



Implementation of Behavioral Programs in Juvenile Facilities and the Impact on Juvenile Recidivism: A Review of the Literature

Jazmin Turner

University of California, Merced

Author Note

Jazmin Turner, Writing 101, Writing for Psychology, Dr. Catherine Koehler, Merritt Writing
Program, University of California-Merced



BEHAVIORAL PROGRAMS JUVENILES AND

RECIDIVISM



Abstract

In recent years, researchers have investigated the increasing problem of juvenile recidivism and behavioral program inefficiency in the United States. Recent studies have suggested these inefficiencies and are influenced by program implementation issues, inattention by programs towards risk factors, and type of program implemented. This paper first considers studies of program completion in juvenile facilities and recidivism rates of specific programs, then discusses issues of program implementation and how they inhibit the execution of such programs. This examination of behavioral programs for juveniles points out the limitations of such programs and suggests the need for a comprehensive solution that includes a holistic, professional, and attentive approach to this increasing problem. Future research must focus more specifically on how programs are influenced by factors such as program costs, staff training, and risk factors and program alignment conditions.



Implementation of Behavioral Programs in Juvenile Facilities and the Impact on Juvenile

Recidivism: A Review of the Literature

In the United States, 54,148 juveniles were held in juvenile facilities in 2013, according to a report by the Office of Juvenile Justice and Delinquency Prevention, committed youth had been in holding longer than 120 days, and detained juveniles had been held fewer than 22 days (OJJDP Statistical Briefing Book, 2015). The juvenile justice system assumes that adolescents deserve and require special handling due to their formative period of development, and that criminal behavior in this stage of their life may not be continued into adulthood (OJJDP Juvenile Justice Bulletin). Therefore, rather than punishment, it is the focus of corrections and behavioral programs for these juveniles to rehabilitate. Behavioral programs are the primary means by which the juvenile system attempts to rehabilitate youth, but in practice however, as occurs with adult programs, juvenile behavioral programs may be poorly implemented, due to insufficient program funds (Romani, Morgan et al., 2012), failure to address factors that indicate re-offense (Benner, Stage, et al., 2009; Borduin, Schaeffer et al., 2009; Calley, 2012; Landenberger & Lipsey, 2005; Jewell, Malone, Rose et al., 2015) and the application of inefficient faculty training (OJJDP Juvenile Justice Bulletin, 2014; Sholomskas, Syracuse-Siewert et al., 2005). The findings indicate that if facilities could strengthen implementation of existing behavioral and delinquency prevention programs, then it could substantially reduce future criminality and reduce recidivism rates within the juvenile population (OJJDP Juvenile Justice Bulletin, 2014).

Deterrence, and Recidivism

As stated by the U.S. Department of Justice recidivism is defined as the repetition of criminal behavior not just rearrests. According to the OJJDP, “there is no national recidivism rate for





juvenile offenders”, each state’s juvenile justice system differs in organization and these differences influence how each state defines, measures and reports recidivism rates within the juvenile system. But it is evident within each state that there is an increased rate for reoffending within the juvenile population, especially within Florida, New York, and Virginia leading in rearrests amongst the juvenile populations (Snyder & Sickmund, 2006; OJJDP Statistical Briefing Book, 2015).

Considering the juvenile system and programs for correcting deviant behavior in juvenile populations, behavioral deterrence programs such as those on popular television shows like “Beyond Scared Straight,” which portray kids-visit-prison-programs, give insight into how deviant behavior is being changed before incarceration is needed. The increased prevalence of recidivism in juvenile populations even after exposure to behavior programs has given ground for research into better understanding the spreading problem. Prison visitation programs are used in juvenile populations to deter deviant behavior before resulting placement in a facility, these programs involve groups of juveniles visiting adult prisons and talking to inmates so that they understand the seriousness of their behavior. Contrary to the belief that these programs are beneficial to the juvenile population, research has shown that these programs cause more harm than good. Petrosino, Turpin-Petrosino and Buehler (2005) suggest that deterrence programs such as prison visitation programs have been ineffective at reducing recidivism rates; youth who participate in these programs, in fact, show higher rates of recidivism than those who have not.

