
Supervisor:	Counselor:	Teacher:

BEHAVIORAL OBSERVATIONS

Behavior
School/Vocation
Family
Special Needs

CORE PROGRAMS

Core operates seven programs, all designed to build an individual's level of self-esteem, self-value and dignity. Although the programs deal with various types of people with different problems, CORE caseworkers seek to aid *each* participant, and the program's structure is adjusted accordingly.

CONNECTIONS

Connections, CORE's original program in 1984, offers a unique approach to juvenile outreach and tracking. The early and frequent visits between the caseworker, client and his/her family start two months prior to the client's discharge from a secure treatment facility, thereby allowing time for the caseworker and client to develop a relationship. Upon release, the caseworker maintains contact with the client through daily visits and/or phone calls. In addition to being a friend, the caseworker is instrumental in helping the client either return to school or find a job. Clients in the Connections program are referred to CORE by DYS.

"Your love for your work, your belief in our kids and your belief that there is hope for all that you serve left us saying thank God CORE's out there!"

-Kate Markarian
Assistant Commissioner, DYS

PROJECT LINC

The program works with clients similar to those in Connections. Project Linc's goal is to maintain the client in the community rather than a DYS residential facility. The CORE caseworker will maintain daily contact with the juvenile and his/her family during this period. The client, in addition to working with their family and caseworker, will participate in a weekly group that addresses developmental issues such as substance abuse, non-violence and self-esteem.

SOLUTIONS

Solutions is an outreach and tracking program for juveniles who are charged with a first or second criminal offense and are not yet involved with DYS. The clients are referred by the courts and participation in the program is seen as a sentencing alternative. The client is placed under the supervision of a CORE staff member who maintains daily telephone contact with the client, as well as meeting with the client at least three times a week. The caseworker offers support and direction in areas of employment, education and family relationships. The success rate of the program has been very high as evidenced by the high number of referrals from different Boston area courts.

"The East Boston Court has had an ongoing relationship with the staff of CORE and has found them to be reliable, knowledgeable and compassionate to the needs of the individuals who seek assistance or have been court-referred."

-Judge Joseph V. Ferrino

PEP GROUPS

In 1988, CORE developed PEP (Parents Encouraging Parents) Groups in response to a community need. PEP Groups provide a confidential non-threatening environment where families of court involved youth can offer each other support. CORE staff members coordinate and facilitate the meetings, and once assembled, the participants are encouraged to speak openly. It is their opportunity to speak with others who are experiencing similar problems.

"If I couldn't come here, I don't know how I'd be with my kids when I went home."

-Participant in a PEP Group as quoted in the Boston Globe, 4 7 89.

CASA

CASA was also developed to meet the needs of the adult community. It is a more formal program providing individual and family counseling to adult ex-offenders. The Day Reporting Program of the County Correctional System has chosen CORE as one of their reporting sites—a place where adults recently released from secured lockup report on a regular basis and perform community service. The program works on a one-to-one basis with the individual during the crucial transition period between imprisonment and his/her readjustment to society. CORE helps obtain housing and employment and offers counseling sessions to individuals and their families.

TOWARD FREEDOM YOUTH SERIES

This program is offered in conjunction with the Boston College program, PULSE. Under the supervision of the CORE staff, the BC students will visit CORE clients on a regular basis and take part in role plays and discussion groups. The topics discussed are addressed in 4-week time periods and range from substance abuse, personal decision making, employment skills and self-esteem.

FAMILY MEDIATION PROGRAM

CORE's newest program, it is responsible for recruiting and training mediators who will hear family dispute cases. As an alternative to Court proceedings, families will sit down with two mediators to work out their problems. Each side of the dispute will be assigned a CORE-trained mediator. This program is funded by a special grant from the Massachusetts Bar Association.

FUNDING

CORE operates as a non-profit organization with most of our funding derived from the Department of Youth Services. While extremely grateful for the support, we would like to continue to expand the scope of our programs, thereby requiring supplemental funding. We feel compelled to look to the community for contributions that will enable now unfunded programs such as the PEP Groups to continue.

Your contributions are tax deductible but more importantly, you will be part of the solution to a problem that concerns us all. By investing in CORE, you will be investing in the community.

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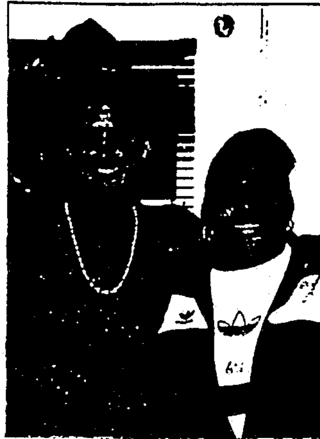
CORE PHILOSOPHY AND GOALS

CORE is a non-profit organization providing support services to juvenile offenders, court involved youth, adult offenders and their families. Since its inception in 1984, the sole purpose of CORE has been to assist individuals and their families in times of crisis.

CORE recognizes the dignity and value of an individual and designs all its programs around that philosophy. The staff at CORE seeks to empower the individual to develop self-esteem, positive family and social



relationships, as well as the desire and skills necessary to achieve educational and vocational goals.

This community-based agency now has offices in Charlestown, Roxbury, East Boston and South Boston. The CORE staff consists of men and women all highly qualified for their jobs. Their backgrounds consist of counseling both in and outside the State correctional systems. All staff members are available twenty four hours a day to aid or counsel a client.

Clients are referred to CORE by the Department of Youth Services (DYS), the local judicial system as well as concerned community members, local clergy, social workers and educators. They are all confident that CORE's approach is one that *works.*

CORE has been successfully applying its philosophy and achieving its goal of helping individuals develop positive direction in their lives. And with each individual and family strengthened, CORE looks to a community that is enriched.

AFTERCARE BIWEEKLY REPORT

Student_______________________________________

Aftercare Counselor_____________________________

Week Ending___________________/Year_____________

Date of Aftercare________________________________

Projected Date of Release_______________________

Mon___	Tues___	Wed___	Thu___	Fri___	Sat___	Sun___
Mon___	Tues___	Wen___	Thu___	Fri___	Sat___	Sun___

Goal 1 Progress____
____

Goal 2 Progress____
____

Goal 3 Progress____
____

Goal 4 Progress____
____

MONTHLY AFTERCARE REPORTS

Dates: From: ____________ To: ____________

Number receiving direct A/C services: ______
Number receiving pre-graduation services: ______
Number terminated A/C services: ______

MONTHLY SUMMARY OF CONTACTS:

No. Telephone Calls	Youths Name	No. of Visits	Youths Name
Home	______	Home	______
Camp:		Camp:	
Resident Director	______	Conf. with FW/EC	______
Family Workers	______	Conf. with RD	______
Ed. Coordinator	______	Exit Staffings	______
		Graduations	______
		Transit. C/R	______
Agency:		Agency:	
Referring	______	Referring	______
Other	______	Other	______
School	______	School	______
Other	______	Crisis Intervention:	
		Home	______
		School	______
		Community	______
		Camp visit	______

Level of Functioning Scale
Graduate Camper

	Good	Fair	Poor
1. Peer and Social Functioning			
2. Relationship With Parents			
3. Occupational/School Functioning			
4. Community Interaction			
5. Court Referrals			

Level of Functioning Scale
Monthly Family Report

	Good	Fair	Poor
Distribution of Power			
Parental Coalitions			
Goal Directed			
Communication			
Responsibility			
Empathy			

MONTHLY AFTERCARE REPORT-FAMILY

Client____ Date____________________

Circle the rating in each category that represents the level of functioning most accurately:

I. Distribution of Power

1. Good: The leadership is shared between the parents, changing with the nature of the interaction.

2. Fair: One parent usually controls the power. There is some negotiation but dominance and submission are the rule.

3. Poor: A. One parent has absolute power; negotiation is seldom used to resolve issues.

   or

   B. Leaderless; no one has enough power to structure the interaction.

II. Parental Coalitions

1. Good: The parents have a good relationship. There is a strong coalition that offers structure and cohesiveness to the family.

2. Fair: There is a weak parental coalition, weak parent-child coalition which permits the children to manipulate.

3. Poor: There is a strong parent-child coalition that positions the child in a pseudo-parent role. In a two parent family, the parent-child coalition frequency excludes the other parent.

III. Goal Directed; Over-all efficiency in negotiating problem solutions

1. Good: The family has developed an over-all pattern for problems to be addressed and negotiated without anger interfering with the process.

2. Fair: The family's willingness and ability varies its efficiency to openly deal with problems. There is a general lack of creativity in recognizing or exploring alternative. Many problems are only partially solved or left unsolved with a residual of anger that is internalized by some members.

3. Poor: There is an overall lack of efficiently in the ability to identify problems while they are small and manageable. For the most part, problems are left unsolved. Anger is internalized which interferes with family cohesiveness and at times, the desire for it.

IV. Communication: clarity of expression; ease in dealing with feelings

1. Good: Ideas, feelings and problems are stated clearly without fear of retaliation. There is an attitude of empathy and warmth with an emotional environment that is safe and secure.

2. Fair: Ideas, feelings and problems are somewhat vague. There is often a hidden agenda or the messages are mixed. Reaction is more common than response leaving safety and security in question. Repression is common.

3. Poor: It is a rarity when anyone is clear with verbal expressions. Misinterpretation is common to a poorly defined expression. The fear of retaliation and/or ridicule is a barrier to communication.

V. Responsibility: members ability to take responsibility for their own past, present, and future (ownership of problems)

1. Good: Family members are regularly able to verbalize and demonstrate responsibility for individual actions.

2. Fair: Family members sometimes voice responsibility for individual actions. Frequently, there is clear evidence of some denial or blaming others, and/or circumstances.

3. Poor: Members rarely, if ever, voice responsibility for individual actions. Usually, there is blaming, denial, lack of awareness and insight, and distorted rationalization.

VI. Empathy: degree of sensitivity to, and understanding of, each other's feelings within this family

1. Good: Consistent empathic responses.

2. Fair: Attempted empathic involvement, but difficulty to maintain it.

3. Poor: Little, if any, evidence of empathic involvement and sensitivity to the feelings of family members.

AFTERCARE COUNSELOR CONTACT LOG

Student____

DOE____________________ DOB____________________

Agency Worker__________________ Phone Number__________________

Lives With____

Home Phone Number______________ Work Number__________________

DATE	TYPE	PERSON	

Codes: describe type of contact

H - Home	A - Agency	HV - visit to the home
T - Telephone	F - Field	TC - telephone call to the program
P - Program	V - Visit	TA - telephone call to agency worker

MODULE SIX

OVERARCHING CASE MANAGEMENT: SPECIFICATIONS ON A MIX OF SURVEILLANCE TECHNIQUES AND PROGRAMMING/SERVICES PROVISION

I. KEY POINTS

Ideas essential to this module are:

A. The proposed IAP Model is grounded in a set of assumptions about the need to provide interventions combining both social control/surveillance techniques with treatment and service provision.

B. The justification for the use of a combined surveillance/service provision model in the IAP context is based on the widespread recognition that high-risk juvenile offenders not only exhibit patterns of persistent, serious delinquency but also are plagued by a multitude of problems and needs.

C. The precise composition of the surveillance/service mix in each case is guided by formal risk and need assessment to determine the probability of reoffending and the specific nature and intensity of individual problems and deficits.

D. A number of specialized subpopulations of high-risk juvenile offenders have been identified for particular attention as they transition back into the community.

E. The total array of available surveillance techniques has grown substantially in number over the past decade as high tech innovations have provided more sophisticated ways to monitor offender behavior.

F. The IAP Model requires that a number of service provision and treatment activities be made available within the broader continuum of community-based care for high-risk juvenile parolees.

II. MODULE GOALS

The goals of the sixth module are:

A. To offer a logical justification for our theory-driven position that the IAP Model must provide a clearly defined framework integrating both heightened surveillance/social control and enhanced treatment/service provision components in order to achieve the stated goals of this proposed intervention strategy,

B. To discuss the rationale favoring the use of high levels of social control and intrusive monitoring as tools in the community-based supervision of specially designated juvenile parolees,

C. To provide an overview of the most widely used surveillance and social control techniques currently being deployed in juvenile intensive supervision programs, as well as suggestions for the most effective ways such tools may be utilized for IAP,

D. To pose an argument about the need to incorporate into the IAP Model certain core services, defined in terms of aggregate offense-related and need-related risk factors, and various ancillary services, defined in terms of common need and problem areas, and

E. To delineate the specific nature and purposes of these core and ancillary services.

III. INTRODUCTION

The proposed IAP Model is grounded in the idea that appropriate, comprehensive interventions with carefully targeted high-risk juvenile parolees must build upon higher levels of supervision and social control as well as more intensified treatment/service provision. This reflects the recognition that high-risk juvenile offenders not only tend to exhibit a persistent pattern of chronic and severe delinquency but also are frequently plagued by a multitude of other problems and needs. The serious juvenile offender is often a multi-problem youth. If there is any hope of achieving long-term alteration of behavior and successful normalization in the community, this kind of combined approach must be utilized. On the one hand, this mix of surveillance/ social control and treatment/service provision demonstrates the theoretical importance of adhering to the principle of treatment/rehabilitation above and beyond the increased emphasis on social control. On the other hand, there must be the clear recognition that very highly structured programs are often required to stabilize such juvenile offenders in order that the necessary treatment and service be delivered. In addition, there is always the need to assure that every possible precaution is being taken to guarantee a reasonable level of community protection.

IV. MONITORING, SURVEILLANCE, AND SOCIAL CONTROL ACTIVITIES

There has long been a widely shared assumption within the correctional field that offenders who are identified as being at high-risk for reoffending should be more closely monitored and supervised while being maintained in community-based settings on either probation or parole status. Over the past decade the intensive supervision movement has made a number of technical and organizational advances to provide various ways to achieve this goal. In fact, in many instances programs have been largely defined in terms of their social control techniques and strategies. The IAP Model is partly defined in these terms. Key concerns in program design for enhanced social control include: 1) determining the nature and frequency of contact required to assure necessary supervision levels, 2) utilizing those monitoring and surveillance activities that are both useful and cost-effective for specific clients within the program, and 3) deciding upon the kinds of sanctioning measures to impose when technical violations, petty offenses and more serious crimes are detected in this high-risk group as a result of utilizing this more intensive supervision approach.

A. Frequency of Contact/Level of Monitoring

Research findings have, to date, not reached any definitive conclusions with regard to whether higher levels of contact guarantee greater success in reducing reoffending rates. Some studies have suggested that increased levels of contact were significant in determining successful program completions. Others have noted that even when more intensive contact with the client is achieved, this does not guarantee greater success in crime control. A major factor in determining success may be the quality of contacts as opposed simply to the frequency and duration of contacts. Regardless, the operating assumption within the intensive supervision arena has been that some level of increased contact above what defines standard probation/parole supervision is required to manage this population of offenders. In addition, considerable attention is directed

to increasing the number and kinds of collateral contacts made by intensive supervision staff. This category of contact is defined largely in terms of those individuals who had extensive knowledge of and may have assumed some level of responsibility for the youth's behavior. Such contacts may include family members, friends, church officials, school staff, employers, staff from other social service agencies, or concerned residents in the community.

Conventional wisdom within programs has argued that the number and nature of contacts should be based on some sense of perceived risk, however risk levels are being determined. Of course, there has been a greatly increased use within the correctional field of formal risk assessment tools to help guide this decision. Agencies should be cautioned against "wholesale" adoption of risk assessment instruments unless field validation procedures have been undertaken to ensure their predictive value.

In addition to the role of risk in determining the nature and frequency of contact, there are a number of other factors that frequently help shape the decision about the choice of supervision level and techniques. Among other factors commonly considered are:

1. Agency resources — Staff size and patterns, as well as other available resources, will influence the supervision approach utilized by the agency. Size of the geographic area to be covered may also serve as a major consideration.
2. Identified needs and deficits of the juvenile parolee — The treatment/service requirement of the individual youth specified through a formal needs assessment will also play a role in shaping the structure of contacts.
3. Progression through the program — The exact position (i.e., participation in which program stage) at any point in time in a youth's movement through the program will influence the contact level. There should be a lowering of the level of contact as the youth demonstrates greater stability and improved performance in various activities in the community.
4. Nature of contact — This refers to the option of making contacts on a regular pre-arranged basis, on a random spot-check basis, or as some combination of these two monitoring techniques. If the purpose of the contact is largely that of fulfilling a surveillance function, checks will tend to be conducted more randomly, often on a seven-day-a-week basis, and at various times during the day or night. To ensure compliance, checks should be scheduled so as not to allow the youth to predict when they will occur. These checks may occur in a variety of settings, including home, school, recreational centers, job sites, or other known hangouts. The drawback to this approach is the possible intrusion on other individuals such as family members. If the purpose of the contact is for treatment or other regularly scheduled activities, they would

need to occur on a much less random or unannounced basis. In many ways it is not possible to totally separate these contacts on the basis of either serving a treatment or a surveillance function. Surveillance in some situations may be necessary for instilling enough discipline to make treatment feasible. Likewise, as behavioral problems become less severe or pronounced, surveillance based on random checks may become counterproductive. If the primary purpose of the contact is treatment-related, it may be preferable to have it scheduled conveniently for all parties.

B. Monitoring and Surveillance Techniques

A substantial number of specialized techniques and procedures for enhancing social control have been devised and implemented over the recent past with the emergence and proliferation of juvenile intensive supervision programs. These innovations include technical advances such as electronic monitoring and broad-spectrum drug/alcohol testing, as well as intensified staffing patterns such as team supervision, community service work crews, and specialized surveillance roles (i.e., surveillance officers). Collectively, these approaches extend from procedures that are only slightly more structured than standard supervision (i.e., stringently enforced curfew) to highly intrusive and "community-incapacitative" procedures (i.e., electronic monitoring and house arrest). Among the entire set of intensive supervision techniques receiving the widest application and experimentation at present are:

- reduced caseload size
- team supervision/specialized staff roles
- curfew
- drug/alcohol testing
- electronic monitoring
- house arrest

1. Reduced caseload size — Intensive supervision has traditionally been defined, in part, by a marked reduction in the number of offenders per caseload. The logic underlying this procedure has been that when officers have fewer cases to manage, they will have more frequent contacts and spend more time with clients on these caseloads. It is generally the case that this is an important consideration when managing high-risk offenders. However, the debate continues to rage about the potential value of reduced caseloads. Some research suggests that improved offender performance does not necessarily follow from reduced caseloads. Additionally, reduction in caseload size does not automatically ensure greater frequency of contact. Further experimentation and inquiry need to occur before any definitive conclusion can be reached.

2. Team supervision/specialized roles — This approach allows for supervision to extend beyond normal 9 to 5 working hours and

the customary Monday to Friday schedules. The principal result is the ability to achieve "saturation supervision" in which crisis intervention can readily be activated, as well as the potential for seven-day-a-week, 24-hour-day coverage to be imposed if necessary. One common approach to team supervision is the use of larger teams (i.e., up to four staff members) in which each team member shares equal and identical responsibility for case management. Because each team member knows the particular problems and needs of all youth on the total caseload, when a crisis arises, any available team member can respond regardless of the hour or day. Another approach to team supervision involves the use of two-person teams, pairing a surveillance officer whose primary responsibility is monitoring behavior and investigating possible violations, with a regular field officer whose primary responsibility is providing standard case management. This bifurcation of roles/duties provides a much clearer sense of the specific relationships that youth must develop with program staff. One variation in this utilization of specialized roles is the incorporation of the tracker function into the program. Here, such individuals can be assigned a variety of different monitoring functions depending upon the circumstances of particular youth in the program.

3. Enhanced focus on curfew — In principle, curfews have traditionally provided a way to impose more stability in a youth's life and to limit the opportunity for inappropriate behavior. However, the application of this social control technique in delinquency programming has often been erratic. Its use as a tool for intensive supervision has been characterized by two primary concerns: 1) more rigorous and thorough enforcement, and 2) more stringent application. Both program staff contact and mechanical monitoring can be used as means of ensuring that compliance occurs. Further, family support and cooperation are vital if curfew is to be successful. However, heavy reliance on curfew can become a major inconvenience for families, a factor to be taken into account by programs.

4. Drug/alcohol testing — Research has clearly shown that a majority of youth participating in intensive supervision programs nationwide exhibit substance abuse problems. Consequently, it is essential for program success that monitoring for signs of the reoccurrence of this problem behavior be carried out in some fashion. Testing an be used as a surveillance tool to monitor compliance, as a treatment tool to provide indication of renewed use and abuse, or as some combination of these two goals. Certainly for purpose of treatment and long-term behavioral change, it should be approached as an early warning procedure, not as a means of

program revocation. Regardless, it is important that the program clearly specify exactly what the testing objectives are:

a) deterrence of drug/alcohol abuse,

b) identifying and altering drug/alcohol abusing behavior, or

c) removal of substance abusers from the program.