It seems that deterrence programs have no effect on reducing involvement in crime amongst deviant youth, and for the fact that these deterrence programs are still commonly used, we must realize better ways to either implement these programs or find better alternatives (Petrosino,



Turpin-Petrosino et al., 2005). Since research has shown that even behavioral programs among a population of youth who have not been incarcerated is ineffective in changing deviant behavior, we must look at proposed treatment programs within juvenile facilities to assess the effectiveness of treatment that we have available for the juvenile population currently.

Deviancy, Program Types, and Program Completion

The United States incarcerates more of its youth than any other country in the world; many minor offenses committed by juveniles are considered a part of growing up and are handled informally rather than by arrest. With this point made, it is critical to get an understanding of the range and prevalence of juvenile offenses from minor fights at school to aggravated assaults involving weapons. Common juvenile offenses range from: violent offenses which include assault, Homicide, Robbery, Vandalism, Weapons possession etc.; Status offenses include consensual sexual acts, truancy, curfew violations, drinking alcohol, running away, disobedience of parents or other authority figures; Sexual offenses including rape and prostitution, and drug and alcohol violations (OJJDP Statistical Briefing Book, 2015). Consequently, juveniles with these types of offenses are placed in facilities, social scientists call this “peer delinquency training”, and have found significantly higher levels of substance abuse, school difficulties, delinquency, violence, and recidivism for offenders detained in secure settings.

It would be assumed that these particular facilities would have influential rehabilitation programs, but it is noted that recidivism rates for juvenile offenders is high, this occurrence may be due to the type of behavioral programs offered in these facilities. With this increasing problem, it is important to examine and understand critical treatment factors involved with behavioral and mental health programs, these facilities for juveniles are in need of information to develop





effective institutional programs and decrease retention rates for young offenders so that they may undergo successful rehabilitation.

Due to this population of offenders having unresolved behavioral/mental disorders and high recidivism rates, it is evident that in juvenile centers, accessing successful behavioral or rehabilitation programs is a widespread problem. Concerning research of this problem, it could be that in juvenile facilities, since there is no uniform standard of treatment program for offenders across facilities in the same state and across states, it could be contributing to the high recidivism rates of offenders due to the inefficiency of not having uniform treatment and issues with program completion and implementation.

Current Treatment Programs

Juvenile facilities across states do not have a uniform standard of behavioral programs and do not measure the recidivism rates of juveniles within programs and facilities; this allows for implementation of different programs in facilities without regard of their shortcomings (OJJDP Statistical Briefing Book, 2015). Noted within available literature, some studies focused on implementation of programs and their efficacy towards juvenile's recidivism rates. The available treatment for juvenile facilities include: Multisystemic Therapy, a community based treatment program which focuses on environmental systems that impact juveniles through their families, schools and neighbourhoods (Borduin & Schaeffer, 2005; Borduin, Schaeffer et al., 2009); Cognitive Behavioral Therapy, a psychotherapeutic treatment that helps patients understand thoughts and feelings that influence behaviors (Landenberg & Lipsey, 2005; Hollin, Hounscome et al., 2008). Individual Therapy, also known as counseling is a collaboration process with a therapist that aims to facilitate change and improve quality of life (Schaeffer & Borduin 2005),



and Intensive Management Units, where staff members assign offenders to a particular unit contingent on their need for a specific type of treatment program that is offered (Cowles & Washburn, 2005).

This ability to test different types of therapies within a pretest, posttest, and longitudinal design was used within studies to better gain information on the effectiveness of the study and control for needed variables and establish the definition for recidivism in these studies (Cowles & Washburn, 2005; Jewell, Malone, Rose et al., 2015; Schaeffer & Borduin, 2005; Landenberg & Lipsey, 2005). The types of programs offered in juvenile facilities are detrimental to the progress of positive behavior that the state is trying to achieve, it can be noted that the uniformity of such programs are non-existent due to the inability of juvenile systems to make available standard juvenile behavioral programs.

Cognitive Behavioral Therapy

CBT is a type of treatment therapy commonly implemented in juvenile facilities through programs that address types of psychotherapeutic treatment that help patients understand the thoughts and feelings that influence their behaviors. Especially within a juvenile facility, it is the understanding that youth do not understand where their behavior problems stem from so through the usage of CBT treatments, they will better control their actions from knowing how to control them and why they specifically “act out” in a particular manner. This type of therapy has been researched by many who inquire in to the efficacy of this type of treatment, since it is implemented commonly it is believed to effective among this population but as suggested by the literature, CBT does not address multilevel components needed for a successful program.



Hollin, Hounscome et al., (2008), evaluated the effects that three general offending behavior programs based on a CBT template had on juveniles and reoffending risks within that specific population, and had believed that these programs would be effective in lowering the recidivism risks within the population. The results of this study concluded that there was no difference in the reconviction rates of offenders who were allocated to either programs or comparison group, but it was shown that offenders who completed a program had a lower rate of reconviction compared to the (nonstarter/non-completer) control/comparison groups (Hollin, Hounscome et al., 2008). From these results, it can be assumed that the low rate of program completion in the study may account for the absence of significant differences in the rate of recidivism between those allocated to a program and the comparison group; behavioral programs are assumed to be completed in order to be effective, this could be attributed to the inefficient results. Low rate of program completion is a factor that other researchers, such as Jewell, Malone et al., (2015), have attributed to the insignificant data results of CBT on the rates of recidivism in juvenile populations. The literature suggests that in order to have an effect on the population with this type of therapy, the specific type of program must be completed effectively.

Jewell, Malone et al., (2015) investigated the long term effectiveness of a cognitive behavioral program *Community Opportunity Growth* on juveniles recidivism rates, they hypothesized that offenders who completed the program would have significantly lower recidivism compared to youth who either left the program (dropout group) or did not start the program (control group) (Jewell, Malone, Rose et al., 2015). Archival data was analyzed from a 7-year study on all youth who were referred to the COG program; these data were gathered from the county's database that stores information regarding the youth, their criminal history, and other data relevant to their



case. During that time, youth were referred to the COG program that consisted of a 16-week group therapy program for approximately 1.5 hr. per week (Jewell, Malone, Rose et al., 2015). The results indicated that there was a lower rate of recidivism in the program completion group compared with the non-completion program group (Jewell, Malone, Rose et al., 2015).

Cognitive Behavioral Therapy and Intensive Management Units

As indicated by the studies that assessed the efficacy of CBT programs within the juvenile population, program completion and programs that addressed a multilevel approach to correcting deviant behavior were the most effective for juveniles. The type of program and effective program completion is important for the efficacy of the program on the juveniles, not only are specific programs influential on behavior change but implementation of management units over offenders influences changes within juveniles as well. Cowles & Washburn (2005) were interested in whether the implementation of intensive management units would influence behavior changes in juvenile offenders; they believed that the implementation of intensive management units (IMU's) would influence positive behavior changes within juveniles. This study analyzed juvenile offenders from Washington who were held on violent sex and drug related offenses (Cowles & Washburn, 2005). The results suggest that working with correctional staff and psychologists in the IMU's did successfully contribute to behavior changes in juvenile offenders. These particular management units are effective because offenders are assigned to particular programs that will be the most effective in influencing behavior changes within the juvenile population; they work in an intensive treatment relationship with staff members who assign offenders to units contingent on their need for a specific type of treatment.



Considering the efficacy of particular programs, effective programs will implement a multilevel approach addressing aspects such as the individual, family and community life, and effective completion strategies, meaning, completion of the program has sufficiently addressed all aspects of the problem behavior and not just that the offender has gone through a mandatory program (Lowenkamp, Makarios et al., 2010).