Procedurally, testing can be conducted in several ways: 1) field testing, or 2) laboratory testing. There are "field-read" devices available for the detection of both drug and alcohol use. While the physical symptoms of alcohol use are generally apparent, many programs find it beneficial to use commercially available devices to detect its use. "Field-read" devices to detect drug use are also available. Typically, the testing process requires obtaining a urine sample that can then be placed in a disposable plastic kit. Color-coded charts are used to determine the presence of drugs in the urine. Results are immediately available. Several advantages characterize the use of laboratory testing. Greater discrimination in determining the type of drug being abused, as well as greater accuracy in ascertaining the level of drug abuse can be achieved. However, these "laboratory-read" devices require the presence of a technician to run the tests and interpret the results. This involves more expensive testing and introduces a delay in obtaining test results. It is generally accepted within the substance abuse field that Gas Chromatography/Mass Spectrometry (GC/MS) is the most accurate form of laboratory testing. In many jurisdictions, legal guidelines may require use of the GC/MS testing procedures for confirmation.

An ongoing issue in testing is validity. This can potentially introduce major problems when relying upon test results to guide decision making about individuals suspected of substance abuse. As a result, the National Institute on Drug Abuse (NIDA) has established guidelines to aid in making these interpretative decisions. Guidelines set the cutoff levels for various technologies in substance abuse testing. At lower levels some testing procedures are simply not very accurate.

5. Electronic Monitoring — This technique was initially developed and implemented in the adult system but has been adapted for use in the juvenile justice system over the past few years. Its application with juveniles has spread due to a number of existing concerns. These include:

   a) given the age factor, it was not known whether juveniles were mature or stable enough to handle the restriction imposed by E.M.,

   b) fear that equipment loss or tamper rate would be significantly higher than in the adult system,

   c) concern that presence of E.M. might interfere with the lives of other family members,

d) skepticism of police, prosecutors, and public that this technology could adequately ensure public safety.

This set of initial concerns have been shown to be unfounded as experience with the application of E.M. to juvenile offender populations has begun to show that appropriate utilization can be an aid to other forms of supervision. This technology should properly be viewed as a tool and not as a program in-and-of itself. The equipment can not prevent a youth from leaving a specified location nor can it stop a youth in the community absolutely from committing further offenses. In short, the equipment supplements, but does not replace human supervision.

There are three basic categories of equipment: 1) continuous signalling, 2) programmed contact, and 3) drive-by. Continuous signalling equipment is composed of a transmitter, home receiver unit, and a central computer. The transmitter which is worn by the youth broadcasts an encoded signal. When the youth is within range of the home receiver (normally 150 feet), the signal is received, indicating they are at home. When the youth leaves this area, the signal reception by the home receiver is interrupted and a message is sent to the computer notifying the supervising officer of the youth's absence. The second type, programmed contact system, verifies the presence of the youth only at specific times. One version of this system requires the insertion of a token device worn by the offender into a verifier box upon request. Others use voice recognition technology or video telephones to verify the presence of the youth. The third type, drive-by, requires that officers carry a receiver unit in their automobiles. When the officers drive by the residences or other locations where these youth are supposed to be, the signals are picked up from the transmitters the offenders are wearing. The field range of this kind of unit is only 150 feet. Hybrid systems are also available. These combine the continuous signalling and programmed contact technologies into one system. In addition, most manufacturers of electronic monitoring equipment offer a tamper resistant feature for the home receiver and transmitter or other devices worn by the youth.

Selection of electronic monitoring equipment should be the last step in the overall process of intensive supervision program design and development. Unfortunately, many agencies make the mistake of selecting equipment first and then face the prospect of having to adapt the program to the technology rather than designing the program and then selecting equipment which fulfills their needs. The technology should not be allowed to drive the program. In addition, the type of equipment should be determined by the risk level of the targeted program population, the anticipated supervision strategies, and the agency's capabilities. Agencies should avoid buying more sophisticated and complex technology

then is needed or can be used. For example, if the monitoring center is not staffed 24 hours a day or field staff cannot respond immediately, having immediate notification of violations is a questionable feature. Another related concern is the determination of whether to lease or purchase electronic monitoring equipment or to contract with a private service provider that will handle the electronic monitoring function for the program. Agencies may want to lease equipment or to contract with a service provider during the initial phases of the program. As experience is gained and a more realistic evaluation of equipment needs is possible, a more informed decision can be made about purchasing equipment.

Caution should be exercised about the tendency for overreliance and abuse of this technology. One of the dangers is that sustained use may result in an extraordinarily high level of technical violations. The volatility and impulsivity of high-risk delinquents argue against the long-term use of electronic monitoring. The implication is that the technology as applicable to juvenile offenders may hold the greatest promise when used as a short-term strategy that imposes an immediate consequence for rule violation or that provides greater structure for a time-limited period at the very beginning of parole and/or after a deterioration or setback in community adjustment.

6. House Arrest — This monitoring technique represents perhaps the most stringent effort to control offender behavior while the youth is being maintained in the community. If properly administered, it truly achieves a condition of "community incapacitation." House arrest is often used in combination with electronic monitoring to ensure compliance. It also requires substantial cooperation on the part of family members to be effective.

   Although the use of house arrest clearly emphasized the social control and sanctioning aspects of community supervision, treatment goals need not be totally subordinated. Pre-scheduled trips outside the home for purposes of having the youth participate in various activities can be readily incorporated into a house arrest plan. Further, the close contact between aftercare agent, youth, and family during this period of home confinement may provide a context in which important communication and interaction occur.

   As a strategy, house arrest for juvenile parolees is probably most effective if deployed either briefly as part of the initial transitioning phase back into the community or as a short-term consequence for deteriorating behavior or rule violations.

V. CORE SERVICES ADDRESSING IDENTIFIED OFFENSE AND NEED-RELATED RISK FACTORS

Core services in the IAP Model are defined in terms of those activities necessary for reducing the probability of reoffending behavior by high-risk juvenile parolees. Such interventions are required to respond to key problem areas characterized by the presence of certain risk and/or need factors that appear to be most predictive of recidivism. A relatively extensive literature has developed over the past 15 years examining those factors most predictive of reoffending among adjudicated juvenile offenders. Predictors of future delinquent acts have generally been grouped into three kinds of variables: 1) past criminality, 2) non-criminal predictors, and 3) some combination of these two categories. Crime-related variable that appear to be universally predictive of continued delinquent involvement for juvenile offenders are:

- age at first adjudication
- prior delinquent behavior (i.e., combined measure of number and severity of prior offenses), and
- number of prior commitments to juvenile facilities.

However, a number of researchers have argued that the assessment of juvenile offenders' psychosocial, behavioral, and family characteristics have a significant role to play in prediction as well. In addition to helping define the appropriate target population, it is this body of knowledge about predictive problem areas that has guided the designation of core services for use in the IAP Model. Three areas of concern have been assigned special importance for core service intervention; they are:

- family conflict and dysfunction
- poor school performance, misbehavior and truancy
- negative peer influence

Further, within the broader array of problem areas can be discerned two special need subpopulations whose diagnostic characteristics are, by definition, delinquent in nature and also have been found in some research to predict future reoffending behavior. These two subpopulations are: 1) adolescent substance abusers (i.e., use of drugs and/or alcohol) and 2) adolescent sex offenders. This entire set of problem behaviors — to the extent they contribute to the ongoing difficulties of particular youth — must be addressed through core services if the successful reintegration and long-term stabilization of behavior of high-risk juvenile parolees is to be achieved.

A. Core Service Special Need Subpopulations

The two special need subpopulations falling under the umbrella of core service provision require specialized techniques for accurate identification and appropriate treatment.

1. Substance Abusing Juvenile Offenders

National surveys have repeatedly found evidence of high levels of substance abuse associated with delinquent behavior and especially concentrated among individuals with chronic and violent offense histories (Pappenfort, et al, 1983; Elliott and Huizinga,

1984; Fagen, et al, 1983). Further, an examination of the nature and extent of substance abuse by juvenile offenders, as documented by Children in Custody (1987), reveals a pattern of disproportionate involvement, far exceeding that experienced by other delinquent groups. The types of drugs, the frequency of their usage, and the early ages at which these youth are regularly consuming such substances is a cause for considerable alarm. As a general observation, alcohol is overwhelmingly the drug of choice among delinquent youth and should receive the greatest attention in terms of reducing or eliminating its usage. With respect to any cause-effect relationship between delinquency and substance abusing behavior, both are probably elements in a concurrent cluster of other adolescent problem behaviors. Robins (1980) has proposed the existence of a "deviance syndrome" responsible for both delinquent behavior and substance abuse. This assertion is supported by the fact that substance abuse has the same social correlates as delinquency — age, sex, race, class and residence as well as religion, family, and peer groups. In looking at the larger challenge of designing a correctional response for adolescent offenders with substance abuse problems, it is critical from a planning and resource allocation perspective to make a distinction between adolescent drug experimentation and adolescent drug abuse. As Hawkins, et al (1984) have noted, adolescent experimentations with drugs and alcohol can be seen as a peer supported phenomenon reflecting the increasing importance of peer influence during adolescence, whereas adolescent substance abuse appears to be embedded in a history of family conflict, school failure, and antisocial behavior. This special group of adolescents may, through their drug use, compound personal and social problems with difficulties related to chemical dependency. From the perspective of the proposed IAP Model, it is this group of serious juvenile offenders who, having reached the point of correctional confinement, must be identified with respect to their chemical dependency and referral to the appropriate treatment.

2. Juvenile Sex Offenders

Prior to the past 20 years, certain sex-related offenses committed by juvenile generally did not result in the perpetrators being held accountable for the criminal nature of their acts. Very often, such behavior was simply dismissed as "adolescent adjustment reactions" or was defined as exploratory experimentation" (National Adolescent Perpetrator Network, 1988). Only recently has this behavior begun to be scrutinized and specialized interventions for this juvenile offender category begun to appear. Attention has increasingly been focused on this problem behavior as it became clear that as many as 60-80 percent of adult sex offenders reported offending as adolescents (Groth, et al, 1982). Not surprisingly, as more information has become available about sex offending, a

picture has emerged revealing that over 50 percent of the molestation of boys and 15-20 percent of sexual abuse of girls is being perpetrated by other adolescents (Showers, et al, 1983; Rodgers, et al, 1984). By definition, the adolescent sex offender is a specialized subpopulation of the violent juvenile offender category since they are engaging in a particular form of crime against persons. These acts range from serious offenses such as rape and sodomy to less traumatizing and intrusive crimes such as exhibitionism and peeping tomism. The basis for making a determination of criminal intent usually involves the circumstances of these interactive events; these criteria include: the equality or the inequality of the participants; presence of exploitation, coercion, and control; manipulation; and the abuse of power, combined with the act itself that determines whether a crime has been committed. Increasingly, a variety of adolescent deviant sexual practices have been designated as criminal in nature. For example, so-called "nuisance" offenses such as peeping tomism, exhibitionism, obscene phone calling, and sexual harassment, are not simply dismissed as victimless crimes, but are rather being viewed as serious acts on the overall continuum of sexual offending. There is rarely any question about the severity of the psychological/behavior disorders being exhibited by juvenile sex offenders. Such youth are therefore prime candidates for post-institutional intensive tracking services, as well as for other forms of highly structured activities and treatment.

B. Identification and Assessment of Core Special Need Subpopulations

Tremendous strides have been made over the past decade in detecting and assessing problem behaviors linked to both sex offenses and substance abuse. A number of formal instruments and scales have been developed to aid this process.

1. Substance abuse

The development of assessment and diagnostic techniques to determine the nature and intensity of difficulty experienced by adolescents involved in substance use/abuse closely mirrors the evolution of drug and alcohol treatment modalities for this age group (Armstrong, 1987). Similar to treatment programs that historically focused upon adult alcoholic and addict needs, the technology that developed tools to properly assess and diagnose these problems was also largely confined to the adult substance abuse arena. Consequently, instruments and procedures designed specifically for adolescents have only slowly appeared. Further, because most screening and assessment instruments and procedures have been internally developed by particular agencies in various juvenile justice jurisdictions, little time or thought has been devoted to standardization, validity, and reliability issues. More recently, however, the development process has accelerated as

awareness has grown about the disproportionate involvement of juvenile offenders in drug and alcohol consumption. Among the instruments currently being used are those focusing solely on alcohol use, solely on other drug use, and those combining inquiry into all forms of chemical use and abuse. A number of screening instruments developed specifically for assessing adolescent substance abusers have been described in considerable detail by Friedman (1985). They include:

a) The Addiction Severity Index (ASI)

b) Client Interview Form

c) Rosenberg Self-Esteem Scale

d) Brief Symptom Inventory

e) Family Role Task Behavior Scale

f) Beverly-Grant Opinion Schedule

g) Parent-Adolescent Communication Form

h) Kirk's Reason for Using Drugs

i) CODAP Admission Form

j) Friedhoff Behavior Scale

Perhaps the most promising research and development effort bearing relevance to progress being made in the adolescent substance abuse field is the Chemical Dependency Adolescent Assessment Project. This project is being completed collaboratively by a consortium of established Minnesota chemical dependency organizations and is being conducted in three phases: 1) identification of pertinent assessment dimensions and the development of preliminary research instruments; 2) psychometric research; and 3) standardization of instruments. The effort has emerged in response to the obvious need for improved methods of differential problem identification, referral, and treatment planning for adolescent substance abusers. In conceptualizing the problem of adolescent chemical use and abuse, project staff devised a working model that organized factors associated with this behavior and its assessment into four broad categories: 1) problem severity (e.g., history, quantity, frequency, style, signs, symptoms, and consequences of use); 2) risk factors (e.g., genetic, sociodemographics, intra/interpersonal, and environmental variables); 3) variables associated with DSM-III diagnostic classification of substance use disorders; and 4) response bias and other forms of systematic reporting errors (e.g., social desirability, faking, inattentive responding). This work has resulted in the development of an assessment package containing the following elements:

a) A structured diagnostic interview for substance abuse disorders;

b) A paper-and-pencil questionnaire that assesses two principal content areas — chemical problem severity and psychosocial factors leading to or maintaining chemical misuse;

c) A set of screens for exploring some key problem areas among adolescents (e.g., physical and sexual abuse).

The questionnaire developed to address both problem severity and psychosocial variables, the Personal Experience Inventory (PEI), consists of 276 separate items divided into twelve assessment dimensions, or question clusters, and is designed for self-administration. DSM-III diagnostic criteria for substance use disorders will be addressed through the Adolescent Diagnostic Interview (ADI). Both instruments include several component scales and each instrument takes between 30 and 45 minutes to administer. Scale scores are recorded on profile sheets similar to those utilized with other standardized aptitude, achievement, or personality inventories.

2. Sex Offending

The assessment of juvenile sex offenders for the purpose of guiding decisions about appropriate treatment requires a consideration of many factors. To date, there are no validated instruments to classify juvenile sex offenders although some non-validated guidelines do exist as a basis for evaluation. Currently, clinical experience is the basis for reaching most decisions about treatment. From that perspective, the offender's psychosocial, sexual and behavioral history is felt to hold many keys to explaining behavior, views of the world, self image and level of empathy. Early childhood history may reveal a progression of dysfunctional thinking, antisocial behaviors and exploitative patterns. The level of socialization may have been shaped by early childhood traumas such as physical and sexual abuse, abandonment, rejections, and/or loss that may have deeply influenced his sense of self and others, values, relationships, and communication. Family history may reveal dysfunctional learning and exploitation, role reversals, and, most important, patterns of denial and minimization. Another aspect of the assessment process is risk determination. This revolves around the likelihood that a juvenile sex offender will again commit such crimes in the future, hereby posing a danger to others. As Bemus and Smith (1988:16) have noted, "Given the public concern for repeat sex offense behavior and the unique intervention strategies possible, a risk scale specific to sex offenders is advisable." They further suggest that if the primary goal is offender monitoring and control, the best approach in the development of a sex offender scale is the utilization of an additive risk scale. This kind of scale is designed to identify groups of offenders who have similar potentials (i.e., statistical probabilities) of reoffending and can meet the minimum criterion of determining

the appropriate level of control required for each offender (Baird, 1986). What distinguishes this specific scale from other, more generic risk scales is that the content is explicitly oriented to sex offender behavior.

C. Predictive Problem Areas

1. Family, In-Home Placement and Other Living Arrangements

The necessity for selecting a suitable living environment for high-risk juvenile parolees being transitioned back into the community raises a number of important issues. On the one hand, it has been documented (Armstrong and Altschuler, 1982; Hartstone and Hansen, 1984; Bleich, 1987) that a substantial percentage of chronically delinquent youth returning from secure confinement cannot be placed with their own families for various reasons (e.g., long history of domestic conflict and violence, high level of family fragmentation and dysfunction, and the absence of any identifiable family). On the other hand, if it is possible, return of the youth to his/her natural family is a preferable course of action to follow. This decision often requires the use of sophisticated supportive services since family problems of various sorts plague the households of these youth. Out-of-home placement requires the availability of options such as halfway houses, group homes, foster care, and independent living. The process of making such placement for high-risk parolees may require the gradual transitioning of these youth through a series of staged, alternative living arrangements that ultimately lead to permanent, independent living situations. As a part of determining which alternative placement is best suited for which youngsters, it may be necessary to test various living arrangements with close regular monitoring and reassessment.

A majority of delinquents released from institutions into aftercare will likely have some form of ongoing contact with their families, whether through living at home or through visitation while they are in foster or group home placement, or through telephone and face-to-face contacts. The family intervention strategies discussed below are most appropriate when regular contact is occurring between a delinquent youth and his/her family. However, these ideas can be adapted for use when the youth is living with foster parents. The principles and methods will be the same as with natural parents. The absence of a long history between the delinquent and foster parents can be advantageous (little is any historical animosity) and disadvantageous (little if any positive bonds). The IAP case manager (CM) can act as a consultant/facilitator/intervenor to the foster family to solve problems with the delinquent beyond that family's normal resources, while simultaneously consulting with the natural family (if they are workable) to prepare for gradual reintegration of their adolescent. Similarly, when the delinquent is placed in a group home or halfway house,

the CM can use the materials described below to consult with the group home "parents" or staff and improve their ability to handle the delinquent. If the delinquent is in an independent living situation, the CM can focus efforts at teaching the family more effective and supportive ways of interacting with their adolescent. When family contact is clearly detrimental to the delinquent, the CM can use some aspects of the training (communication skills, changing the way the family thinks of the delinquent's irritating behavior) to teach the family how to positively disengage to minimize rejection and blaming for the delinquent.

a. Family-Centered Case Management

The purpose of the following discussion is to provide a framework which has been shown to be effective for intervening with families of delinquents. This approach to providing supportive family services can be used effectively by nonprofessional, nonmental health personnel to enhance protective factors for youth at risk for reoffending. This is done by increasing the bonding of the youth to the family through increased support for prosocial behavior and through increased control over deviant behavior.

It is well established by social science research that the roots of delinquency lie, at least in part, within the family and in its failure to adequately socialize and establish strong controls over the youth (Rutter and Madge, 1976; Bahr, 1979; Johnson, 1979; Patterson and Stouthamer-Loeberg, 1984; Farrington, 1986; Loeber and Stouthamer-Loeber, 1986). Because of weak bonds to the family, the delinquent becomes more susceptible to reinforcement and subsequent influence by deviant peers. Attempts to reduce juvenile recidivism are most likely to be successful when the family is targeted in the community as opposed to the individual juvenile. The potential for control of the delinquent's behavior is greatest within the family.

A view that places importance on the delinquent's social environment and accounts for the impact of several social systems (e.g., family school, community) is the integrated IAP Model which combines strain, social control, and social learning theories. This integrated model explains the logical development of delinquent behavior and points to its remediation. A model of family intervention arising from these practical and relevant theories is illustrated below in sufficient detail to allow an understanding of its operation and effectiveness. The principles of the IAP Model are incorporated when the CMs are trained to intervene in families and schools to counteract social disorganization, inadequate socialization and negative peer pressure. The increased aftercare supervision provided by CMs is enhanced when they: 1) assess the relevant risk

factors that maintain deviant behavior, 2) teach families and schools to provide effective incentives and consequences, and 3) broker services needed and provide linkage to agencies and community service providers.

Systems theory is a useful explanatory tool in that it helps to account for the overlapping influences of several social systems on the production and maintenance of deviant behavior in adolescents (Henaggeler and Borduin, 1992). It is very consistent with the integrations of strain, social control, and social learning theories. The influential role of weak controls and strain in leading to relapse (reoffending) is explained by the inadequate socialization and disorganization of several interrelated social systems (family, school, neighborhood, and community), which increase the susceptibility of youth to deviant peer groups, another influential social system interrelated with the family, school, neighborhood and community. Systems theory stresses how changes in one of these systems affects the other systems, and the need for concurrent monitoring and intervening in multiple social systems.

The family, as the most influential system for those youth who still have family contact, is depicted as a number of people whose behavior is inextricably interrelated. Coali :s are formed where family members can be scapegoated. Siblings of delinquents play a role in this scapegoating, as well as the parents' marital relationship. The school, the next most influential system for most delinquents who are enrolled in an educational setting (academic or vocational), is shown as a social system where teacher-delinquent-peer-school administration are often interrelated. Changes in one part of this chain (such as the initiation of regular feedback from teacher to parents related to peer activities in school) affect other parts of the chain (such as parental requests that school staff segregate their child from certain peers). Similarly, the neighborhood is a social system where linkages between the delinquent, peers, parents of those peers, and other adults often impact the risk of reoffending. The community is another social system wherein the delinquent, social service agencies, the court and police interact in mutually reciprocal ways that affect future offending. Social learning theory offers an explanation of the basic learning mechanisms within these social systems that account of much of the delinquents behavior.