Specific program characteristics have been researched to find the most effective strategy of implementing treatment programs to the juvenile youth population, because this group is so influential, the right program strategies must be implemented to create an effective long-term change in behavior so as to reduce recidivism in this population. Lowenkamp, Makarios et al., (2010) investigated program characteristics and treatment integrity when implementing interventions that potentially reduce recidivism. This study gave insight into factors to be used within implemented programs in order to create effective treatment for this specific population. These studies have all addressed the specific needs and factors of a potentially efficient program for juvenile offenders (Borduin & Schaeffer, 2005; Borduin, Schaeffer et al., 2009; Cowles & Washburn, 2005; Hollin, Hounsome et al., 2008; Jewell, Malone, Rose et al., 2015; Landenberg & Lipsey, 2005; Lowenkamp, Makarios et al., 2010; Petrosino, Turpin-Petrosino et al., 2005). Borduin & Schaeffer, 2005 and Borduin, Schaeffer et al., 2009 noted that the most successful type of treatment program would need to address the multilevel aspects of problems that affect the deviant behavior of juveniles, other types of therapy were assessed to gather information on the efficacy of that specific type of program.



Multisystemic Therapy

Research on MST treatment programs were conducted by researchers such as Borduin, Schaeffer & Heiblum (2009), who assessed the effects of MST on recidivism rates of juvenile offenders. They hypothesized that MST would decrease recidivism rates amongst juveniles and affect future criminal offenses (Borduin, Schaeffer & Heiblum, 2009). This study was conducted as a pretest-posttest design to compare the efficacy of MST programs with regular community programs. Juvenile court personnel referred 51 youth and their families to the study and were assigned to specific groups via randomization and assessed for factors such as peer and family relations, individual adjustment, grades and recidivism (Borduin, Schaeffer & Heiblum, 2009). It was found with this particular study that MST produced both short- and long- term changes in youths' criminal behaviors and incarceration/recidivism (Borduin, Schaeffer & Heiblum, 2009). These results of MST may be due in part to an explicit focus on risk factors that are related to problem behaviors and that place juvenile youth on a developmental pathway to achieving better. Schaeffer & Borduin (2005) who were interested in the long-term effects of MST when compared to IT on juvenile offender populations and recidivism rates, conducted a follow-up study of 176 juvenile participants who received either MST or IT in an earlier clinical trial, both juvenile and adult criminal records were examined. This is the longest MST study on juvenile participants, and the results indicated that MST participants were significantly less likely to be rearrested than were IT participants within 13.7 years after ending treatment. The likelihood of rearrests for specific offenses was two to four times lower for MST participants than for IT participants (Schaeffer & Borduin, 2005).



Taken together, research from Schaeffer and Borduin (2005) and Borduin, Schaeffer and Heiblum (2009) show the most effective type of research thus far probably related to the foundation of the treatment type itself. MST relies on implementing the program at both the individual and family/community levels in order to affect all aspects of the youth's life. This type of implementation seems to be the most effective because it involves all aspects of the youth's life in order to be efficient in making changes to deviant behavior. It is shown that IT focuses solely on the individual in order to change deviant behavior, but, in comparing the efficacy of MST and IT, this literature review suggests that treatments that focus on multilevel aspects instead of just the individual may cause a positive change in rates of recidivism.

Issues with Program Implementation

Institutional constraints within juvenile correctional facilities are due to outside factors that inhibit sufficient behavioral treatments. These constraints include budget cuts or program costs, as well as inefficient staff training and low staff participation, and issues with program alignment and risk factors. It is noted that these institutional constraints can cause implementation of treatment programs to be ineffective. It is common sense that if there are ineffective faculty then they will provide inefficient treatment, if there are insufficient funds for these programs then the results are that there will be insufficient and ineffective resources available for juvenile facilities, and if the programs do not align with risk factors then they are not addressing juvenile's problems.

Program Alignment with Individual Risk Factors

There are multiple factors that predict recidivism rates of juveniles such as: type of behavioral program offered, juvenile offense type, length of program, and program completion as





mentioned previously as some factors that are important to implementing efficient treatment programs for juvenile offenders (Benner, Stage, et al., 2009; Borduin, Schaeffer et al., 2009; Calley, 2012; Landenberger& Lipsey, 2005). Within this particular population, it is known that there are specific risk factors that indicate a higher risk of incarceration within a population of juveniles than others do. It has been researched whether these risk factors indicate higher rates of recidivism in this population than juveniles who do not indicate these sorts of risk factors, Benner, Stage et al., (2010) and Calley (2012) conducted research on risk factors and behavioral programs and whether these programs efficiently addressed high indicating risk factors in an attempt to effect behavior change. Benner, Stage et al., (2010) researched whether established risk factors and program completion had an effect on severe offenders' recidivism rates. They had stated that particular risk factors such as: offense type, age of offense, familial support, severity of offense, number of offenses, childhood maltreatment etc., may predict recidivism risk in juveniles. An analysis of existing mental and juvenile data was conducted on 761 juvenile offenders; their demographic information such as offense type was collected when referred to a specific juvenile court (Benner, Stage et al., 2010). It was found, according to Benner, Stage et al., (2010), that risk factors such as the age of first offense and childhood maltreatment were better predictors of recidivism rates in juvenile offenders; this showed that risk factors did have an impact on recidivism rates.

Contrary to what was concluded by Benner, Stage et al., (2010), researcher Calley (2012) had also inquired to whether established risk factors had an effect on severe juvenile recidivism rates but had concluded that offense type was that only significant variable that had an effect on recidivism rates with the juvenile population. For this particular study, not only were



risk factors assessed for risk of re-offense but also program completion, in this study program completion was defined as a type of risk factor. Calley (2012) inquired about whether established risk factors and program completion had an effect on severe juvenile offenders' recidivism rates. It was predicted that program completion among offenders would be associated with lower recidivism rates. The study was conducted with a total of 166 male juvenile participants who were involved with a follow-up study at a residential treatment facility for juveniles. Youth were categorized based on offender type then placed into specialized behavioral programs. It was concluded that there was an overall recidivism rate of 23 percent varied between offense types; they found that even between all other established risk factors, offense type was the only significant variable that had an effect on recidivism rates. Length of stay and program completion were found to have little to no effect on the rates of recidivism for juvenile offenders (Calley, 2012).

Opposing the claim that program completion is a significant factor to implementing effective behavioral treatment programs (Jewell, Malone, Rose et al., 2015), Calley (2012) proposes that program completion is an insignificant risk factor if other risk factors have not been addressed initially within the implemented program itself. They found that regardless of all other risk factors, length of stay and program completion had little or no effect on the rates of recidivism for juveniles. It could be that this is due to the varying lengths of stay mandated for offenders, and also the fact that there is no standard for effective program completion except for completing the 16-week program. It is unclear whether offenders have efficiently gained effective treatment from the implemented behavioral programs in order to effect recidivism rates and behavior long term. The failure to create a standardization of individual treatment and pay



attention to individual aspects and risk factors of problem behavior, has allowed for current treatment programs to simply bypass administering effective treatments which could affect the recidivism and reoffending rates of juvenile offenders.

Institutional Constraints

Clinician Training for Programs

According to the *American Counseling Association* (2015) in order to qualify for employment as a juvenile counselor, most states require that the applicant complete a master's degree, they must also have completed extensive hours of supervised clinical training beyond the master's degree level and be licensed (American Counseling Association, 2015). It is claimed that state agencies conduct on-the-job-training for juvenile court counselors, it is an essential part of all juvenile counselor/therapist programs and usually involves an internship of one to two years, these programs give student professionals the chance to view actual clinical situations and work alongside trained mentors in practice (American Counseling Association, 2015). But it is noted that even with these requirements, it is not mandatory for juvenile counselors to have licensing in order to implement treatment within a juvenile facility. With this fact, it is appropriate to view this shortcoming as an institutional constraint because if counselors/ clinicians are not providing effective care with the proper licensure, then how can we be sure that they are providing the most effective care possible?