Relapse prevention is enhanced when CMs explain to others the logical appeal of a social learning explanation of the development and maintenance of the youth's problem behavior. The CM can thus encourage the development of a specific theory-based positive response to these problem behaviors. Active and passive learning combine to explain much of what

is troubling about the delinquent's behavior, and point to methods for teaching more appropriate behavior (i.e., what parents do to reward deviant behavior and the examples they set that cause the children to mimic their styles). Social learning, systems, social control, and strain models of behavior are integrated to maximize the understanding of most delinquent behavior, and to appreciate necessary changes to be made in families and schools for its remediation.

One promising family intervention model is a social learning-systems approach developed for delinquents by Dr. James Alexander at the University of Utah (Alexander and Parsons, 1982). This model is highly consistent with the integrated IAP Model, and is becoming accepted as both the most effective and the most teachable of the various approaches to family interventions. This model is taught in a step-by-step fashion. Each phase of intervention — total of five — involves specific tasks to be carried out, and those tasks are guided by specific instructions. The response of the family partly determines when to advance to the next phase. This is a short-term intervention, which can be followed up in later months with periodic rechecks and "booster" sessions when new problems emerge.

(1) Assessment is the first phase and is carried out by detailed interviews with family members, and by observation of interactions. Not only are problem behaviors identified, but also thoughts and feelings contributing to problem behaviors. Family strengths and general family goals for treatment are established. Family members, relatives, friends or community members who can assist in developing needed skills, using established self-help materials (listed later), are identified. This type of assessment is not similar to traditional psychological assessment (i.e., personality tests) and has been taught to nonprofessional service providers working with these high-risk populations. (See Family Assessment below for more detail).

(2) Building rapport and motivation is the second phase and is the most creative skill to be learned. Assuming the intervenor has good, basic relationship skills (warm, open, clear, direct), specific strategies are taught that instill hope, lessen family members' defensiveness, and create an openness to change within the family. Getting family members to think differently about each others motives and behavior is stressed so that they become open to changing old habits. The role of maladaptive thinking in the creation or maintenance of problem interactions is continually emphasized. Thus, there are strong cognitive components to this intervention, which increases the

duration of the treatment effect. "Selling" the family on the need for change is done through specific questions and active but supportive involvement of the CM.

(3) Education is the third phase, which begins when the second phase has succeeded in reducing family members' (particularly the parents') reluctance to make changes. One of the underlying principles of the IAP Model is put into practice during this phase: as structured expectations for increased responsibility for the delinquent are met, increased freedoms are earned. To this end, the CM uses several methods to teach specified skill the family lacks. Didactic instruction, rehearsal, role play, and ongoing feedback are used to teach skill such as communication, problem solving, contracting, discipline, and praise. Packaged materials are available to teach these critical skills via videotape, audiotape, and booklets (Research Press, 1992). The use of parenting videos has been shown to be as effective and much less labor intensive than teaching skills via group therapy or individual therapy. Several booklets for parents are also available that gradually guide them through acquiring more effective patenting practices: parent-child communication (*Talking It Out*); marital communication *A Couples Guide to Communication*); relaxation (*Relaxation: A Comprehensive Manual for Adults, Children, and Children with Special Needs*); discipline (*How to Discipline Without Feeling Guilty*); contracting (*Home Token Economy*); and general patenting skills (*Living With Children and Families*). Audiotapes are available for parents who can't or won't read or who don't have access to VCRs, for relaxation, assertiveness, and general patenting skills. Such materials can be left with families to use between treatment sessions. For some problems, such as explosive temper or lack of basic social skills, a more individualized approach is taken. The case manager uses a program like anger management training or social skills training, or gets someone else to use the program with the family member needing it.

(4) Generalization is the final phase in the family intervention model. The careful planning for maintaining treatment gains is essential to avoid repeated problems. The family must come to believe that the solution to their delinquent child's problems lies largely within their control. Techniques for promoting skill transfer to new situations so that family members can solve future problems are rehearsed with the families. Specifically, use of new skills with younger siblings can prevent delinquency in those siblings as they age. As families successfully use these new skills

in an increasing variety of situations, their belief in their own control will be strengthened. Booster sessions during intermittent follow-up contact with the family are well established methods for troubleshooting and preventing escalation of family problems.

(5) Brokerage is an important aspect of this intervention approach. To use time efficiently, it is useful for the intervener/case manager to identify community resources that can provide instruction in needed skills identified during the assessment phase. The CM can then concentrate his/her time on motivating the family to want this instruction during the motivation phase. Identifying family members, relatives, friends, or community (i.e., church) members who might work with the family member on these instructional programs is recommended. The intervener can then act as a consultant to individuals carrying out this instruction to prompt, guide and trouble shoot. Particular emphasis is placed on locating individuals who will have some ongoing relationship with the family as it weathers various developmental crises, as these individuals would be in a position to prompt and encourage the use of these new skills when they have not been integrated into the family's style.

Serious and chronic juvenile offenders often have family characteristics that pose an extra challenge to successful, brief family intervention. Such factors include:

(1) Parental social isolation, which produces depression and irritability, can be addressed by encouraging the parent (usually a single mother) to seek out relatives and friends for more frequent contact (e.g., outings, recreational companions, telephone chats, etc.)

(2) Intense parental stress (e.g., chronic marital conflict, poverty, burnout), decreases parents' abilities to be supportive and attentive towards their children, and causes irritable, coercive interactions with the children, or neglect of them. After explaining the role of these stress factors in their parenting and relating it to the delinquent's deviant behavior, referral to community agencies for marital therapy, individual therapy, job training and financial planning can be made with better chance of follow-through.

(3) Parental psychopathology (e.g., serious psychiatric disorder, criminality) requires referral to appropriate providers (e.g., psychiatrists for medication). Parental criminality, if repeated and visible to the children, and if accompanied by pro-criminal attitudes, may indicate the need for out-of-home placement.

(4) Serious substance abuse by parents is often a sign of inability to deal with stressful interpersonal relationships. Again, referral to appropriate community agencies, preferably to those programs with some objective evidence of success, can be made concurrently with the CMs family intervention efforts.

(5) Chronic school failure increases the stress on the delinquent and family, and weakens the bonds of schools (and family) as a positive socializing force. Methods for addressing these problems within the family intervention include increased parent-school communication, and increased parental monitoring.

(6) Delinquent peer associations frequently occur after the bonds to family and school have been substantially weakened. Increased parental, neighborhood, and school staff monitoring, with systematic rewards for avoidance of antisocial peers and associating with prosocial peers, is emphasized during the family intervention.

b. Needs Assessment for Delinquents and Their Families

This section of the module provides a structured approach by which IAP staff can conduct an objective and thorough needs assessment of the delinquent and his/her family. It is presented as an example of one specific way to approach assessment in a family context.

(1) Overview: In order to identify risk factors for relapse and to lower the entire family's risk for producing more delinquent children among the siblings, and in order to plan the intervention so that the most relevant characteristics are targeted for change, a carefully structured needs assessment should be completed. The general approach taken is as objective as possible, without being unrealistically labor intensive. Inferences and assumptions are minimized so that an accurate picture of the family, free of scapegoating, sexist, classist, or ethnic biases, is obtained. Assessment that focuses on individuals out-of-context from their natural, social environments, and that depend on unreliable measures of personality, is avoided in this approach. Instead, the worker relies on observation in natural settings (i.e., the home), asking detailed questions of family members, established and reliable self-report questionnaires for the delinquent and his/her parents to complete, and established and reliable behavior checklists completed by parents and teachers. This information needs to be communicated to the family in such a way that they will see the utility of making certain changes and be motivated to begin with the process.

(2) Reliability and Validity in Family Assessment: The concepts of reliability and validity relate to information the IAP worker can acquire about families. Assessment that is dynamic rather than static requires repeated observation and interview to illuminate stable patterns of interaction sequences within the family, and between the family and the community. Isolating "personality" characteristics of family members is an approach that is inaccurate and not useful for deciding where change needs to occur to prevent relapse. Measures commonly used to assess personality, such as the MMPI, the Rorschach, and the Thematic Apperception Test, do not give useful information about individuals' abilities to interact in families, and do not discriminate between competent and incompetent parents. Trying to measure individuals' personalities is also inconsistent with the more practical, integrationist approach of the IAP Model.

Reliability requires that the assessment methods will produce the same kind of information when done by different IAP workers or on different occasion. In order for assessment to be *valid*, it has to be relevant to the risk factors that are exhibited by particular families and that require intervention. Relevant assessment must focus on the nature of a family as a social system, necessitating an interactional perspective. That is, rather than individual, deviant behaviors of the delinquent, parent, or sibling, we are interested in sequences of behaviors involving two or more family members. Relationships are the focus of intervention. Thus, the individual's behavior must always be viewed in the context of various family relationships in which it is embedded.

(3) Sources of Assessment Information: Self-report questionnaires — These are used by family members to report on their own behavior, and are detailed enough that gross distortion is unlikely to occur. The delinquent, along with other family members, can report on relevant dimensions of family life, such as cohesion and conflict, by completing FACES III (Olsen et al, 1985), a brief, standardized measure of family life (see Attachment A). The delinquent also can complete a measure of his/her own delinquent behavior, including substance abuse. This scale, Hindelang Self Report Measurement of Delinquency (Hindelang, et al, 1981), has been shown to be reliable and valid, and delinquents are surprisingly honest when completing it (see Attachment B). Parents can report on their discipline practices with the Discipline Scale (Patterson, et al, 1982),

developed at the Oregon Social Learning Center (see Attachment C). For parents who cannot read, this can be administered by interview. Finally, parents can be given two brief measures of their attitudes towards criminal behavior: Identification With Criminal Others Scale (Andrews, 1980; see Attachment D) and the Tolerance for Law Violations Scale (Andrews, 1980; see Attachment E). These measures were developed to predict reoffending and do so well.

Structured interview — Structured interviews are another method for assessing relevant family needs such as parental supervision and disciplinary practices, problem-solving abilities, and communication styles. Highly detailed questions need to be asked about recent events. The more detailed the description elicited, less distortion and inaccuracy occur. For example, parents who describe an adolescent with "an attitude problem" need to be asked for recent example of specific behaviors that irritated them. Events leading up to these behaviors, and the subsequent reactions of the parents and siblings to these behaviors, including feelings and thoughts, need to be specified. Frequencies of problem behaviors have to be specified so that the appropriateness of others' reactions to them can be gauged. For example, an adolescent who is "constantly disrespectful," who in reality makes faces and occasional comment like "why do I have to do all the work," may be a sign of parents whose expectations about normal adolescent behavior need to be modified. After completing such a structured interview, the IAP worker can complete a brief checklist, such as the Global Impressions Rating of Disciplinary Practices (Stouthamer-Loeber, et al, 1983; see Attachment F), which can later serve as a quick reference to the most salient aspects of parental discipline.

Observation — Observing family interaction patterns can yield useful information when self-report and interview occasionally misrepresents family strengths and weaknesses, due to lack of awareness of purposely denying problems. For instance, observing distribution of talk time among family members indicates the power of different family members. Non-verbal facial expressions give clues to unspoken feelings about eacl.)thers' comments. Watching parents respond to the disruptive behavior of a younger child often tells more about their abilities than what they claim them to be. Observing the reactions of other family members when two members are arguing can give indications of the system-wide effect of what appeared to be isolated conflict between two members.

(4) Behavior Checklists: A relatively fast method of collecting a lot of information about the delinquent's (and other problem siblings') behavior from people who frequently observe the delinquent in the natural environment (e.g., home, school, neighborhood) is the behavior checklist. Parents can be asked to complete the Child Behavior Checklist (Achenbach and Edelbrock, 1983; see Attachment G) in which they rate their child's behavior across many dimensions, comparing the child to others his/her age. This measure can be scored simply, and yields reliable, valid measures of how that child compares to normal and deviant populations on several important dimensions of behavior. Measures or prosocial, or positive, mature behavior are included to indicate the susceptibility of the child to deviant peer groups. Protective as well as risk factors are thus scaled objectively. This measure can be used before and after intervention as an objective indication of treatment effectiveness, and has often demonstrated sensitivity to short-term change in the research literature. A related measure is the Teacher's Report Form of the Child Behavior Checklist (Achenbach and Edelbrock, 1986; see Attachment H), which a teacher who knows the adolescent well can complete. It yields information very comparable to the parents' form, but as the adolescent behaves in a different setting. The comparison of the two completed forms can yield very useful and illuminating information.

(5) Efficiency and Accuracy of Assessment Choices: When the IAP worker has limited time available to assess the needs and risk of a delinquent and his/her family, the IAP worker can rely on self-report questionnaires and behavior checklists instead of repeated meeting with the family and school observation. It is recommended that at least one family meeting be held so the IAP worker can observe and conduct interviews to corroborate the information collected on the paper and pencil forms. Willingness of family members to complete the measures will be enhanced after a face-to-face family meeting, assuming the IAP worker has good relationship skills. When more time is available, and a smaller number of families need to be assessed, several family meetings can be held where the IAP worker can more thoroughly interview and observe patterns of interaction. Accuracy, particularly when trying to detect subtle or well-hidden problem (or strengths, for that matter), is enhanced when repeated meeting occur.

When a larger number of families need to be assessed, a pre-screening can be done where the families most likely

to benefit from intervention are selected for further assessment. Priority should be given to families with younger siblings present, as they can benefit from improved parenting practices by having their risk for later delinquency and maladjustment lowered. Families without serious parental substance abuse and criminality are also likely to benefit from short-term intervention. A good "rule of thumb" is to reserve the highest levels of intervention (longer term, i.e., 3-6 months and 12 to 24 weekly sessions) for the families and delinquents with higher risk, and lower levels of intervention (short term, i.e., 4 to 15 weekly sessions) for families and delinquents with moderate risk.

(6) Communicating needs assessment to family: Stimulating self-help can be an inexpensive solution to communities where needs outnumber resources. Giving the family feedback as to their strengths and weaknesses relevant to the problem behavior will motivate some families to initiate change on their own. Referral to services like parent education can benefit a few families, particularly when the IAP worker provides ongoing encouragement and assists with practical problems like brokering child care or transportation. Increasing a family's interests in skill development can make them open to various educational aids such as self-help videotapes, audiotapes, and booklets. Suggesting community members (e.g., relatives, church members, civic organization members) who could work with the family with these materials and troubleshoot can be an inexpensive way of increasing the services to these families. This type of active community involvement by the IAP worker supports the underlying principles of the IAP Model and establishes the IAP worker as the person most knowledgeable and supportive for the delinquent and his/her family or foster parents.

2. Educational Services

Schools are widely recognized as the most influential community institution shaping the lives of youth in U.S. society. In school, critical values become internalized, knowledge is acquired, behavioral patterns adopted, and a complex set of relationships between juveniles and the larger society are established and solidified. Yet, it is quite clear that a rewarding educational experience escapes all too many delinquent youth. Numerous juvenile offenders, especially those in high-crime urban centers, simply do not attend school. By the time that many of these youth are in their mid-teens, they are marginally educated, rebellious beyond normal levels of youthful behavior and many so incorrigible that school

authorities ignore them despite state law mandating each youth be educated.

a. School reintegration — A particularly difficult task has been the effort by juvenile correctional officials and the public schools to coordinate and accomplish the successful reintegration of juvenile parolees back into the public school system. This has been a complex problem marked by a long history of failure (Polk, 1984; Sametz and Hamparian, 1987). Differing philosophies about the nature of adolescence, conflicting perceptions about how to deal best with disruptive youth, and basic bureaucratic inertia and distrust have all contributed to a deep-seated reluctance on the part of these two systems to enter into collaborative programming initiatives. The search for program options and strategies to facilitate the transition from institutional settings to community educational activities has led to a consideration of various techniques and approaches which have emerged over the past 15 years to provide services in both residential and nonresidential environments for delinquent youth as part of the reintegrative process. Most innovation in these areas has focused upon two major conceptual and programmatic issues: 1) pedagogical concerns such as innovative teaching methods and specialized curriculum design, and 2) structural and managerial concerns such as the coordination and flow of information and services across organizational boundaries, as well as public versus private sector sponsorship.

b. Specialized strategies and alternative educational resources — A number of promising pedagogical strategies have been identified. One is to integrate various counseling and outside support activities (e.g., individual professionals, agencies, or family and community residents) with classroom practices for the purposes of crisis intervention, dispute resolution, and longer term objectives such as value clarification and personal insight. Often the academic process for high-risk juvenile offenders cannot be maintained without this type of additional supportive service. Second, since this population has usually established a lengthy history of aggressive, unruly and acting out behavior in schools, measures must be taken to ensure appropriate levels of control and supervision over disruptive and aggressive/assaultive acts. Part of the solutions is to facilitate the transfer of knowledge from the juvenile justice system so that public school staff and teachers can obtain the training and expertise necessary for working with potentially explosive classroom situations.

   Third, an individualized approach to learning is often a vital educational ingredient for this population. Most of these students are academically backward, have performed poorly

when using a curriculum designed for an entire class, and are intimidated at the thought of competing scholastically in a group situation. Consequently, the course of study to be pursued by each of these students should be tailored to meet his/her specific academic needs.

The odds are generally much lower that juveniles who have been deeply involved in serious delinquent activities can be successfully mainstreamed back into regular, public educational programs. Many educators take the position that public schools should not be expected to handle such youth, especially if they have histories of violent and assaultive behavior. One option for educational placement in these instances is an alternative school. Alternative programs may operate either as part of the regular public school system or fall under the auspices of independent, outside agencies, or for-profit corporations. It should be noted, however, that only a small percentage of these school settings are specially designed to serve high-risk juvenile offenders. A major national survey of alternative schools indicated that approximately a third were prepared to work with the problems of delinquent youth (Arnove, 1978).

Another structural approach to providing education for this population is premised on the idea that "cold turkey" reentry back into the public schools is often a formula for disaster. Although some juvenile parolees may eventually perform well in standard classrooms, it is unlikely they will succeed in such settings immediately following their reentry. This dilemma suggests the need for careful transitioning and the availability of alternative educational resources in specialized learning environments. One approach has been to establish a transitional educational center where recently released parolees undergo careful assessment and also participate in learning experiences in preparation for eventual return to regular classrooms (Armstrong, 1985).

In some instances when return to public school is deemed impossible, these students may participate in alternative educational programs until they have completed all of their high school requirements or have earned their GEDs. A quite sophisticated transitional model entailing close collaboration between juvenile corrections and the public schools has been tested and adopted for use in the State of Washington (Edgar, et al, 1987; Webb, et al, 1985). This approach, The Juvenile Corrections Interagency Transition Model, utilized a total of 36 strategies to aid the transition process, focusing upon four key areas: 1) awareness of other agency activities and missions, 2) transfer of records prior to entering or leaving an institution, 3) preplacement planning for transition before the

youth leaves the institution, and 4) maintaining placement in the public school and ongoing communication between the juvenile rehabilitation and public school staffs about youth progress. For each strategy the model identifies who will participate in the strategy, when the strategy would be initiated, and what materials are required. The transition model also contains information and sample forms to help agency staff carry out the strategies.

c. In-school case management — This discussion focuses upon a working model for conducting case management of high-risk delinquents within school settings (Fine and Carlson, 1992). In conjunction with the youth's re-entry program, the approach utilizes existing school resources and suggests a method for also developing new resources within the school system. The model is consistent with the IAP framework in that it integrates social control, social learning, strain, and systems theories.

Usually, academic, behavioral, and peer-relationship problems are related, requiring a coordinated treatment approach. Within this model, assessment of problem behaviors is followed by assessment of school resources in order to more effectively intervene with these problems. In addition, a team approach is utilized where the IAP case manager serves as an advocate for implementation of the treatment plan in the school. This constitutes one phase of the individual case planning process for the IAP Model. Consultation with classroom teachers, guidance counselors, and school administrators is done by the case manager to help them carry out the necessary treatment approaches. These approaches need to include such issues as contingency contracting, anger management, and social skills. The case manager will prompt, guide, help implement, and troubleshoot. Once school staff become experienced using these new approaches, the school resources to deal with future problem will have been expanded and improved. Where appropriate, the case manager will provide linkage to other community services and arrange for services.

Identifying problem behaviors in the school setting is the first step, and emphasizes networking among school staff and use of objective behavior checklists and interviews, such as the Teacher's Report Form of the Child Behavior Checklist (see Attachment H).

Identifying school system resources for provision of services is then accomplished to avoid duplication of services by the case manager or other community agencies. It is necessary to evaluate the effectiveness of the school's existing resources (i.e., guidance counselor skills and expertise) and to build

rapport with staff who can provide needed services for the client. Negative attitudes towards the delinquent need to be modified to provide a more constructive, creative approach. Skills for changing attitudes towards problem adolescents and for motivating staff to implement changes in their approach to these clients are similar to those mentioned under family interventions earlier.

Developing a treatment plan for use in the school setting is the next step, and soliciting suggestions and support for the major aspects of the plan from school staff (and the delinquent's parents if possible) is necessary to build a team approach.

Consultation with school staff in the treatment plan implementation is the most time-consuming aspect of this model. Methods for effective advocacy can be offered to school staff by the IAP case manager. Providing support and recognition within the school and community for the school staff's active implementation of the treatment plan is emphasized. Case managers also need to implement the programs themselves in situations where school staff are initially unwilling or unable to do so. Program materials noted below can be used by case managers and school staff. These are state-of-the-art materials developed and field-tested for use with specific problems that many of these delinquents will have. The materials use a social learning and cognitive approach, and are understandable by both school staff and clients. Mental health training is not necessary for school staff to use these materials effectively. The materials include videotapes and audiotapes, as well as booklets for both teacher and delinquents. These materials are available for use in schools, group homes, and institutions for adolescents in groups and classroom settings (Research Press, 1992). Videotapes, with accompanying workbooks and discussion leader's guides, cover anger management ("Dealing with Anger: A Violence Prevention Program for Afro-American youth" and "Learning to Manage Anger: The Rethink Workout for Teens"); social skills ("Asset: A Social Skills Program for Adolescents"); drug use prevention ("The Refusal Skills Video"); problem-solving ("Why is it Always Me?"); and adolescent depression ("Chasing the Blues", and "Reversing the Spiral of the Blues"). Books and audiotapes deal with prosocial skills (Skill Streaming the Adolescent: A Structured Learning Approach to Teaching Prosocial Skills); reducing aggression (Aggression Replacement Training: A Comprehensive Intervention for Aggressive Youth); problem-solving (Thinking it Through: Teaching Problem Solving Strategy for Community Living); general disruptive classroom behavior (Alternative Teaching Strategies); and academic skills and concentration (Structuring Your Academic Classroom for

Success, Stop Studying, Start Learning). In addition to the social skills and anger management skills mentioned above, materials for increased academic performance of this population are also readily available. They focus upon concerns associated with sustained attention training, behavioral contracting, contracting for classwork and homework compliance. As many delinquents behavior problems are caused or maintained by poor academic performance and low academic self-esteem, improving their academic performance will reduce a variety of behavior problems and disruptiveness.

Providing ongoing feedback on adherence to the treatment plan and use of materials, and effectiveness of the treatment approaches is an integral part of keeping the treatment team concept alive and functioning. This process also allows for ongoing modification of the treatment plan as needed.

Skills for building rapport with the delinquent client are important. These include active listening, attributing positive or benign motives to the client, warmth, humor, directness, and honesty. Methods for changing the client's defensive thinking patterns which play a role in the maintenance of the delinquent's problem behaviors and negative interactions with others.

Promoting generalization of the skills learned, both by school staff and clients, is the final step in this model. It is important to ensure that the programs and new methods used are getting the credit for the clients' improvement, rather than external factors. This will keep the staff interested in continuing these methods when problems recur. Extending the use of these methods to possible future behavior problems can be done through discussion and problem-solving of hypothetical cases. Similarly, discussing with the client the reasons for positive changes will enhance the client's motivation to participate in similar programs in the future. One of the reasons for school behavior problems and academic underachievement is the failure of the parents and teachers to coordinate their approaches. Facilitating regular, supportive communication between the school staff and the client's family is an excellent linkage function of the CM that can enhance the protective factors of increased bonding to family and school.

d. Linkage to Other Community Services

Establishing and maintaining communication with mental health agencies, juvenile court, and protective services as appropriate to the client's needs constitute much of the brokerage role for the IAP case manager in these school-based activities. Linking services provided at school with those

provided in the community provides opportunities for cross-program support and mutual understanding. School-based services provided by school staff will be enhanced by the knowledge that other supportive treatment services are being provided to deal with problems that concern the school. The case manager will learn to serve as the liaison between different agencies, advocating for similar treatment goals and promoting the benefits of interagency cooperation. This process, begun with the Re-entry Plan prior to institutional release to aftercare, continues through ongoing monitoring and evaluation of services. The CMs overarching role allows sharing of information and coordinated services that will permit increasing the expectations of responsibility for the delinquent and increasing freedom through decreasing the level of supervision as risk factors are addressed through appropriate intervention.

3. Negative Peer Influence

Negative peer influence has long been recognized as a key factor instrumental in generating delinquent behavior. The theory most often cited with reference to interpersonal and situational causes of delinquency is differential association (Sutherland, 1939; Sutherland and Cressey, 1978). It helps to explain why particular individuals engage in crime and delinquency. A major assumption of this explanatory framework is the belief that human behavior, most notably in this instance delinquent behavior, is flexible and not fixed. Consequently, behavioral inclinations toward misconduct change according to circumstance and situation. Further, delinquent acts are learned behavior and the learning of delinquency occurs primarily in small, informal group settings. A youth will commit an act of delinquency in response to pressure exerted by peers supporting norm violations and illegal behavior.

Generally, criminologist who study the role of youth groups and youth culture in generating delinquency view the adolescent in contemporary society as intensely peer involved and peer guided (England, 1967; Scott and Vaz, 1967). Partially divorced from the adult world, adolescents collectively form their own world, their own culture and are guided in many of their daily activities by the standards of this youth culture. Conformity to peer values is a central theme in youth culture since through conformity status and social success among peers are achieved. If the values of one's peer group are largely directed toward socially deviant and delinquent behaviors, the individual youth will be strongly encouraged to participate in such activities and assume attitudes consistent with this behavior.

Given the role of negative peer influences in producing delinquent behavior, it may be wise in applying the IAP Model to special

subpopulations to focus considerable attention on gang-involved juvenile offenders who have reached the point of institutional confinement. A recent assessment effort conducted by the OJJDP-funded National Youth Gang Suppression and Intervention Project (Spergel, 1989) indicates that substantial numbers of gang-affiliated youth are engaged in serious and violent criminal activities and are very likely to be processed deeply into the juvenile justice system at some time in their delinquent careers. This suggests that in testing the IAP Model special emphasis be placed on this subpopulation since training schools have historically been regarded as both a facilitator or direct contributor to gang problems, as well as a response to the problem. Generally, incapacitation — while serving as a simple short-term solution — has led to increased gang cohesion and membership recruitment in the institution and may indirectly worsened the problem on the streets. Those strategies recommended by the National Gang Suppression and Intervention Project (Spergel, 1989) to transition youth gang members back into community and to normalize their behavior are consistent with the procedures and goals identified in the IAP Model.

VI. ANCILLARY SERVICES

This set of activities is linked to the treatment and service provision areas identified in the proposed IAP Model as important for responding to those problems and needs that while not truly "predictive" of recidivism do pose major obstacles to the successful reintegration of these youth into the community. For example, while there is widespread consensus in the juvenile correctional field that learning disabilities and emotional disturbance are not causally linked to delinquency, this does not constitute grounds for ignoring these conditions when they are identified as plaguing individual youth. In fact, long-term, successful community adjustment is unlikely unless these problems are tackled. Further, ancillary problems and needs are often present in the cases of multi-problem youth who have compiled juvenile court/correctional careers characterized by histories of chronic and severe delinquent behavior. In these instances, ancillary services constitute one part of the larger, required battery of intervention techniques.

A. Ancillary Special Need Subpopulations

A number of special need subpopulations fall under the umbrella of ancillary service requirements. These particular populations, unlike the two categories discussed above (i.e., drug/alcohol dependent and sexual misconduct), do not exhibit problem behaviors that either are automatically defined as illegal or are predictive of recidivism. Yet, at the same time ancillary problems and needs, unless properly addressed, will pose major difficulties for youth community readjustment. Four of these special subpopulations have been identified as important for intervention by the IAP Model:

1) Developmentally disabled

2) Learning disabled

3) Emotionally disturbed/mentally disabled

4) Neurophysiologically impaired

B. Characteristics of Ancillary Special Needs Subpopulations.
The four categories of special need subpopulations identified above appear with varying degrees of frequency in different jurisdictions at the "deep end" (i.e., correctional confinement and aftercare) of the juvenile justice system. In fact, they often penetrate to the institutional and post-release stages of processing without ever having their special problems and needs identified or addressed. The following description provides a brief profile of the principal diagnostic characteristics of these groups.

1. Developmentally disabled juvenile offenders

Research on the prevalence of some form of developmental disability among youth in the juvenile justice system has shown a higher level of occurrence than is found in the larger youth population in this country (Hockenberg, 1980; Keilitz, Zoremba, and Brader, 1979; Morgan, 1979). This overrepresentation extends to delinquent youth confined in secure correctional facilities. In part, the presence of developmentally disabled youth in the justice system reflects the finding that central nervous system problems have been linked to the development of both antisocial acts and delinquency (Robbins, et, al, 1983). Neuro-developmental examinations of delinquent youth indicate that 45% of those tested have at least one area of developmental lag and approximately 20% have multiple developmental dysfunctions (Karniski, 1981). The most frequently proposed theories for the link between developmental deficits and delinquent behavior are:

a) The Susceptibility Hypothesis (Lane, 1980; Murray, 1976). This asserts that the neurological difficulties experienced by these youth result directly in antisocial behavior.

b) The School Failure Hypothesis (Dunivent, 1982; Lane, 1980). This asserts that a negative chain of events involving classroom failure and frustration is largely responsible for these youth' orientation toward, and involvement in, illegal activities. Unable to function well or to succeed in traditional school settings, these youth are labelled as lazy and bad by school officials and, as a result, become angry and begin to believe these negative labels.

c) The Different Treatment Hypothesis (Dunivent, 1982; Lane, 1980). This asserts that the behavioral histories and formal records of failure (e.g., schools, other human service agencies) generate more negativity and a harsher response from juvenile justice personnel than is experienced by non-developmentally disabled youth.

Yet, despite the overrepresentation and the existence of a number of theories offering insights into the nature of this relationship, developmentally disabled adolescents in the juvenile justice system often go unrecognized and, as a result, tend to be inappropriately served. Their symptoms (i.e., negative behaviors of various sorts) rather than the specific etiology of these behaviors usually serve as the basis for intervention. This situation is unfortunate since supporting evidence is accumulating to indicate that diagnostically-based treatment programs for developmentally disabled juvenile offenders can work (Bachara and Zaba, 1978; Dunivent, 1982). Another problem in responding to this special need is that the definition of what constitutes a developmentally disabled youth has varied considerably over time and across space. Different jurisdictions often define this problem in various ways and even within the same jurisdiction, the definition may have undergone a number of changes. A further complication is that different systems (i.e., juvenile justice, mental health, education) utilize different home cultures to identify these problems. For example, the term, developmental disability, tends not to be used by educators; instead, they refer to such educational handicaps as "perceptually impaired", "educable mentally retarded," and "neurologically impaired." The resulting confusion over commonly accepted definitions can have important procedural implications.

2. Learning Disabled Juvenile Offenders

The most common disabling condition exhibited by youth entering the juvenile justice system is some form of learning disability. These are learning problems which do not appear to be the result of low IQ or poor motivation but which involve, instead, difficulty in understanding or using the spoken or written language. Learning disabilities occur in more than 50% of juvenile offenders, compared with 10% occurrence level in overall adolescent population (Keilitz and Miller, 1980). There are indications that this problems may be found at even higher rates among those delinquents who reach the point of correctional confinement. Studies of adjudicated delinquents in the juvenile courts have shown that learning disabled youth average three years below age and grade in math and four years below expectation in reading (National Council of Juvenile and Family Courts, 1986). Learning disabilities represent underlying physiological or psycho-physiological information processing deficits or deficiencies resulting in academic underachievement. These disabilities manifest themselves in the inability to acquire the more formal academic skills of reading (dyslexia), writing or written language (dysgraphia), or mathematics (dyscolculia).

3. Emotionally Disturbed/Mentally Disordered Juvenile Offenders

   Contrary to popular belief, research has repeatedly shown that most juveniles who commit serious or violent offenses are not mentally disordered (Rubin, 1972; Monahan and Steedman, 1982) and that most juveniles who are mentally disordered are not violent or serious offenders (Monahan and Steedman, 1982; Cocozza and Steedman, 1976; Steadman and Cocozza, 1975). Despite the lack of a powerful connection between emotional disturbance and criminality, there remains a small but notable group of delinquents who are both emotionally disturbed/mentally disordered and serious offenders. Information concerning youth who are both "bad and mad" is scarce, however. Generally, it appears that the prevalence of serious emotional disturbance among delinquent youth is higher than among the general juvenile population in this country. Perhaps the most difficult problem to solve regarding the management and treatment of this population, once it is identified, is determining who should have primary organizational responsibility. Research tends to show that this category of offenders tends to bounce back and forth between the juvenile correctional and the mental health systems (Bederow and Reamer, 1981). Another issue of major concern in responding to the needs of this population is one of the enormous costs attached to establishing and operating the required special programs. Facilities equipped with the necessary security and staff to respond to such severe problem behaviors can be costly.

4. The Neurophysiological Impaired Juvenile Offender

   A number of research studies have linked neurophysiological factors to delinquency, especially aggressive and violent juvenile behavior (Lewis, et al, 1982; Tinklenberg and Ochberg, 1981; Mattsson, et al, 1980; Olweus, et al, 1980; Lewis, et al, 1979; Lewis, 1976). Although specific neurochemical processes do not underlie all forms of violence, relationships between some forms of violent behavior and brain chemistry, activity, and damage have been identified. To the extent that youth violence and aggression is driven by brain dysfunction, one must consider the role of neuroanatomical, neurochemical, neuroendocrine, and neuropsychological factors. By far the most often cited measure of neurological dysfunction related to youth violence is an abnormal EEG. Ounsted (1969) cites temporal lobe epilepsy as being related to rage outbursts and violence. The most intensive examination of the possible relationship between epilepsy and juvenile delinquency over the past 15 years has been conducted by Lewis and her colleagues (Lewis, et al, 1979; Lewis, et al, 1982). They found that violent juvenile offenders differed significantly from nonviolent youth in psychomotor epileptic systemology. Another factor that has been related to delinquency and violent behavior is

hyperactivity. Mark and Ervin (1970) noted that the typical severe hyperkinetic brain-injured child is indiscriminately aggressive and impulsively violent. Other researchers (Lewis and Balla, 1976; Cantwell, 1975) have also found a relationship between hyperactivity and delinquency, though not necessarily violent in nature. Another area that has been examined in the search for biological connections to youth violence involves research on hormonal levels and imbalances. The primary focus has been the investigation of the relationship of sex hormones (i.e., testosterone and estrogen) to violent behavior.

C. Assessment of Ancillary Special Need Subpopulations

Historically, there has been a paucity of screening and assessment procedures available within the juvenile correctional system to identify and evaluate these four categories of special need offenders. The following discussion presents an overview of steps currently being taken in selective jurisdictions to provide accurate assessment and classification of delinquent youth on this basis.

1. Developmental Disability

Clinical procedures have generally been limited to the use of standardized intelligence tests. Within the juvenile justice system itself, most parole officers and other correctional staff have not been trained to identify or manage developmentally disabled juvenile offenders. Consequently, assessments designed to identify specific developmental deficits (i.e., neurological difficulty in modulating impulsive action, in focusing and maintaining attention, in conceptualizing, in seeing cause and effect relationships, and in accurately perceiving social cues) are not conducted unless a noticeable behavioral problem with probable developmental origins is evident. The New York Division of Youth has experimented with developmental disability assessment, utilizing the Adolescent Developmental Disabilities Screens (ADDS). It is a compilation of various assessment tools and is not intended to be a diagnostic test but rather a relatively rapid means of signalling that a d.d. problem exists. Collectively, four aspects of competency are evaluated by ADDS:

a) Sensory-motor performance

b) Intelligence

c) Adoptive behavior

d) Academic achievement

2. Learning Disability

Key to providing appropriate treatment for learning disabled juvenile offenders is assessment and testing. Since learning disabilities are a heterogeneous collection of learning problems, it is vital that a wide array of tests be used so that the particular

disability can be precisely identified. The battery of diagnostic tests is typically administered by a special education specialist and consists of:

a) Intelligence tests
b) Academic achievement tests
c) Language tests
d) Perceptual tests
e) Adaptive behavior tests

Any screening conducted within the juvenile justice system to detect signs of this problem should attempt to obtain as much pertinent information as possible, focusing on the areas of life statistics, general body language, language tasks, and school history. Perhaps the single most valuable source of information is the complete school record.

3. Emotional Disturbance/Mental Disorder

The mental health assessment process for detecting this problem among juvenile offenders is quite lengthy, complex, and comprehensive. It is crucial that these procedures be used to prevent psychiatric treatment programs from becoming a dumping ground for all the difficult, acting-out, and unruly youth who prove to be virtually unmanageable in standard juvenile justice programs. Most assessments are conducted through the use of both standardized instruments and clinical observations. Another activity central to these assessments is the review of background information (e.g., a youth's social and developmental history; school records; current psychological and psychiatric reports; medical and neurological record; speech, language, and hearing evaluations; summary of previous residential treatment placements) by a team of treatment experts including a psychologist, psychiatrist, social worker, youth counselor, and member of the nursing staff. The principal formalized tool for determining emotional disturbance is the Diagnostic and Structural Manual Disorders (DSM-III). It is a classification system for mental, personality, and developmental disorders and has become authoritative by virtue of its wide use in mental health treatment, in insanity trials, in federal research, and by government agencies. DSM-III is comprised of five axes; Axes I and II contain over 200 mental, personality and developmental disorders; Axis III lists physical disorders and conditions; Axis IV rates the severity of all psychosocial stressors; Axis V evaluates the individual's functioning. The DSM-III encourages multidiagnosis within and between axes. Thus, an individual may be diagnosed as having a clinical syndrome (Axis I) and have a personality disorder (Axis II). The difference is not absolute, but basically turns on whether the condition is one of erratic behavior, a potentially transitory illness, or whether it is a trait of character. Based upon the assessment process, criteria have been identified as constituting grounds for

referral to specialized mental health treatment. Criteria fall into four basis categories: 1) acute functional psychoses (states of acute confusion, depersonalization, anxiety; delusional, hallucinatory, disorganized, undifferentiated, regressed, bizarre, catatonic or self-injurious behavior; and affective/manic-depressive disorder); 2) decompensated borderlines; 3) severe neurotic disorders in crisis; and 4) psychophysiologic or somatapsychic disorders with symptoms from any of the preceding three groups.

D. Psychosocial Problems

Among IAP ancillary services are those that relate to the variety of approaches and techniques which address the spectrum of problems and needs having to do with self-esteem, self-concept, impulse control, immaturity, attention deficit, cognitive disorder, etc. That services addressing these potential problems are regarded as "ancillary" is not to suggest they are of secondary importance in developing individual service plans. Quite to the contrary, services geared to these problems, when present, should be part and parcel of the individualized service plans for IAP youth. From the standpoint of individualized service plans and treatment, for example, it is irrelevant whether or not self-esteem and immaturity differentiate between the chronic and one-time juvenile offender. Services and treatment have to address the full range of problems and needs, as well as strengths and competencies, that each youth possesses.

There is no clear-cut or simple answer as to what specific types of treatment can best address the kind of psychosocial problems mentioned. This observation is consistent with that found by others who have studied serious as well as violent juvenile offenders (see, for example, Mann 1976 and Strasburg 1978). As early as 1976, Mann concluded that although there was limited success with some serious juvenile offenders within each treatment approach he studied, there was no evidence to support the contention that any single treatment modality was effective for all. Nevertheless, Mann suggested that common to the effective programming he observed was a focus on client choice, client investment in the program, learning theory, the use of a wide ranging set of techniques, and a willingness to take on a problem-solving, trial-and-error attitude toward new initiatives.

Based on a 1978 study of violent juvenile offenders and treatment responses, Strasburg stated there was a limited though vital function that psychiatrists and psychotherapists could assume, but most important, that a comprehensive case management system be developed. The comprehensive case management system he described would 1) focus on each case as it moves through every facet of the juvenile justice system and 2) have staff select service(s) from the variety that offer some reasonable prospect for success including those that incorporate group-based techniques, reinforcement, milieu approaches, social service provision, competency development, conflict resolution and restitution. Strasburg

hastened to caution that shotgun approaches which tried to do everything were no better than single shots expected to hit multiple targets. He therefore recommended that programs *combine inputs* based on the best available diagnosis of individual problems and needs.

Taken together, more recent research and evaluation also suggest that there is great potential in systematically integrating (in terms of program design and quality implementation) a set of services and supervision approaches which specifically focus on comprehensive service delivery that involves family, peers, education and training, developing and accessing prosocial opportunities and options, and special needs (see, for example, Greenwood et al. 1989; Hawkins et al. 1990; Fagan 1990; and Gendreau and Ross 1987).

It is Strasburg, more than any of the other analysts, who examined most closely the whole issue of psychiatric categories. Strasburg used three general psychiatric groupings to describe violent delinquents. Psychotic delinquents, numerically the smallest of the three groups, are youth with a marked degree of disorganization of mental processes (schizophrenia being the most common). Disturbed delinquents, who are not psychotic, includes antisocial psychopathic personalities or any of the interchangeable labels used for this same group such as sociopath, character disorder, antisocial personality, etc. Such psychopaths are technically neither psychotic nor neurotic and though larger in number than the first grouping, Strasburg maintains they are still a relatively small group numerically.

Finally, there is the largest numerical category of juveniles who occasionally commit violent acts and have been variously labeled as manifesting adjustment reaction, acting-out, unsocialized aggressive reaction, etc. Strasburg notes that some observers report that these sometimes violent youth exhibit neurotic character disorders that are either "sociosyntonic" (i.e., no appreciable defects of impulse control but the cultural status, environment and social milieu enable or influence the expression of antisocial, assaultive activity) or "impulsive" (i.e., whereby brittle ego defenses prompt an assaultive reaction when defenses are threatened).

Most important for our purposes, Strasburg concludes 1) that regardless of the classification and labeling, there remains certain common characteristics such as repressed feeling of rage, inability to empathize with others, low impulse control and low frustration thresholds, and 2) that environmental influences and situational pressures interact with these characteristics to produce violence. He therefore believes that "...concentrating on psychological, moral, or spiritual reconstruction is likely to be wasted effort if nothing is done to improve the basic resources available to a child (and his or her family) for serving and advancing in the real world" (1976: 148). Given these circumstances, the utmost importance is attached in the IAP Model to the need to systematically and methodically assess (diagnose) and develop (prescribe) appropriate service plans in general and *appropriate treatment to deal with psychosocial problems in particular.*

The crucial importance attached to the need to very carefully sort out 1) the psychosocial characteristics of each chronic delinquent and 2) what implications these characteristics have for both psychiatric labeling and selecting appropriate treatment is underscored by a clinical issue discussed extensively by Mann (1976), Taylor (1980) and Armstrong and Altschuler (1982). Particularly when it comes to psychosocial problems, an identical or very similar set of presenting problems may be associated with quite different causes and correlates, suggesting that specialized and different interventions may be needed by two youth who exhibit for example, self-esteem problems, self-control difficulties and attention deficit disorder. Conversely, two youth with different problem behaviors may be expressing the same basic conflicts. To dramatize this critical point, Taylor asks:

> although both of two children are responding to feelings of loss and abandonment, one may express that feeling by aggressively assaulting a teacher, the other by aggressively stealing hubcaps in the company of his peers; would it not make more sense to place both children in a group designed to focus on feelings of rejection, rather than to put one child in a behavior modification group, the other in a transactional analysis group? (1980:32).

In short, it is especially true in the psychosocial area that presenting problems be analyzed in terms of conceivable explanatory and contributing factors and their implications for the type of treatment services that make the most sense for each and every case. Problems with impulse control, self-esteem and immaturity are extraordinarily common among chronic juvenile offenders, but these problems in-and-of themselves are inadequate as a basis for determining what type of services and treatment offer the best prospect for success.

VII. RESTORATIVE JUSTICE

A. Overview

Jurisdictions adopting the proposed IAP Model may wish to consider incorporating restitution, community service, victim-offender mediation, as well as other forms of reparative/restorative justice. Such conditions may be readily included in parole orders.

The purpose of this section is to introduce and establish a rationale for utilization of a group of sanctions referred to generically as "restorative justice" or accountability approaches. These sanctioning approaches and support services include but are not limited to restitution, community service, direct victim service, victim-offender mediation, victim awareness, and other approaches. All have in common an emphasis on active efforts by offenders to payback or "make amends" to victims and the community and are intended to accomplish the following objectives: restore victims and repay the community (or *complete* this process if it was begun while in residential care); increase awareness in offenders of harm and empathy with victims; provide an active experience in which the offender accepts responsibility and successfully meets his/her primary obligations to others.

Restorative sanctions operationalize balance, fairness, individualization and are compatible with other program elements of the IAP Model. Restorative sanctions can, if correctly implemented, complement competency development activities and treatment goals, are not duplicative or overly complex, and may — by keeping offenders positively occupied — increase public protection.

B. Definition and Application

Restitution — Direct payment of money to victim or representative of a victim (eg., court clerk) or indirect payment to victims' fund. The application of restitution orders to IAP is based on the fact that restitution is often still owed once youth have been committed and the order can be "carried over" to the state for collection.

Community Service — Symbolic restitution to the community in the form of public service when the public at large rather than an individual is the victim. Application of this sanction to IAP is based on the fact that carry-over of work hours is also appropriate here.

Victim Awareness — Educational efforts to enhance the cognitive dimension of accountability by ensuring that offenders understand the consequences of their actions in terms of actual harm to victims. Application to IAP is that offenders, even though they have paid restitution, may never have been made aware of the consequences of their behavior in terms of harm to others.

Victim Offender Mediation (VOM) — Face-to-face meeting between offender and victim facilitated by a third party with the goal of establishing a mutually agreeable level of restitution payment as well as addressing personal feelings of both parties about the offense. Application to IAP may be limited due to delay between time of the offense and the time offenders are released to aftercare. However, mediation should be considered as appropriate especially for those youth who reoffend while on aftercare. VOM may be used to some extent while offenders are still in residential facilities, and surrogate victim panels may be utilized to sensitize offenders to the personal suffering caused by their offenses (see victim awareness above).

Other Restorative Approaches — This includes creative extensions of the payback concept to new offenses (e.g., drug and alcohol violations) and establishing more direct linkage between offense and process of making amends.

C. Implementation and Application Within IAP Components

To utilize restorative approaches effectively within the IAP Model, attention must be given to these sanctions at all phases of the proposed aftercare process — planning through evaluation. However, key points at which consideration of the various restorative sanctions must be carefully addressed — planning, assessment, monitoring/ enforcement and

resources — are listed under the appropriate sections below with guidelines for specific sanctions where appropriate.

D. Individual Case Planning for Imposing Restorative Sanctions

1. "Carry-over" Restitution Guidelines
   a) initiate during residential period as part of release plan;
   b) contact with victim through letter or other means could be maintained during residential period;
   c) restitution aftercare agreement and progress toward payment during confinement could be tied to release date as an incentive;

2. Community Service Guidelines
   a) aftercare community service could build upon and complete rather than duplicate the residential experience (community service opportunities are generally ample in residential settings);
   b) project supervised, structured work crews, rather than individual placements in community agencies are recommended for this population to ensure consistency and intensity of supervision;
   c) avoid competition with probation, diversion, and adult community service sites and projects;

3. Alternative Restorative Activities and Special Applications Guidelines
   a) Need for a range of accountability sanctions and educative activities to provide for creative restoration and awareness of harm;
   b) Creative linkages between offense and payback sanctions and activities (e.g., school behavior problem could require donation of time to tutor younger children, along with a letter of apology to teacher, etc.)
   c) Expand opportunities for victim service and contact;
   d) Expand narrow view of payback sanctions beyond money restitution and referral to work service sites.

4. Victim-Offender Mediation Guidelines
   a) Use of trained mediators only
   b) Voluntary basis only
   c) Focus on victims of new offenses

5. Victim Awareness Guidelines
   a) Should begin in residential settings.
   b) Use of classes, discussion groups, videos, victim panels
   c) General group activities could focus on offense behaviors common to many serious offenders such as substance abuse and impaired driving, sexual assault and other violent behavior, utilizing and similar panels and videos; panels,

presentations from rape counseling centers or assault prevention groups)

d. Specific activities directed at each youth's understanding of their individual offense which link this to an active payback strategy should be incorporated into an individualized treatment plan;

e. Link offenders with appropriate community support groups which address problem behavior and resulting victimization (eg., 12 step programs; sexual assault awareness groups).

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FACES-III. Please use the following scale to answer both sets of questions:

1 = Almost never 2 = Once in a while 3 = Sometimes 4 = Frequently 5 = Almost always

DESCRIBE YOUR FAMILY NOW:

_____ 1. Family members ask each other for help.
_____ 2. In solving problems, the children's suggestions are followed.
_____ 3. We approve of each other's friends.
_____ 4. Children have a say in their discipline.
_____ 5. We like to do things with just our immediate family.
_____ 6. Different persons act as leaders in our family.
_____ 7. Family members feel closer to other family members than to people outside the family.
_____ 8. Our family changes its way of handling tasks.
_____ 9. Family members like to spend free time with each other.
_____ 10. Parent(s) and children discuss punishment together.
_____ 11. Family members feel very close to each other.
_____ 12. The children make the decisions in our family.
_____ 13. When our family gets together for activities, everybody is present.
_____ 14. Rules change in our family.
_____ 15. We can easily think of things to do together as a family.
_____ 16. We shift household responsibilities from person to person.
_____ 17. Family members consult other family members on their decisions.
_____ 18. It is hard to identify the leader(s) in our family.
_____ 19. Family togetherness is very important.
_____ 20. It is hard to tell who does which household chores.

Module Six
Attachment B

Hindelang Self-Report Measurement of Delinquency

Answer the questions below by circling either YES or NO. Please be completely honest. No one but a research person at Ohio University will see your answers.

Have you ever . . .?			Have you done this in the past 6 months?		If yes, how many times in the past 6 months?
1. Been questioned as a suspect by the police about some crime	YES	NO	YES	NO	
2. Been held by the police or court until you could be released into the custody of your parents or guardians	YES	NO	YES	NO	
3. Been placed on probation by a juvenile court judge	YES	NO	YES	NO	
4. Been caught shoplifting by the clerk or owner of a store	YES	NO	YES	NO	
5. Been sentenced to a reformatory, training school, or some other institution by a judge	YES	NO	YES	NO	
6. Sold something you had stolen yourself	YES	NO	YES	NO	
7. Broken into a house, store, school or other building and taken money, stereo equipment, guns or something else you wanted	YES	NO	YES	NO	
8. Broken into a locked car to get something from it	YES	NO	YES	NO	
9. Taken hubcaps, wheels, the battery, or some other expensive part of a car without the owner's permission	YES	NO	YES	NO	
10. Taken gasoline from a car without the owner's permission	YES	NO	YES	NO	
11. Taken things worth between $10 and $50 from a store without paying for them	YES	NO	YES	NO	

Have you ever . . .?			Have you done this in the past 6 months?		If yes, how many times in the past 6 months?
12. Threatened to beat someone up if they didn't give you money or something else you wanted	YES	NO	YES	NO	
13. Carried a razor, switchblade, or gun with the intention of using it in a fight	YES	NO	YES	NO	
14. Pulled a knife, gun, or some other weapon on someone just to let them know you meant business	YES	NO	YES	NO	
15. Beat someone up so badly they probably needed a doctor	YES	NO	YES	NO	
16. Taken a car belonging to someone you didn't know for a ride without the owner's permission	YES	NO	YES	NO	
17. Taken a tape deck or a CB radio from a car	YES	NO	YES	NO	
18. Broken into a house, store, school, or other building with the intention of breaking things up or causing other damage	YES	NO	YES	NO	
19. Taken things of large value (worth more than $50) from a store without paying for them	YES	NO	YES	NO	
20. Tried to get away from a police officer by fighting or struggling	YES	NO	YES	NO	
21. Using physical force (like twisting an arm or choking) to get money from another person	YES	NO	YES	NO	

Have you ever . . .?			Have you done this in the past 6 months?		If yes, how many times in the past 6 months?
22. Using a club, knife, or gun to get something from someone	YES	NO	YES	NO	
23. Taken things from a wallet or purse (or the whole wallet or purse) while the owner wasn't around or wasn't looking	YES	NO	YES	NO	
24. Hit a teacher or some other school official	YES	NO	YES	NO	
25. Taken a bicycle belonging to someone you didn't know with no intention of returning it	YES	NO	YES	NO	
26. Tried to pass a check by signing someone else's name	YES	NO	YES	NO	
27. Intentionally started a building on fire	YES	NO	YES	NO	
28. Grabbed a purse from someone and run with it	YES	NO	YES	NO	
29. Forced another person to have sex relations with you when they did not want to	YES	NO	YES	NO	
30. Taken little things (worth less than $2) from a store without paying for them	YES	NO	YES	NO	
31. Broken the windows of an empty house or other unoccupied building	YES	NO	YES	NO	
32. Let the air out of car or truck tires	YES	NO	YES	NO	

Have you ever . . .?			Have you done this in the past 6 months?		If yes, how many times in the past 6 months?
33. Used a slug or fake money in a candy, coke, coin, or stamp machine	YES	NO	YES	NO	
34. Fired a BB gun at some other person, at passing cars, or at windows of buildings	YES	NO	YES	NO	
35. Taken things you weren't supposed to take from a desk or locker at school	YES	NO	YES	NO	
36. Bought something you knew had been stolen	YES	NO	YES	NO	
37. Broken the windows of a school building	YES	NO	YES	NO	
38. Taken material or equipment from a construction site	YES	NO	YES	NO	
39. Refused to tell the police or some other official what you knew about a crime	YES	NO	YES	NO	
40. Purposely broken a car window	YES	NO	YES	NO	
41. Picked a fight with someone you didn't know just for the hell of it	YES	NO	YES	NO	
42. Helped break up chairs, tables, desks, or other furniture in school, church, or other public building	YES	NO	YES	NO	
43. Jumped or helped jump somebody and then beat them up	YES	NO	YES	NO	
44. Slashed the seats in a bus, movie house, or some other place	YES	NO	YES	NO	

Have you ever . . .?			Have you done this in the past 6 months?		If yes, how many times in the past 6 months?
45. Punctured or slashed the tires of a car	YES	NO	YES	NO	
46. Destroyed things at a construction site	YES	NO	YES	NO	
47. Destroyed mailboxes	YES	NO	YES	NO	
48. Kept money for yourself that you collected for a team, a charity (like the March of Dimes), or someone else's paper route	YES	NO	YES	NO	
49. Driven away from the scene of an accident that you were involved in without identifying yourself	YES	NO	YES	NO	
50. Taken mail from someone else's mailbox and opened it	YES	NO	YES	NO	
51. Broken into a parking meter or the coin box of a pay phone	YES	NO	YES	NO	
52. Drunk beer or wine	YES	NO	YES	NO	
53. Drunk whiskey, gin, vodka or other "hard" liquor	YES	NO	YES	NO	
54. Smoked marijuana (grass, pot)	YES	NO	YES	NO	
55. Gone to school when yc were drunk or high on some drugs	YES	NO	YES	NO	
56. Pretended to be older than you were to buy beer and cigarettes	YES	NO	YES	NO	
57. Sold illegal drugs such as heroin, marijuana, LSD, or cocaine	YES	NO	YES	NO	

Have you ever . . .?			Have you done this in the past 6 months?		If yes, how many times in the past 6 months?
58. Driven a car when you were drunk or high on some drugs	YES	NO	YES	NO	
59. Taken barbiturates (downers) or methedrine (speed or other uppers) without a prescription	YES	NO	YES	NO	
60. Used cocaine or crack	YES	NO	YES	NO	
61. Taken angel dust, LSD, or mescaline	YES	NO	YES	NO	
62. Used heroin (smack)	YES	NO	YES	NO	
63. Been sent out of a classroom	YES	NO	YES	NO	
64. Stayed away from school when your parents thought you were there	YES	NO	YES	NO	
65. Gone out at night when your parents told you that you couldn't go	YES	NO	YES	NO	
66. Been suspended or expelled from school	YES	NO	YES	NO	
67. Cursed or threatened an adult in a loud and mean way just to let them know who was boss	YES	NO	YES	NO	
68. Run away from home and stayed overnight	YES	NO	YES	NO	
69. Hit one of your parents	YES	NO	YES	NO	

DISCIPLINE SCALE

Parent Name______________________________

Date______________________________

PARENT INTERVIEW

	Almost always	Often	About half the time	Occasionally	Never or almost never
1. If you tell your child s/he will get punished if he doesn't stop doing something, and he keeps doing it, how often will you punish him. (Reverse scoring)	1	2	3	4	5
2. How often do you get angry when you punish your child?	1	2	3	4	5
3. How often do you think that the kind of punishment you give your child depends on your mood?	1	2	3	4	5
4. How often do you feel you are having problems managing your child in general?	1	2	3	4	5
5. How much of the time do you feel confident that you can change or correct your child's misbehavior?	1	2	3	4	5
6. How often is your child able to get out of a punishment when s/he really sets his/her mind to it?	1	2	3	4	5
7. Discipline doesn't seem to work wit him/her.	1	2	3	4	5
8. It gets discouraging when my child doesn't improve.	1	2	3	4	5
9. Discipline confrontations are coo stressful and upsetting causing more trouble than leaving him alone.	1	2	3	4	5
10. I have so many other demands on my time that I can't give it all the attention I'd like.	1	2	3	4	5
11. I don't believe in discipline.	1	2	3	4	5
12. My child doesn't need disciplining more often.	1	2	3	4	5

IDENTIFICATION WITH CRIMINAL OTHERS

Parent Name____

Date____

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. People who have broken the law have the same sorts of ideas about life as me.	5	4	3	2	1
2. I prefer to be with people who obey the law rather than people who break the law.	5	4	3	2	1
3. I'm more like a professional criminal than like people who break the law only now and then.	5	4	3	2	1
4. People who have been in trouble with the law are more like me than people who do not have trouble with the law.	5	4	3	2	1
5. I have very little in common with people who never break the law.	5	4	3	2	1
6. No one who breaks the law can be my friend.	5	4	3	2	1

TOLERANCE FOR LAW VIOLATIONS

Parent Name______________________________

Date______________________________

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. Sometimes a person like me has to break the law to get ahead.	5	4	3	2	1
2. Most successful people broke the law to get ahead	5	4	3	2	1
3. You should always obey the law, even if it keeps you from getting ahead in life.	5	4	3	2	1
4. It is OK to break the law as long you you do not get caught.	5	4	3	2	1
5. Most people would commit crimes if they knew they would not get caught.	5	4	3	2	1
6. There is never a good reason to break the law.	5	4	3	2	1
7. A hungary person has the right to steal.	5	4	3	2	1
8. It is OK to get around the law as long as you do not actually break it.	5	4	3	2	1
9. You should only obey those laws that are reasonable.	5	4	3	2	1
10. You are crazy to work for a living if there is an easier way, even if it means breaking the law.	5	4	3	2	1

GLOBAL IMPRESSION RATING OF DISCIPLINARY PRACTICES

Parent Name____

Date____

GLOBAL IMPRESSIONS RATING

	Statement False	Did not occur (could not be determined)	Statement True
1. Parent did not give rationales to the child when compliance was expected.	1	2	3
2. Parent overly strict (i.e., parent issued many commands; expectations were high; child's opinion or concerns not considered.	1	2	3
3. Parent erratic, inconsistent, haphazard.	1	2	3
4. Parent permissive (i.e., parent gives into child's commands or whims. Child has control over parenting situation).	1	2	3
5. Parent used nagging to get compliance (i.e., parent nags to the child to get things done or to follow her commands).	1	2	3
6. Parent could not be teased out of sour mood (i.e, parent appears angry, upset, or concerned with child behavior and is unable to respond to attempt made by other family members to drop negative attitude).	1	2	3
7. Parent did not follow-up on commands (i.e., parent requests that the child do something but does not ensure child compliance).	1	2	3

Child Behavior Checklist

CHILD'S NAME

PARENT'S TYPE OF WORK *(Please be specific—for example: auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant, even if parent does not live with child.)*

FATHER'S TYPE OF WORK: ____________

MOTHER'S TYPE OF WORK: ____________

SEX ☐ Boy ☐ Girl | AGE | RACE

TODAY'S DATE Mo. ____ Day ____ Yr. ____

CHILD'S BIRTHDATE Mo. ____ Day ____ Yr. ____

GRADE IN SCHOOL

THIS FORM FILLED OUT BY:

☐ Mother

☐ Father

☐ Other *(Specify)*

I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

☐ None

Compared to other children of the same age, about how much time does he/she spend in each? | Compared to other children of the same age, how well does he/she do each one?

	Don't Know	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average
a. ____	☐	☐	☐	☐	☐	☐	☐	☐
b. ____	☐	☐	☐	☐	☐	☐	☐	☐
c. ____	☐	☐	☐	☐	☐	☐	☐	☐

I. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, singing, etc. (Do not include T.V.)

☐ None

Compared to other children of the same age, about how much time does he/she spend in each? | Compared to other children of the same age, how well does he/she do each one?

	Don't Know	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average
a. ____	☐	☐	☐	☐	☐	☐	☐	☐
b. ____	☐	☐	☐	☐	☐	☐	☐	☐
c. ____	☐	☐	☐	☐	☐	☐	☐	☐

II. Please list any organizations, clubs, teams, or groups your child belongs to.

☐ None

Compared to other children of the same age, how active is he/she in each?

	Don't Know	Less Active	Average	More Active
a. ____	☐	☐	☐	☐
b. ____	☐	☐	☐	☐
c. ____	☐	☐	☐	☐

/. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, etc.

☐ None

Compared to other children of the same age, how well does he/she carry them out?

	Don't Know	Below Average	Average	Above Average
a. ____	☐	☐	☐	☐
____	☐	☐	☐	☐
c. ____	☐	☐	☐	☐

2. About how many times a week does your child do things with them? ☐ less than 1 ☐ 1 or 2 ☐ 3 or more

VI. Compared to other children of his/her age, how well does your child:

	Worse	About the same	Better
a. Get along with his/her brothers & sisters?	☐	☐	☐
b. Get along with other children?	☐	☐	☐
c. Behave with his/her parents?	☐	☐	☐
d. Play and work by himself/herself?	☐	☐	☐

VII. 1. Current school performance—for children aged 6 and older:

☐ Does not go to school

	Failing	Below average	Average	Above average
a. Reading or English	☐	☐	☐	☐
b. Writing	☐	☐	☐	☐
c. Arithmetic or Math	☐	☐	☐	☐
d. Spelling	☐	☐	☐	☐
Other academic subjects—for example: history, science, foreign language, geography. e. ________	☐	☐	☐	☐
f. ________	☐	☐	☐	☐
g. ________	☐	☐	☐	☐

2. Is your child in a special class?

☐ No ☐ Yes—what kind?

3. Has your child ever repeated a grade?

☐ No ☐ Yes—grade and reason

4. Has your child had any academic or other problems in school?

☐ No ☐ Yes—please describe

When did these problems start?

Have these problems ended?

☐ No ☐ Yes--when?

VIII. Below is a list of items that describe children. For each item that describes your child *now* or *within the past 6 months*, please circle the *2* if the item is *very true* or *often true* of your child. Circle the *1* if the item is *somewhat* or *sometimes true* of your child. If the item is *not true* of your child, circle the *0*.

1 2 1. Acts too young for his/her age 16

1 2 2. Allergy (describe): ______________________

1 2 3. Argues a lot

1 2 4. Asthma

1 2 5. Behaves like opposite sex 20

1 2 6. Bowel movements outside toilet

1 2 7. Bragging, boasting

1 2 8. Can't concentrate, can't pay attention for long

1 2 9. Can't get his/her mind off certain thoughts; obsessions (describe): ______________________

1 2 10. Can't sit still, restless, or hyperactive 25

1 2 11. Clings to adults or too dependent

1 2 12. Complains of loneliness

1 2 13. Confused or seems to be in a fog

1 2 14. Cries a lot

1 2 15. Cruel to animals 30

1 2 16. Cruelty, bullying, or meanness to others

1 2 17. Day-dreams or gets lost in his/her thoughts

1 2 18. Deliberately harms self or attempts suicide

1 2 19. Demands a lot of attention

1 2 20. Destroys his/her own things 35

1 2 21. Destroys things belonging to his/her family or other children

1 2 22. Disobedient at home

1 2 23. Disobedient at school

1 2 24. Doesn't eat well

1 2 25. Doesn't get along with other children 40

1 2 26. Doesn't seem to feel guilty after misbehaving

1 2 27. Easily jealous

1 2 28. Eats or drinks things that are not food (describe): ______________________

1 2 29. Fears certain animals, situations, or places, other than school (describe): ______________________

1 2 30. Fears going to school 45

0 1 2 31. Fears he/she might think or do something bad

0 1 2 32. Feels he/she has to be perfect

0 1 2 33. Feels or complains that no one loves him/her

0 1 2 34. Feels others are out to get him/her

0 1 2 35. Feels worthless or inferior 50

0 1 2 36. Gets hurt a lot, accident-prone

0 1 2 37. Gets in many fights

0 1 2 38. Gets teased a lot

0 1 2 39. Hangs around with children who get in trouble

0 1 2 40. Hears things that aren't there (describe): ______________________ 55

0 1 2 41. Impulsive or acts without thinking

0 1 2 42. Likes to be alone

0 1 2 43. Lying or cheating

0 1 2 44. Bites fingernails

0 1 2 45. Nervous, highstrung, or tense 60

0 1 2 46. Nervous movements or twitching (describe): ______________________

0 1 2 47. Nightmares

0 1 2 48. Not liked by other children

0 1 2 49. Constipated, doesn't move bowels

0 1 2 50. Too fearful or anxious 65

0 1 2 51. Feels dizzy

0 1 2 52. Feels too guilty

0 1 2 53. Overeating

0 1 2 54. Overtired

0 1 2 55. Overweight 70

56. Physical problems without known medical cause:

0 1 2 a. Aches or pains

0 1 2 b. Headaches

0 1 2 c. Nausea, feels sick

0 1 2 d. Problems with eyes (describe): ______________________

0 1 2 e. Rashes or other skin problems 75

0 1 2 f. Stomachaches or cramps

0 1 2 g. Vomiting, throwing up

0 1 2 h. Other (describe): ______________________

Please see other side

1 2 57. Physically attacks people

1 2 58. Picks nose, skin, or other parts of body (describe): ______________________

______________________ 80

1 2 59. Plays with own sex parts in public 16

1 2 60. Plays with own sex parts too much

1 2 61. Poor school work

1 2 62. Poorly coordinated or clumsy

1 2 63. Prefers playing with older children 20

1 2 64. Prefers playing with younger children

1 2 65. Refuses to talk

1 2 66. Repeats certain acts over and over; compulsions (describe): ______________________

____

1 2 67. Runs away from home

1 2 68. Screams a lot 25

1 2 69. Secretive, keeps things to self

1 2 70. Sees things that aren't there (describe):

____

____

1 2 71. Self-conscious or easily embarrassed

1 2 72. Sets fires

1 2 73. Sexual problems (describe):

____

______________________ 30

1 2 74. Showing off or clowning

1 2 75. Shy or timid

1 2 76. Sleeps less than most children

1 2 77. Sleeps more than most children during day and/or night (describe): ______________________

____

1 2 78. Smears or plays with bowel movements 35

1 2 79. Speech problem (describe): ______________________

____

1 2 80. Stares blankly

1 2 81. Steals at home

1 2 82. Steals outside the home

1 2 83. Stores up things he/she doesn't need (describe):

______________________ 40

0 1 2 84. Strange behavior (describe): ______________________

____

0 1 2 85. Strange ideas (describe):

____

0 1 2 86. Stubborn, sullen, or irritable

0 1 2 87. Sudden changes in mood or feelings

0 1 2 88. Sulks a lot 45

0 1 2 89. Suspicious

0 1 2 90. Swearing or obscene language

0 1 2 91. Talks about killing self

0 1 2 92. Talks or walks in sleep (describe):

____

0 1 2 93. Talks too much 50

0 1 2 94. Teases a lot

0 1 2 95. Temper tantrums or hot temper

0 1 2 96. Thinks about sex too much

0 1 2 97. Threatens people

0 1 2 98. Thumb-sucking 55

0 1 2 99. Too concerned with neatness or cleanliness

0 1 2 100. Trouble sleeping (describe):

____

0 1 2 101. Truancy, skips school

0 1 2 102. Underactive, slow moving, or lacks energy

0 1 2 103. Unhappy, sad, or depressed 60

0 1 2 104. Unusually loud

0 1 2 105. Uses alcohol or drugs (describe):

____

0 1 2 106. Vandalism

0 1 2 107. Wets self during the day

0 1 2 108. Wets the bed 65

0 1 2 109. Whining

0 1 2 110. Wishes to be of opposite sex

0 1 2 111. Withdrawn, doesn't get involved with others

0 1 2 112. Worrying

113. Please write in any problems your child has that were not listed above:

0 1 2 ______________________ 70

0 1 2 ______________________

0 1 2 ______________________

—for office use only—
IDENTIFICATION #

CHILD BEHAVIOR CHECKLIST - TEACHER'S REPORT FORM

PUPIL'S AGE	PUPIL'S SEX ☐ Boy ☐ Girl	RACE	PUPIL'S NAME
GRADE	THIS FORM FILLED OUT BY ☐ Teacher (name) ______ ☐ Counselor (name) ______ ☐ Other (specify) ______ name:		SCHOOL
DATE			

PARENTS' TYPE OF WORK (Please be specific—for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)

FATHER'S TYPE OF WORK ______ MOTHER'S TYPE OF WORK ______

I. How long have you known this pupil?

II. How well do you know him/her? ☐ Very Well ☐ Moderately Well ☐ Not Well

III. How much time does he/she spend in your class per week?

IV. What kind of class is it? (Please be specific, e.g., regular 5th grade, 7th grade math, etc.)

V. Has he/she ever been referred for special class placement, services, or tutoring?

☐ No ☐ Don't Know ☐ Yes—what kind and when?

VI. Has he/she ever repeated a grade?

☐ No ☐ Don't Know ☐ Yes—grade and reason

VII. Current school performance—list academic subjects and check appropriate column:

Academic subject	1. Far below grade	2. Somewhat below grade	3. At grade level	4. Somewhat above grade	5. Far above grade
1. ______	☐	☐	☐	☐	☐
2. ______	☐	☐	☐	☐	☐
3. ______	☐	☐	☐	☐	☐
4. ______	☐	☐	☐	☐	☐
5. ______	☐	☐	☐	☐	☐
6. ______	☐	☐	☐	☐	☐

6/85 Edition

Fig. 1-1. Page 1 of the TRF.

VIII. Compared to typical pupils of the same age:	1. Much less	2. Somewhat less	3. Slightly less	4. About average	5. Slightly more	6. Somewhat more	7. Much more
1. How hard is he/she working?	☐	☐	☐	☐	☐	☐	☐
2. How appropriately is he/she behaving?	☐	☐	☐	☐	☐	☐	☐
3. How much is he/she learning?	☐	☐	☐	☐	☐	☐	☐
4. How happy is he/she?	☐	☐	☐	☐	☐	☐	☐

IX. Most recent achievement test scores (if available):

Name of test	Subject	Date	Percentile or grade level obtained

X. IQ, readiness, or aptitude tests (if available):

Name of test	Date	IQ or equivalent scores

XI. Please feel free to write any comments about this pupil's work, behavior, or potential, using extra pages if necessary

PAGE 2

Fig. 1-1 (cont.). Page 2 of the TRF.

Below is a list of items that describe pupils. For each item that describes the pupil now or within the past 2 months, please circle the 2 if the item is very true or often true of the pupil. Circle the 1 if the item is somewhat or sometimes true of the pupil. If the item is not true of the pupil, circle the 0. Please answer all items as well as you can, even if some do not seem to apply to this pupil.

0 = Not True (as far as you know) 1 = Somewhat or Sometimes True 2 = Very True or Often True

0 1 2 1. Acts too young for his/her age
0 1 2 a2. Hums or makes other odd noises in class

0 1 2 3. Argues a lot
0 1 2 a4. Fails to finish things he/she starts

0 1 2 5. Behaves like opposite sex
0 1 2 a6. Defiant, talks back to staff

0 1 2 7. Bragging, boasting
0 1 2 8. Can't concentrate, can't pay attention for long

0 1 2 9. Can't get his/her mind off certain thoughts, obsessions (describe): ____________

____

0 1 2 10. Can't sit still, restless, or hyperactive

0 1 2 11. Clings to adults or too dependent

0 1 2 12. Complains of loneliness

0 1 2 13. Confused or seems to be in a fog
0 1 2 14. Cries a lot

0 1 2 a15. Fidgets
0 1 2 16. Cruelty, bullying, or meanness to others

0 1 2 17. Daydreams or gets lost in his/her thoughts
0 1 2 18. Deliberately harms self or attempts suicide

0 1 2 19. Demands a lot of attention
0 1 2 20. Destroys his/her own things

0 1 2 b21. Destroys property belonging to others
0 1 2 a22. Difficulty following directions

0 1 2 23. Disobedient at school
0 1 2 a24. Disturbs other pupils

0 1 2 b25. Doesn't get along with other pupils
0 1 2 26. Doesn't seem to feel guilty after misbehaving

0 1 2 27. Easily jealous
0 1 2 28. Eats or drinks things that are not food (describe): ____________

____

0 1 2 29. Fears certain animals, situations, or places other than school (describe): ____________

____

0 1 2 30. Fears going to school

0 1 2 31. Fears he/she might think or do something bad
0 1 2 32. Feels he/she has to be perfect

0 1 2 33. Feels or complains that no one loves him/her
0 1 2 34. Feels others are out to get him/her

0 1 2 35. Feels worthless or inferior
0 1 2 36. Gets hurt a lot, accident-prone

0 1 2 37. Gets in many fights
0 1 2 38. Gets teased a lot

0 1 2 b39. Hangs around with others who get in trouble
0 1 2 40. Hears things that aren't there (describe): ____________

____

0 1 2 41. Impulsive or acts without thinking
0 1 2 42. Likes to be alone

0 1 2 43. Lying or cheating
0 1 2 44. Bites fingernails

0 1 2 45. Nervous, high-strung, or tense
0 1 2 46. Nervous movements or twitching (describe): ____________

____

0 1 2 a47. Overconforms to rules
0 1 2 b48. Not liked by other pupils

0 1 2 a49. Has difficulty learning
0 1 2 50. Too fearful or anxious

0 1 2 51. Feels dizzy
0 1 2 52. Feels too guilty

0 1 2 a53. Talks out of turn
0 1 2 54. Overtired

0 1 2 55. Overweight

56. Physical problems without known medical cause:

0 1 2 a. Aches or pains
0 1 2 b. Headaches
0 1 2 c. Nausea, feels sick
0 1 2 d. Problems with eyes (describe): ____________

____

0 1 2 e. Rashes or other skin problems
0 1 2 f. Stomachaches or cramps
0 1 2 g. Vomiting, throwing up
0 1 2 h. Other (describe): ____________

____

PAGE 3 Please see other side

Fig. 1-2. Page 3 of the TRF. Items marked *a* replace CBCL items, while those marked *b* differ slightly from CBCL items.

0 = Not True   1 = Somewhat or Sometimes True   2 = Very True or Often True

0 1 2 57. Physically attacks people

0 1 2 58. Picks nose, skin, or other parts of body (describe): ______

0 1 2 [a]59. Sleeps in class

0 1 2 [a]60. Apathetic or unmotivated

0 1 2 61. Poor school work

0 1 2 62. Poorly coordinated or clumsy

0 1 2 [b]63. Prefers being with older children

0 1 2 [b]64. Prefers being with younger children

0 1 2 65. Refuses to talk

0 1 2 66. Repeats certain acts over and over; compulsions (describe): ______

0 1 2 [a]67. Disrupts class discipline

0 1 2 68. Screams a lot

0 1 2 69. Secretive, keeps things to self

0 1 2 70. Sees things that aren't there (describe): ______

0 1 2 71. Self-conscious or easily embarrassed

0 1 2 [a]72. Messy work

0 1 2 [a]73. Behaves irresponsibly (describe): ______

0 1 2 74. Showing off or clowning

0 1 2 75. Shy or timid

0 1 2 [a]76. Explosive and unpredictable behavior

0 1 2 [a]77. Demands must be met immediately, easily frustrated

0 1 2 [a]78. Inattentive, easily distracted

0 1 2 79. Speech problem (describe): ______

0 1 2 80. Stares blankly

0 1 2 [a]81. Feels hurt when criticized

0 1 2 82. Steals

0 1 2 83. Stores up things he/she doesn't need (describe): ______

0 1 2 84. Strange behavior (describe): ______

0 1 2 85. Strange ideas (describe): ______

0 1 2 86. Stubborn, sullen, or irritable

0 1 2 87. Sudden changes in mood or feelings

0 1 2 88. Sulks a lot

0 1 2 89. Suspicious

0 1 2 90. Swearing or obscene language

0 1 2 91. Talks about killing self

0 1 2 [a]92. Underachieving, not working up to potential

0 1 2 93. Talks too much

0 1 2 94. Teases a lot

0 1 2 95. Temper tantrums or hot temper

0 1 2 [b]96. Seems preoccupied with sex

0 1 2 97. Threatens people

0 1 2 [a]98. Tardy to school or class

0 1 2 99. Too concerned with neatness or cleanliness

0 1 2 [a]100. Fails to carry out assigned tasks

0 1 2 [b]101. Truancy or unexplained absence

0 1 2 102. Underactive, slow moving, or lacks energy

0 1 2 103. Unhappy, sad, or depressed

0 1 2 104. Unusually loud

0 1 2 105. Uses alcohol or drugs (describe): ______

0 1 2 [a]106. Overly anxious to please

0 1 2 [a]107. Dislikes school

0 1 2 [a]108. Is afraid of making mistakes

0 1 2 109. Whining

0 1 2 [a]110. Unclean personal appearance

0 1 2 111. Withdrawn, doesn't get involved with others

0 1 2 112. Worrying

113. Please write in any problems the pupil has that were not listed above:

0 1 2 ______

0 1 2 ______

0 1 2 ______

PLEASE BE SURE YOU HAVE ANSWERED ALL ITEMS

Fig. 1-2 (cont.). Page 4 of the TRF. Items marked *a* replace CBCL items, while those marked *b* differ slightly from CBCL items.

MODULE SEVEN

OVERARCHING CASE MANAGEMENT: BALANCED INCENTIVES AND GRADUATED CONSEQUENCES

I. KEY POINTS

Ideas essential to this module are:

A. The use of incentives and positive reinforcement in a structured and systematic manner can exert a powerful influence on behavior and conduct.

B. Parole and aftercare supervision conditions, as well as consequences for infractions and violations, can exert a powerful influence when meted out judiciously, gradually and in brief duration.

C. Swiftness, certainty and measured responses to both negative and positive conduct can exert a powerful influence.

D. Drug and alcohol testing, as well as electronic monitoring, can be overused to their detriment, have been relied upon as a sole component which can negate or dilute their potential, and are subject to the same limitations as other forms of supervision conditions and consequences.

E. Immediate, short-term residential backup that is carefully structured (and monitored) to provide stabilization and crisis intervention is of critical importance.

II. MODULE GOALS

The goals of the seventh module are:

A. To familiarize the trainees with the use of formal and structured incentive-based interventions,

B. To familiarize the trainees with the judicious use of punishment in limited doses for short durations,

C. To familiarize the trainees with the use of graduated sanctions and consequences,

D. To familiarize the trainees with the use of drug and alcohol testing as well as electronic monitoring as a short-term, graduated sanctioning approach, and

E. To familiarize the trainees with the use of various alternatives to revocation and short-term residential backup.

III. INTRODUCTION

Having both meaningful incentives and graduated sanctions as part of IAP is a recognition of the fact that juvenile aftercare has traditionally been a system burdened with too many unrealistic, inappropriate and unenforceable conditions as well as devoid of a formally structured system of positive reinforcement, rewards and inducements. The results are 1) that all the available restrictions and limitations are generally imposed at the initiation of aftercare, leaving little if any room to impose proportionately more stringent conditions short of revocation and 2) that recognition of achievement is scarce.

IV. IMPORTANCE OF REINFORCING PROSOCIAL BEHAVIOR

While it is widely acknowledged in respected and acclaimed treatment programs operated in both community and institutional settings that tangible and symbolic rewards and recognition play an important role in demonstrating to young people the benefits and satisfaction that can be derived from socially acceptable accomplishments, juvenile aftercare is largely vacuous of such practices. Even though some caseworkers who understand the value of incentives devise their own ways to promote and reward the positive behavior of youth on their caseloads, there is little in the way of formal training for aftercare caseworkers on this strategy and even less in the way of formal policies and procedures available to guide caseworkers.

Incentives of any sort are not customarily part of the parole process; parole tends to consist of a laundry list of prohibitions, restrictions and orders. When parole does incorporate some form of supposed motivator, it is often in the form of reduced time on parole. However, to adolescents who live for the moment and can barely wait more than a minute for anything, reduced time on parole is likely to have little meaning and even less effect. If positive reinforcement is to be honestly used, it must consist of immediate and meaningful incentives.

A number of different approaches have been employed by various treatment program to routinely monitor progress, reinforce prosocial behavior and guide advancement. These range from relatively simple mechanisms involving frequent case reviews incorporating peers, family and other program staff to elaborately structured token economies in which particular privileges or rewards are tied to the attainment of specific objectives, goals or programmatic stages. Incorporating some kind of structured and supervised peer group interaction also holds the potential for creating a powerful positive peer culture built on group pressure and praise. Specific incentives might include earning privileges that have some significance to young people (e.g., tickets to a concert or sports event, discounts or subsidies for the purchase of records, clothes or jewelry) or gaining greater responsibility and freedom in the community (e.g., selecting recreational outings and events for new IAP participants, participating in an IAP disciplinary council, orienting new IAP youth). Certificates, prizes or bonuses might be awarded. The point is that the selective use of motivators and recognition has scarcely been tried in aftercare, and yet, such practices many well help to break the cycle of failure and disappointment often associated with conventional and prosocial pursuits. When status and approval are only derived from deviancy and antisocial behavior in a negative peer group content, it is no wonder why law abiding activity is shunned.

V. JUDICIOUS USE OF AFTERCARE CONDITIONS AND LIMITATIONS

Since IAP is designed to increase the number, duration and nature of contacts with participating youth and collaterals (e.g., family, peers, school, employers, other involved service providers, etc.), it is inevitable that more infractions, technical violations, and instances of noncompliance will surface. The problem is that juvenile aftercare has tended to impose quickly on parolees the most stringent conditions and restrictions at its disposal, leaving little opportunity

for caseworkers to respond to misconduct in any kind of gradual and proportional fashion. Without some specified hierarchy of consequences at their disposal, aftercare caseworkers have little recourse except either to do nothing — entirely undermining the aftercare program — or to impose sanctions that may be disproportionate to the misconduct. In the case of the latter, the sanction may be reincarceration for a technical violation or a relatively minor offense. Since reincarcerating technical violators is clearly contributing to the institutional overcrowding problem, it is little wonder why some observers have noted that intensive supervision can be considered as much a cause of institutional crowding as a potential solution.

VI. SWIFT, CERTAIN AND GRADUATED CONSEQUENCES OF LIMITED DURATION

While sanctions and consequences also form an important part of the IAP model, they must be formulated and used in a way that maximizes their potential impact. This means that *swift, certain* and *graduated* sanctions, which are proportional to the violation, are what are needed. In order to provide such sanctions, several steps should be taken. IAP youth need to know at the onset that violations will prompt the imposition of additional, increasingly more stringent restrictions and conditions. Thus, the program must not immediately impose every restrictive condition available on a new IAP youth, but should structure the entry point in the IAP program at a mid-range of restrictiveness and intrusiveness, initially relying on the imposition of a number of enforceable conditions to which the offender will be help strictly accountable. Approached in this way, IAP affords the opportunity to have a graduated set of sanctions available that can be used as a progressive response to technical violations and misconduct.

The Ohio DYS Risk-based Aftercare Program has gone as far as formulating a sanctioning schedule that links seriousness of infraction or violation to a set of specified graduated sanctions. The less serious violations include violating curfew, associating with negative peers, and failure to attend school; such infractions do not constitute grounds for revocation. Somewhat more serious violations include the use of illicit substances, failure to attend a court-ordered program, and single misdemeanor against property; only multiple infractions may be considered as grounds for revocation and in such instances a regional administrative review hearing, a central office case review, and approval from the Chief of the Division of Aftercare and Community Services is required. The most serious violations include a new adjudication for multiple misdemeanors or a felony. The sanctions extend from a verbal reprimand, stricter curfews and restriction of privileges for the youth to court-ordered house arrest, several days of detention, community service, and recommitment.

The rationale underlying a graduated sanctioning system and placing IAP youth into a mid-range of restrictiveness in that serious consequences — short of revocation — can be imposed when needed and that not all the available sanctions will be squandered at the initiation of IAP. In addition, if aftercare youth are not initially placed at the most restrictive end of the IAP continuum, certain privileges can be withdrawn in the event of noncompliance. Finally, relying upon carefully chosen parole conditions that bear some relation to what the offender specifically needs and that can be enforced hold a much greater

potential for being taken far more seriously than does a veritable laundry list of conditions.

It is important to remember that the potential power of a sanction can become diluted the longer its duration. Thus, unless applied prudently and fairly, sanctions may be more effective at instilling resentment and alienation than in deterring misconduct. It may therefore be useful to employ particular sanctions as an immediate response to misconduct, and to curtail their use as early as is warranted based on the severity of the violation. Many of the IAP youth are likely to be well conditioned to punishment and thus overused sanctions may hardly be noticed and will have little, if any deterrent effect.

For these same reasons, a strong case can be made for using electronic monitoring and drug or alcohol testing only on a selective, short-term basis. If long-term use undermines the deterrent effect, it might make more sense to use electronic monitoring, for example, only as an immediate consequence for a violation related to defying house arrest, as a parole revocation alternative, or for providing greater structure and control for a limited period of time at the beginning of IAP. In short, electronic monitoring or drug and alcohol testing is likely to be more effective as an immediate, short-term consequence for IAP violations or to establish an initial IAP tone than as the sole or primary IAP condition.

VII. ALTERNATIVES TO REVOCATION

In addition to having a graduated system of sanctions, jurisdictions thinking of initiating IAP will want to carefully review their current juvenile revocation process for possible revisions. These changes could take the form of restricting reincarceration only to IAP youth with new convictions and creating a special short-term detention unit or residential back-up facility specifically for IAP technical violators. Such a unit could serve as a temporary placement for serious IAP technical violators who would be stabilized, assessed, counseled, and if necessary, referred to an appropriate program, all in preparation for return to the community. The Reflections Unit, run by a private, nonprofit organization, for the Colorado Division of Youth Services was designed to serve just this purpose.

The unit, is a short-term (60 days maximum), secure facility offering placement for youth from three administrative regions. It serves the function of holding youth accountable for poor community adjustment and of stabilizing their behavior so they can be returned to community placements for successful completion. In this role, the unit operates as an alternative to revocation. The program used a highly structured program environment to provide individualized treatment and a level system to facilitate moving youth through increasing degrees of responsibility, leading to a return of community placement. Formal instruction in the program is handled through the use of seven modules that are employed with particular youth depending upon their needs and the goals of their treatment plan. The timing of program termination depend upon two factors: progress toward achieving treatment plan goals and the assigned length of stay.

MODULE EIGHT

OVERARCHING CASE MANAGEMENT: SPECIFICATIONS ON SERVICE BROKERAGE WITH COMMUNITY RESOURCES AND LINKAGE WITH SOCIAL NETWORKS

I. KEY POINTS

Ideas essential to this module are:

A. The case manager must consider the individual, his/her social network, and community in the service brokerage process.

B. Effective service brokerage is based on confidence in a relationship.

C. Senior management has a responsibility to establish system linkages which increase service availability.

II. MODULE GOALS

The goals of the eight module are:

A. To provide examples of how a youth's social network may be utilized simultaneously as a target of intervention and a partner in service provision,

B. To explore the concept of service brokerage, particularly with respect to its use in a reciprocal manner,

C. To explore the concept of advocacy in terms of its importance in helping to create or access critical resources and services, and

D, To describe how the monitoring function is important to assessing service delivery, client participation, and quality control in the IAP context.

III. INTRODUCTION

It is unrealistic to expect that comprehensive and intensive service provision coupled with close supervision and monitoring can be provided without the active involvement of a variety of community resources (e.g., schools, employers, training programs, specialized service providers) and linkage to social networks (e.g., family, peers, significant others). First, in terms of programming and supervision, it is simply impractical to expect that the primary aftercare caseworker could spend all the time required with each youth and be capable of providing the full range of services needed. While IAP caseworkers may well be directly involved in counseling, role modeling, etc., as a matter of policy and procedure the use of referral and brokerage in the IAP Model explicitly acknowledges the need to obtain the expertise and talent of others who have sufficient time, background and capability to provide the range and intensity of required services.

Second, working with both the offender and community resources highlights the critical role that the local community and social networks play in the future life chances of youth released from secure correctional facilities. Reinforcement and support from family, peers, teachers, employers, etc. , may well be key to seeing that the youth's readjustment to the post-institutional community is successful and that gains achieved both in the institution and in aftercare persist. Thus, once intensive aftercare has ceased, it seems apparent that experiences in the family, peer group, school and/or job are likely to influence outcome.

IV. NATURE AND ROLE OF YOUTH'S SOCIAL NETWORK AND IMPLICATIONS FOR MASTER SERVICE PLAN

Everyone involved with the youth is potentially in a position to encourage and reinforce responsible behavior, and to provide guidance and support. As noted earlier, however, the problem is that prior research on risk factors suggests that it is precisely those youth who have family problems, associate with negative peer groups, and experience school failure that are at highest risk for reoffending . It therefore seems quite clear that programming must focus directly on improving the family situation, involving peer group-based intervention, and reversing the cycle of failure associated with school.

Efforts made and actions taken by staff to encourage and establish constructive linkages can be made in three important ways. Each can be viewed as constituting an objective, which defines in general terms the nature and character of the linkage begin sought. First, social networks can be provided with various kinds of concrete services, assistance and support. In this instance, these potential sources of support can be viewed as the recipients or beneficiaries of service. Applied to families, for example, this might involve anything from formal family counseling or parent education training to staff assisting families with obtaining public aid or locating child care facilities. If the paroled youngster is to return home, then it is incumbent on the aftercare case manger to see that someone works with the family, prepares them to deal with the youth, and identifies for them the nature of the youth's situation as it relates to family strength and problems. Even when independent living is utilized, it is unlikely that family relationships will cease. There is a role that family can play and this needs to be established.

A second kind of linkage is using social networks in the provision of service. For youths returning home, guidance, support and social control is inextricably connected to the home and community situation. The family, to name one aspect of the social network, must therefore be enlisted in the formulation and application of reinforcement and accountability. This is all-the-more critical for the family with problems, who likely needs support and counseling on its role in what will happen when the youth is released from confinement. In fact, such training and support establishes an overlap with the first type of linkage: families initially receive the services of a worker who earns their trust and works with them early on during the youth's confinement period. Subsequently, families become part of the aftercare strategy, taking on more of a supportive and facilitating role for the youngster. The groundwork for this process is laid during confinement with the formulation of a strategy for the way in which ties with families will be managed and contact will be maintained; this constitutes the third kind of linkage involving social networks, that is providing the youth with exposure to "outside" influences and experiences first in a carefully controlled way and later in a less overtly supervised manner.

In summary, these three kinds of linkages work hand-in-hand, tapping into a youth's social network as both a potential target of intervention and partner in service provision.

V. COMMUNITY RESOURCES AND ORGANIZATIONS

Service brokerage with community resources is an equally important aspect of aftercare and it can be conceived as meeting the same objectives as does developing linkages with a youth's social network. Schools provide a case in point. It is frequently unrealistic to expect that schools will welcome with open arms someone labeled a "high-risk" parolee. Even if public schools enroll such youth because of legal requirements, this does not mean that they are willing or even able to work proactively and supportively with the youngster, to watch properly for early warning signals (as a form or relapse prevention), and to employ teaching methods that are most likely to engage and help the child. The school and aftercare staff clearly need to develop an all-encompassing strategy , which entails having all necessary information about the youth, monitoring attendance and progress, balancing incentives and consequences, knowing conflict management techniques, etc. Aftercare and school staff need to clarify and specify their roles and responsibilities. For example, who will collect attendance and school performance information and how and when will this be communicated between school and aftercare staff? How are absences handled? Can aftercare staff play a role in behavioral management or conflict resolution at the school and how should this be accomplished? What is possible by way of back-up, if swift assistance is needed?

In short, in terms of obtaining a wide array of service options for IAP youth, of the need to work closely with providers and the youth, and of establishing coordination and continuity from disposition and institutionalization to aftercare and subsequent follow-up, brokerage and linkage are critical to the design and implementation of the model. It is important to note that there are a number of different ways that services can be brokered. The specifics will depend upon a variety of factors such as whether private or public providers are available, willing and able to play a role, the volume of IAP cases, civil service rules and collective bargaining requirements. Regardless of how brokerage and linkage are approached, however, the keys are first to involve a variety of community support systems in service delivery and to see that for each youth there are staff who are actively working on reinforcing, or if necessary, developing a supportive social network. Second, it is essential to devise a process to insure coordination and continuity in relation to all work being done on a given case and to monitor the extent and quality of the service provision. To the extent that the policies and procedures are not being followed or are not working, this must be detected as quickly as possible so that the changes can be made.

VI. ADVOCACY FOR RESOURCES, SERVICES AND YOUTHS

Closely related to brokerage and linkage consideration in the development of policies and procedures is the issue of advocacy. Advocating for the creation of services, programming and opportunities that presently do not exist is clearly an important facet of brokerage and linkage. All the brokerage and linkage activity that can be mounted will be for naught if the programs, schools, jobs, etc. that are needed either do not exist or are in short supply. There is little doubt that advocacy, whether it focuses on meeting the special

needs of individual youths, families and neighborhoods, or on broader questions involving types of programs and services is clearly an important part of any broad based intensive aftercare intervention strategy.

VII. MONITORING SERVICE PROVISION FOR DELIVERY, RECEIPT, AND QUALITY CONTROL

Too often, it is assumed that linking a youth with a school, treatment program or job by way of making referral and returning a youth to his/her home is accomplishing aftercare goals. But, making a referral on the one hand and assuring participation, achievement and completion in the program/activity on the other are not at all the same. For example, potential problems are that schools, mental health centers, group homes, day treatment programs, and other community resources: 1) may deliberately exclude the type of youngster in IAP, 2) may, at the very least, be reluctant to work with such "high-risk" youth, or 3) may have had prior experience with the youth and have already given up. These not uncommon circumstances underscore the need for aftercare caseworkers to establish some form of quid-pro-quo with existing providers, and, when needed, to develop suitable new providers who will work with the IAP population.

MODULE NINE

SPECIFICATIONS ON MANAGEMENT INFORMATION AND PROGRAM EVALUATION

I. KEY POINTS

Ideas essential to this module are:

A. Evaluation serves a variety of purposes and can answer very different kinds of questions such as whether or not IAP is doing what it is intended to do, is it serving the population it is designed to serve, how well is it operating, what changes or modifications are needed, how can improvements be made, what impact is it having and how much does it cost? The answer to such questions are often needed (or demanded) by funders, referral sources, the media and the public.

B. Different questions require different evaluation designs, each of which has its own unique set of strengths and weaknesses.

C. Determining in advance the points of comparison (e.g., other programs, similar youth, program goals) is essential in order to place acquired results in a meaningful context.

D. Multiple measures and indicators are useful in determining the full array of effects, impacts and answers.

II. MODULE GOALS

The goals of this module are:

A. To familiarize the trainees with the purposes of evaluation activities,

B. To familiarize the trainees with the basics of planning an evaluation,

C. To familiarize the trainees with the main questions about a program that can be answered through evaluation,

D. To familiarize the trainees with the types of information needed for sound evaluations,

E. To familiarize the trainees with data collection methods: how, when, where, from whom, etc, and

F. To familiarize the trainees with the best ways to interpret and constructively use the results of evaluation.

III INTRODUCTION

Program evaluation is the systematic use of information to answer questions about program performance. The answers to a broad range of critical questions about a program can assist program administrators in planning, ongoing program development, staff supervision, marketing and providing performance accountability to funding sources, clients, other professionals and the general public.

One set of evaluation questions concerns program implementation: including whether or not the program is serving the appropriate clients, actually providing services as intended, providing services consistent with the program's principles, and employing and deploying staff appropriately.

Another set includes program outcomes: what effect(s) the program is having on its participants and on the broader system of which it is a part. In the case of juvenile intensive community-based aftercare programs, key participant outcomes include recidivism, cognitive, emotional and behavioral indicators, while system outcomes include observed changes in court processing, institutional populations or lengths of stay.

To obtain valid answers to any of the critical evaluation questions, a program must routinely collect reliable and relevant information about its clients, staff, and activities. A computerized management information system (MIS) can greatly facilitate data collection, both for administrative and evaluation purposes. The information must then be analyzed and interpreted in the context of the questions asked.

This module provides an introduction to evaluation methods for intensive community-based aftercare programs. It is intended for program administrators and other staff who do not necessarily have an extensive background in research. Upon completion of this module, trainees should be in a better position to plan for evaluation activities, make administrative decisions that facilitate evaluation, effectively hire and manage staff or consultants to perform the technical evaluation tasks, and use evaluation results constructively.

IV. WHY EVALUATE?

Program administrators in the human services are continually asked whether or not their program is "working," if it is "cost-effective," and if they can be sure that any positive outcomes are really the result of their programs' activities. Evaluation can provide a program with information to assess and improve its operations and outcomes. Responsible administrators will welcome objective indicators of performance and participate in the design of meaningful evaluations.

Evaluation results can assist program administrators in:

A. Planning: Information about the amount of staff time and other resources needed to meet program requirements can lead to better allocation of program resources. Outcome results linked to program activities and costs can help administrators readjust priorities or redesign budgets, if necessary.

B. Documenting program activities: Evaluation can provide administrators with a needed mechanism for documenting program activities, both as an aid to staff supervision and for general accountability purposes.

C. Improving program performance: Evaluation can reveal which aspects of a program are operating as intended and which are not, and suggest targets for improvement. It can also indicate whether or not various program components, even if operating as intended, are producing effective outcomes at a reasonable cost.

D. Satisfying funding requirements: Most funders of social programs require some evaluation upon which to base further funding decisions.

E. Marketing: A sound evaluation component can help administrators market their programs to various audiences by providing objective indicators of program performance. It can also enhance a program's credibility by demonstrating a program's willingness to withstand close scrutiny and be guided by its results.

Unfortunately, program administrators and staff sometimes view evaluation as a necessary evil thrust upon them by funding sources or other outsiders. Such evaluation may disrupt routine staff activities, absorb limited program resources and produce results that fail to capture the essence of the program. The possibility that evaluation may produce "negative" results can threaten administrators and staff. Programs that do not come up with glowing cost-effectiveness results may face a major overhaul or even termination. Evidence that certain program components are not operating as intended may be perceived as an indication that someone is not doing his or her job.

However, "negative" results can be used more constructively as a cue to examine some part of a program's operations more closely. Perhaps the program as intended had not anticipated some implementation obstacle (e.g., the lack of a particular type of service in the community, political fallout from an unrelated program's scandal, etc.). Perhaps a finding that a program's case managers were providing insufficiently frequent surveillance points to the possibility of hiring additional, less costly "trackers" for surveillance. In short, a program should consider a variety of explanations for a "negative" evaluation finding to see if there are feasible modifications that might help.

The approach to evaluation presented here focuses upon: questions that are meaningful to the program itself; data collection strategies that minimize demands upon staff and other program resources; and frequent feedback that lets a program make use of the evaluation results. At the same time, evaluation can and should provide cost-effectiveness results and other measures for program accountability.

V. EVALUATION PLANNING

Thorough planning will maximize the value of evaluation for a program. Careful planning ensures: input from all interested and relevant individuals into the focus and design of the evaluation; the framing of important, feasibly answerable evaluation questions; and the direction of scarce evaluation resources towards the most important questions. Evaluation planning should proceed as follows (see Attachment A):

A. Identify and assemble a stakeholders' group.

Stakeholders are those persons, from within and outside the program, who have a "stake" in the performance of the program. Stakeholders may include program staff (from various levels, especially including "line staff"), staff from other agencies that refer or receive clients from the program (e.g., juvenile court, youth corrections agencies, law enforcement, schools and other service provider agencies), individuals from

funding sources and/or oversight committees, and representatives of client and client advocacy groups. Inclusion of stakeholders in the planning process promotes a shared sense of "ownership" of the evaluation, ensures that the evaluation will focus on meaningful questions and that the groups represented will be able to fully understand the methods, context, and results of the study.

B. Formulate evaluation questions.

In general, evaluation questions should cover those aspects of a program's performance that are deemed most important, measurable, and amenable to change. Evaluation questions also must be possible to answer given resource constraints. Specific evaluation questions will be discussed in later sections. Evaluation questions may begin at a general level (e.g., "Does the program reduce reoffending?") but must eventually be reduced to highly specific terms (e.g., "Do graduates of the program have fewer arrests in the first 12 months after release than do similar youths from other programs?"). It is likely that a stakeholders' group will generate a wide range of potential evaluation questions. These must be prioritized according to relative importance and answerability.

C. Design the evaluation to answer the questions.

Once the evaluation questions have been selected, the next task involves evaluation design. Different questions may involve different designs and a given question may be answered through many alternative designs. Not all designs are equally strong. For example, the strongest design for assessing program outcome effectiveness is based on a random assignment of eligible persons to two groups: one receiving the program and one not. Alternatives include using nonrandom comparison groups, comparing different program cohorts over time, and using other benchmarks for comparison (e.g., outcomes reported in other studies). Attachment B lists some alternative standards of comparison. The task is to select the strongest feasible design within legal, ethical and material constraints. Later sections of this training module will present more details regarding specific designs suitable for particular types of evaluation questions.

D. Specify data sources and collection methods.

Once a design has been selected (e.g., to compare the recidivism outcomes of a cohort of program graduates with those of a group released from the same institution but placed on regular parole status), the next step is to specify the sources and methods for data collection. Attachment C contains a partial list of the types and sources of evaluation data. For example, to answer a question about client outcomes, one could specify the clients themselves, their families, program staff, and/or official agency records as the source(s) of outcome information. Depending upon the source, alternative data collection methods may be considered (e.g., personal interview, telephone interview, mail questionnaire, group administered questionnaire, etc). Each source and method has its own

strengths and limitations. For example, the clients may have the best and most complete knowledge of how they are doing, but may not be able or willing to report this information reliably. Family members may be more reliable, but have less complete information. Interviews allow the evaluator to probe for clarity and completeness, but questionnaires may be quicker, cheaper to administer, and easier to code. Official records may be more readily accessible to the evaluators, require less time and effort to collect, but may be incomplete. The strongest evaluations employ as many sources and methods of data collection as resources will permit.

E. Specify data analysis strategies.

Data analysis strategies cannot be completely planned in advance because the process of collecting the information and preliminary results often suggest unanticipated ways to examine the data. However, some preplanning is essential to ensure that the right kind of data are collected. For example, the analysis of data from a study of program outcomes using a nonrandom comparison group design may require certain client characteristics data upon which to match the groups or to statistically control for pre-existing group differences. For another example, a recidivism study using "time to failure" analyses must be sure to collect the dates of any arrests during the follow up period. A good way to plan for data analysis is to draft sample tables of what the results might look like.

F. Specify task responsibilities and timelines.

Once the evaluation questions, design and methods have been specified, one must determine who will carry out the various tasks and when they need to be accomplished. For example, line staff may perform some data collection in the routine course of their activities. Including line staff in the stakeholders' group should result both in data collection that does not unduly burden line staff and also in good cooperation from the line staff in providing the necessary information. Clerical staff may perform other tasks (e.g., extracting information from agency records; collating information about a case from multiple sources; computer data entry). The evaluation may require outside consultants for some of the more technical tasks (e.g., designing or tailoring the management information system, modifying or critiquing the evaluation's design, locating or developing measurement tools, data analysis and interpretation, etc.). While the program administrator must retain overall responsibility for the evaluation, it is a good idea to assign someone else the task of day-to-day management of the evaluation. The program may decide that hiring an outside consultant as evaluation manager enhances the credibility of the evaluation.

VI. TWO TYPES OF EVALUATION

There are two general types of evaluation: *implementation* and *outcome evaluation*. While addressing different types of questions, both types of evaluation are essential and can complement each other. The following two sections describe each evaluation type in some detail. Here we will look at an overall model that links the two.

A human service program, such as an IAP, intends to deliver intervention(s), using staff and other program resources] to specified clients to achieve certain outcomes. Attachment D outlines this process.

For evaluation, all aspects of this intervention system must be measured and linked. Many poor evaluations neglect to measure the interventions themselves (type, intensity, frequency, duration, and/or quality of program activities actually delivered to clients) so that any outcomes, even if measured carefully, cannot be attributed to the program interventions. In other words, a good evaluation must be able to show what actually happened (or did not happen) to whom and with what results.

For example, some clients might not show reduced recidivism after twelve months, and one would be tempted to conclude that the IAP Model was ineffective. However, perhaps they never actually received intensive surveillance and services. Their poor outcomes do not necessarily reflect a failure of the IAP Model but rather a failure to actually implement the model with those clients. For another example, suppose that a program had a goal of reducing recidivism for 80 percent of its clients, but an outcome evaluation showed that only half showed reduced recidivism after twelve months. One would be tempted to conclude that the IAP Model was ineffective. However, perhaps many of the clients actually referred to the program were inappropriate for IAP, or perhaps the successful 50 percent were systematically different from the unsuccessful 50 percent. Rather than abandoning the IAP Model, one could instead refine the referral process or adjust the interventions for some subgroups of clients. Only thorough measurement of client characteristics and careful analysis of relationships among client characteristics, interventions and outcomes can produce understandable and truly useful results.

VII. EVALUATING PROGRAM IMPLEMENTATION

Implementation evaluation focuses on information about a program's ongoing activities — who is doing what for whom, when, and how. Are these activities being conducted as intended? If there are discrepancies, what do they mean? What can be altered to bring the reality more into line with program intentions or, alternatively, to modify the intentions in the face of reality. Implementation evaluation can be incorporated into a program's routine supervision functions. Implementation evaluation is most useful as a frequently repeating process of testing, reporting, modifying and retesting.

While implementation evaluation may use quantitative information (e.g., number of staff/client contacts, number of clients enrolled in job training, average length of time for clients to progress through various steps of the program, etc.), qualitative information may be especially useful in developing an understanding of how and why certain program

components actually function as they do. Open-ended interviews with staff about their perceived frustrations and satisfactions may reveal a great deal about unanticipated obstacles to program implementation. Observation of a few intake sessions may clarify why an assessment process is not occurring as intended. In addition to client records, other program documents, such as mission statements, contracts, press releases, internal memos and meeting minutes can all contribute valuable information.

IAP Implementation Questions. Attachment E lists several potential questions for an implementation evaluation of IAP programs. This list is meant to be suggestive, not necessarily definitive; a given program will develop its own questions through the planning process described above. In any event, some or all of the questions listed may merit attention.

A. Are participants appropriate for IAP?

The IAP Model has been designed to reintegrate into the community youths with serious delinquency histories. The intensity of the support provided by this model should permit the earlier release of such youths from institutional placements than would otherwise be possible. It is conceivable, however, that some judges and probation officers may view IAP so favorably that they will find ways to direct more youths, not just the most seriously delinquent ones, into IAP programs. By committing more youths to institutions, perhaps for short times, many less seriously delinquent youths will be in line for aftercare programming. IAP programs must carefully monitor the characteristics of incoming IAP clients and the referral and intake process to detect discrepancies from the intended target population.

B. Is case management being implemented as intended?

Overarching case management is at the heart of the IAP Model. One way to evaluate the implementation of case management is to conduct a thorough review of a small sample of cases (perhaps selected at random from each case manager's clients). Such reviews will examine all relevant records and include interviews with the clients, staff, and others in the community (e.g., families, schools, employers, etc.). The reviews should focus on all aspects of case management, including:

1. Assessment and classification. Were risk assessments, academic assessments and any other relevant tools implemented as intended? Were the results used appropriately in case planning?
2. Individual case planning. Did case planning start from the beginning of a youth's institutional placement? Who was involved (family members, institutional staff, other community support persons)? Were plans truly individualized or do all of the program's plans look alike? Was the plan routinely reassessed and modified as conditions warrant? Did the plan include measurable criteria for assessing progress?
3. Surveillance/service mix. What was the timing and frequency of surveillance activities (e.g., were weekend and evening hours well covered)? Did the surveillance reflect the client's assessed risk

level? Were services provided to meet the needs identified in the assessment? For those services that were brokered, was there any follow-up after referral to be sure that the services were actually delivered?

4. Graduated incentives/consequences. Was a system of graduated incentives and consequences clearly communicated to clients? Is there evidence that graduated incentives and consequences were actually used? Did they seem to have an effect? If cases were referred back to court for violations, is there evidence that several other incentives/consequences had been used first?

5. Service brokerage and community linkages. How many other agencies and individuals from the community were involved in providing services and support to clients? Are there any gaps in the array of services available to the program's clients?

C. Are IAP principles reflected in program implementation?

Program implementation should reflect the five underlying principles of IAP:

1. progressively increased responsibility and freedom;
2. facilitating client-community interaction and involvement;
3. working with both the offender and targeted community support systems;
4. developing new resources, supports and opportunities; and
5. monitoring and testing.

From the examination of the selected cases discussed above, as well as other observations and interviews with staff, clients and others in the community, one should get a good sense of the extent to which the IAP principles guide a program. Well implemented case management (individualized, flexible, multi-targeted, using graduated incentive/consequences, developing community supports, using feedback to modify and improve case plans, etc.) necessarily reflects the underlying principles.

D. Is the program structured and managed well? Several areas of staff organization and management merit attention:

1. Formal organization. There are alternative ways to structure an IAP program, several of which may be effective. How many supervisory levels are there? Are case managers organized into teams? Are the surveillance and service support roles combined or separated? If other aspects of the implementation evaluation have pinpointed problem areas, can structural modifications help?

2. Staff qualifications. What are the hiring requirements for staff at various levels? Are there any training requirements for staff? Is specialized training provided by the program? Are staff encouraged to seek outside training?

3. Staff satisfaction. There is little doubt that, in addition to basic staff competency levels and the availability of resources, a program's success will depend heavily upon the quality of the staff/client relationships. Enthusiastic, creative staff are more likely to develop quality relationships. Implementation evaluation can look at several indicators of staff satisfaction, including confidential questionnaires that ask staff about their level of satisfaction and for their perceptions of program strengths and weaknesses. Less directly, a high turnover rate may indicate a low level of staff satisfaction.

E. How does the program relate to its environment?

How a program relates to and is perceived by other agencies and persons in the community can greatly affect its operation. This is especially true for programs as dependent upon community linkages as IAP To assess a program's interactions with its environment, implementation evaluation studies can ask about formal and informal agreements between the program and other agencies, the frequency of inter-agency interaction, the inclusion of non-program personnel on advisory committees and task forces, etc. To assess perceptions of the program, the evaluation can conduct interviews or send out questionnaires to representative persons in related agencies and in the general public. Another, inexpensive way to get information about community perceptions is to monitor reports in the local media.

Implementation evaluation questions, such as those discussed above, are important in their own right. A program can learn from its experiences if it is willing to carefully examine its operations. In addition, of course, implementation evaluation results can help explain a program's outcomes. The next section turns to a discussion of outcome evaluation.

VII. EVALUATING PROGRAM OUTCOMES

The main purpose of IAP programs is to provide individually tailored support and supervision services to help seriously delinquent youths successfully return to community life after some period of institutional placement. At a broader level, a successful IAP program will assist the overall juvenile justice system by permitting the earlier release of youths from institutions, thus relieving overcrowding and/or reducing the use of expensive residential placement resources. Outcome evaluation is designed to determine to what extent these goals are met.

In general, a successfully reintegrated youth will stay out of trouble with the law, become productively involved in work or school activities, maintain positive relationships with family and peers, and develop positive self-attitudes and behaviors. On the surface, it would seem easy to tell if an IAP program were successful or not. A quick look at the experiences of its clients should reveal how many stayed out of trouble and became successfully reintegrated into the community. Of course, that is easier said than done.

Many program evaluations merely report what percentage of a program's clients successfully completed the requirements of a program. Others may include basic recidivism statistics (e.g., 35% rearrested while in the program). Some studies try to follow clients for some period of time after release, but, as time goes by, many clients are difficult or impossible to locate. Measurement and follow up period are two critical issues for outcome evaluation. The outcomes measured should reflect the program's goals as completely as possible. The follow up period should be at least 12 to 18 months after termination or longer if resources permit.

While program administrators do not have to be statistical experts, they should understand that a good evaluation requires adequate sample sizes. Basing a study on a small number of clients makes it difficult to determine the reliability of a given result. For example, if a three month tutorial program truly produced an average gain of one grade level in reading performance, a given sample of ten clients might show no gain or an average gain of three grade levels. If one measured the outcomes of hundreds of clients, the average gain would eventually approach the "true" gain of one grade level. The larger the sample size, the more likely it is that the observed gain will approximate the "true" value. Larger samples also permit more analyses of client subgroups (see below).

Of course, the more clients included in a study, the longer the study will take (since only a limited number of participants enter the programs at any point in time), and the more costly the study will be (data collection can be expensive). There are ways to determine the sample size needed for a given study, but they require either good knowledge of the effects being measured (unlikely in the case of innovative programs) or assumptions that may be difficult to justify. Consultation with a statistician may help. In any event, the main point is that an evaluation should use as large a sample as time and resources will permit.

Even if one carefully measures a broad range of outcomes, considers an adequate follow-up period, and uses a large sample, how can one tell if the outcomes were actually the result of participation in the program? Moreover, how can one interpret a finding of, say, 45% recidivism after 12 months or an improvement of one grade level in reading after six months? Is that good or bad? Would these results have occurred without the program? As mentioned previously, some standards of comparison are essential. Sound outcome evaluations compare the outcomes of a program's clients with those of a randomly assigned control group, matched comparison group or, at least, relevant comparison group of somewhat similar clients.

The value of random assignment. Whenever possible, random assignment of cases to a program and a control group should be part of the design of an outcome evaluation. In this design, one first defines the target population for a program (e.g., all youths committed to an institution for a major felony offense who are within six months of parole eligibility). A random selection process directs some of these youths to the IAP program and others to the

regular aftercare process, whatever that may be. This latter group is the control group. The random selection assures that the youths in each group are as similar as possible, except for the aftercare experience. The evaluators collect the same outcome data for youths in both the program and control groups. Any differences in outcomes between the groups cannot be the result of pre-existing differences among the groups (such as age or offense history) because the random assignment eliminated such differences. Thus, one can conclude that the differing aftercare experiences caused the different outcomes.

Random assignment is seldom used because many persons object to the idea that individuals assigned to a control group may be denied services purely as a matter of chance. However, one should not assume that a new program is necessarily good. The point of outcome evaluation is to find out whether or not the program works. Random assignment is most important, and the objections to its use least tenable, in the evaluation of new, innovative programs when one does not know that the new programs will be better than the alternatives. It is also most feasible when the number of potentially eligible clients is greater than the capacity of the new program. Then, random assignment is a fair way to decide who participates.

All other designs try to reduce or control for pre-existing group differences, but none do so as effectively as random assignment. In any study, the evaluator must use the best standards of comparison possible and try to demonstrate that participation in the program, rather than some other factor, is responsible for observed outcomes. The following discussion of client outcome questions, including recidivism, assumes that some standards of comparison are employed.

A. IAP outcome evaluation questions. Attachment F lists some questions that an IAP outcome evaluation might address:

   1. Did the program affect clients' recidivism? "Recidivism" is the term commonly used to refer to an individual's criminal activity following some period of correctional intervention. Specific measures of recidivism may include rearrests, reconvictions, and/or reincarnations, may be based on official police or court records, self-reports or both, may cover follow-up periods of various lengths and may or may not include the nature or seriousness of the new offenses. Too many studies merely report the percentage of some group of program cases rearrested within a given time period after release, without taking into account the nature or timing of the offenses. It is unrealistic to expect most seriously delinquent youths to completely stay out of trouble — perhaps a reduction in the frequency or seriousness of offending should be considered a positive outcome.

      A good recidivism study will include multiple sources of data (e.g., records and self-reports), cover at least a year or longer following the intervention, and look at several factors, including

the nature, timing and consequences of the new offenses. Some of the best studies use measures of "suppression," (comparing the rate of offending before and after program participation).

2. Did the program affect other client outcomes? Although recidivism may be the most critical client outcome, IAP programs are designed to positively affect clients' educational, occupational, emotional and behavioral development. Such outcomes are valuable both in themselves and as means to reduce subsequent criminal activity. An outcome evaluation should include pre and post-intervention measures of these outcomes to assess change associated with program participation (note that such measures should be obtained both for program clients and a control or comparison group in order to see if the program participation, rather than maturation or some other factor, was responsible for any observed improvements). Scales measuring cognitive development, self-esteem and emotional development exist (check with local educational testing specialists for specific instruments). A program will need to develop measures for other outcomes, such as the attainment of job skills, employment, independent living skills, or any other outcomes identified in an individual's case plan. Some of these can be straightforward (e.g., a client either does or does not have a job upon program completion or 12 months later).

3. Did outcomes differ among participant subgroups? The initial definition of the target population for IAP programs is fairly general. It may turn out that an IAP program, even if implemented perfectly, works better with some types of clients than others (e.g., perhaps it is better suited for those clients old enough to obtain meaningful jobs or, alternatively, with those clients young enough to be reintegrated into regular schools). Careful analysis of the relationship between outcomes and client characteristics can help answer these kinds of questions. If an evaluation shows subgroup differences in outcomes, it may not necessarily mean that the program cannot succeed with certain subgroups. Instead, modifications may be necessary to better address the needs of certain subgroups.

4. What were the relationships between outcomes and specific program activities? An outcome evaluation should ask if certain program activities are more likely than others to produce desired outcomes. For example, perhaps youths who are given extensive job training and job placement services or those who received a particular form of drug treatment show the best recidivism outcomes. To answer these kinds of questions, the outcomes of clients who participated in specific program activities should be compared with those of nonparticipants.

5. How much did the program cost? In the context of scarce resources, it is not enough to demonstrate that a program effectively produces desirable outcomes; it must also do so as efficiently as possible. The simplest cost indicator for evaluation purposes is the per diem cost per participant (i.e., annual operating expenses divided by 365 divided by the average daily number of active clients). Also useful is the average cost per participant (the per diem cost multiplied by the average number of days clients remain in the program). These cost indicators can be used to compare IAP programs with other alternatives. True cost-benefit analysis (placing dollar values on the outcomes as well as the costs), can be done, but is not necessary providing that good outcome measures have been obtained both for program clients and comparison groups.

6. How did the program affect other parts of the juvenile justice system? The introduction of a new program, such as IAP, in a jurisdiction will affect other parts of the juvenile justice system, both in expected and unexpected ways. Some effects are desirable and intentional (e.g., reduced institutional lengths of stay), while others may be less obvious and less desirable. For example, the existence of a good aftercare program will create demand beyond the original target population. Judges and probation officers may try to find ways to get more youths into such programs. If the IAP will only take youths returning from institutions, more youths may end up committed to the institutions in the first place in the hopes of getting them into IAP. For a more positive example, a well functioning IAP may stimulate the development of additional community services to meet the needs of its clients. These services may then expand and become available to other referral sources. A comprehensive evaluation study will try to detect such outcomes by monitoring other aspects of the juvenile justice and youth services systems to the extent possible. The results from parts of the implementation evaluation (e.g., the interviews and/or surveys of staff in other agencies and the general public) may reveal areas to look for broader system outcomes.

IX. TOWARDS AN EVALUATIVE MIND SET

In this training module we have examined the purposes of evaluation, the process of planning an evaluation, the kinds of information needed, and ways of addressing a range of questions regarding program implementation and outcomes. In order to make evaluation meaningful and worth the amount of time, effort and resources required, program administrators and staff should develop an "evaluative mind set."

The key ingredient for an evaluative mind set is a willingness to seek and be guided by evidence. Such evidence may or may not agree with one's preconceptions, theories and prior practice experiences. An evaluative

mind set allows one to assimilate new evidence, weigh alternative explanations, and develop ideas for improving practice.

Another important part of the evaluative mind set involves considering the perspectives of a range of stakeholders when deciding what evaluation questions are important. Important to whom? What are the implications of potential results for different stakeholders' interests?

Finally, the evaluative mind set directs one to keep the "big picture" in focus at all times. In the case of IAP programs, this means above all asking how the program can better provide supervision and support to the clients, not necessarily how the program can acquire more funding or maintain certain staffing levels, etc. As an organization develops, its focus often shifts from providing service to maintaining its own existence. Full respect for and use of evaluation can keep the organization focused on its primary goals.

REFERENCES AND RESOURCE MATERIALS

Re: Evaluation design, measurement, data analysis, reporting.

Kosecoff, J. & A. Fink, (1982). Evaluation Basics: A Practioner's Manual. Beverly Hills, CA: Sage.
Written for those who actually do program evaluations, this book clearly explains the primary issues in designing and conducting evaluations. The emphasis is on outcome evaluations. The sections on design and measurement are especially useful, detailed and easy to understand.

Rossi, P.H. & H.E. Freeman, (1986). Evaluation: A Systematic Approach (3rd ed.). Beverly Hills, CA: Sage.
More academic and comprehensive than Kosecoff and Fink, this textbook covers the basics of evaluation design, stressing economic approaches.

Re: Research design.

Campbell, D.T. & J.C. Stanely, (1963). Experimental and Quasi-Experimental Designs for Research. Chicago: Rand McNally.
This brief book is the classic introduction to research design issues. Although not written directly for social program practitioners, it is straightforward and highly relevant for evaluation. More limited in focus than Kosecoff and Fink, but more detailed regarding design issues.

Re: Qualitative methods.

Patton, M. (1980). Qualitative Evaluation Methods. Beverly Hills, CA: Sage.
This book discusses ways to make qualitative methods (interviews, observations, etc.) systematic and useful for program evaluation. It contains excellent examples and is highly readable.

Re: Cost-benefit analysis.

Thompson, M.S. (1980). Benefit-Cost Analysis for Program Evaluation. Beverly Hills, CA: Sage.
For those interested in the details of sophisticated benefit-cost analyses, Thompson presents excellent discussions of the problems of placing values on non-monetary benefits and costs, discounting, etc., and placing such analyses in the context of social and political values.

ATTACHEMENT A

EVALUATION PLANNING

- Identify and assemble stakeholder's group.
- Formulate evaluation questions.
- Design evaluation to answer questions.
- Specify data sources and collection methods.
- Specify data analysis strategies.
- Specify task responsibilities and timelines.

ALTERNATIVE STANDARDS OF COMPARISION

- Control group of highly similar clients.
  - Random selection from program-eligible population.
  - Matched on key characteristics (e.g, age, race, record).
- Comparison group of somewhat similar clients.
  - Other youth in similar programs.
  - Youths in other JJ programs
  - Youths of similar age in same community.
- Comparison with previous clients from the same program.
- Comparison with outcomes reported in other studies of JJ programs.
- Comparison with stated program goals.
- Comparison with program's contractual goals.

INFORMATION TYPES AND SOURCES

- Information needed for evaluation:
  - Client characteristics at time of entry (age, sex, race, offense history, placement history).
  - Results of assessements.
  - Record of individual intervention plans.
  - Record of services delivered.
  - Cost of services delivered.
  - Client characteristics and behavior at termination.
  - Client characteristics and behavior at follow-up periods (6, 12, 18 mos.).
  - Perceptions of the program by clients/staff/others in JJ system/general public.

- Sources of information:
  - Records from juvenile court/schools/other agencies.
  - Program administrative forms.
  - Questionnaires for clients/staff/others.
  - Interviews with clients/staff/others.
  - Observations of program activities.

IAP INTERVENTION SYSTEM

INPUT

Clients:

- Serious juvenile offenders upon release from inst. placement
- Staff & other program resources

THROUGHPUT

Interventions:

- Assessment
- Ind. case planning
- Surveillance/service mix
- Graduated incentives/consequences
- Service brokerage/community linkages

OUTPUT

Intended Outcomes:

- Reduced recidivism
- Cognitive gains
- School/work placement.
- Improved family and social relationships
- Improvements in JJ system.

IAP IMPLENTATION QUESTIONS

- Are participants appropriate for IAP?

- Is case-management being implemented as intended?
  - Proper assessment & classification procedures?
  - Individual case planning — timing and content?
  - Surveillance/service mix appropriate to need?
  - Graduated incentives & consequences used?
  - Service brokerage and community linkages accomplished?

- Are adequate services provided?
  - Are service areas addressed as planned?
  - Duration/intensity/scope/quality of service(s)?

- Are IAP principles reflected in program implementation?

- Is the program structured and managed well?
  - How are staff organized?
  - Staff qualifications and training?
  - Staff perceptions/satisfaction level/turnover rate?

- How does the program relate to its environment?
  - Interactions with other agencies?
  - Perceptions of program by the JJ system/other agencies?

OUTCOME EVALUATION QUESTIONS

- Did the program affect clients' recidivism?
  - Rearrest, reconviction, reincarceration rates?
  - Timing of rearrest/reconviction/reincarceration?
  - Seriousness of new offenses?
- Did the program affect other client outcomes?
  - Educational, occupational, emotional, behavioral?
- Did outcomes differ among participant subgroups?
- What were the relationships between outcomes and the specific program activities?
- How much did the program cost?
  - Per participant per day?
  - Per participant?
- How did the program affect other parts of the JJ system.