Sholomskas, Syracuse-Siewert et al., (2005) considered effective training strategies that allowed for clinicians to be the most efficient when implementing behavioral programs for juveniles. They researched whether certain types of training strategies more effective when training clinicians for behavioral programs, and had hypothesized that web-based training and



seminar plus supervision strategies would be more effective than exposure to manual training alone. The primary outcome measure was the clinicians' ability to demonstrate key CBT techniques via a videotaped exercise in which they were asked to demonstrate three key CBT interventions: explaining the CBT rationale for treatment in different categories, this was essentially used to measure effectiveness of the clinicians ability to convey CBT techniques. The results showed for this study that participants assigned to the seminar plus supervision and the Web conditions had significantly higher effects than those assigned to the manual only condition (Sholomskas, Syracuse-Siewert et al., 2005). It was found that effectiveness for the clinicians assigned to the seminar plus supervision or Web conditions remained stable or improved during the follow-up-period, on the other hand clinicians assigned to the manual only condition tended to stay the same or decrease slightly.

Institutional Costs as Constraints

It has been mentioned by Romani, Morgan et al., (2012) that costs are differential depending on the type of behavioral program available and that these effective programs may not have sufficient funds in order to perform significantly. Romani, Morgan et al., (2012) had inquired about the cost of service and whether they could have an effect on type of correctional service (traditional service) implemented. They had hypothesized that it could be that correctional services that were successful were more expensive or that it could be successful services do not receive as much funding. This current study was an extension of a meta-analytic review of correctional interventions, this study reviewed 80 articles that consisted of 154 groups of treated offenders that were sorted by type of service received, and each group of treated offenders was compared to a control group of non-treated offenders (Romani, Morgan et al.,



2012). But for the purposes of the study, only offenders from three of the differing types of treatment conditions were included: criminal sanctions, inappropriate correctional services, and appropriate correctional services, information was examined about the type of service received and costs of programs were also received through searches of databases (Romani, Morgan et al., 2012). Results indicated that there was no statistically significant differences in cost when comparing traditional punishments to inappropriate and appropriate correctional services, but regardless of the type of service provided, the total cost for correctional services appeared comparable, it was found that treatments that were successful were not deemed appropriate and were less likely to receive funding.

This information is important in regards to juvenile treatment costs and needed funding for effective behavioral program implementation, if the appropriate funding is unavailable for effective program treatment then this reflects on the standards of available programs for juvenile facilities. It is important to address these apparent institutional factors so that effective behavioral care may be implemented appropriately to the designated population, otherwise, funds and resources are being wasted on reoccurring inefficient treatment programs that reproduce high-risk recidivating juveniles.

Discussion

Overall, there are factors that contribute to successfulness of implemented behavioral programs, this literature review suggests that implemented deterrence programs, which are believed to affect recidivism rates and deviant behaviors within juveniles, actually are not effective as the majority of people believe them to be. With this, it is also suggested by the literature that there are problems with program implementation that cause inefficiency when executed. These





specific problems, which have been outlined by the literature are institutional constraints within juvenile facilities due to outside factors that inhibit sufficient behavioral treatments, these constraints include: budget cuts or program costs, inefficient staff training and low staff participation, and issues with program alignment and risk factors. It is noted that these institutional constraints can cause implementation of treatment programs to be ineffective as well as prohibit application of programs that actually are effective.

The literature suggests that programs that are effective address holistic aspects of the juvenile's environment to affect all aspects of their life that may produce or cause deviant behavior. Juveniles are susceptible to the environment around them, the foundations for problem behavior are multileveled and as a result, respond well to Multisystemic therapy and IMUS's. Particular intensive management units are effective because offenders are assigned to particular programs that will be the most effective in influencing behavior changes within the juvenile population; they work in an intensive treatment relationship with staff members who assign offenders to units contingent on their need for a specific type of treatment. Considering efficacy of programs, effective programs will implement a multilevel approach addressing aspects such as the individual, family and community life, and effective completion strategies, meaning, completion of the program has sufficiently addressed all aspects of the problem behavior and not just that the offender has gone through a mandatory program (Lowenkamp, Makarios et al., 2010).

Also, it had been noted by the literature that program completion is an important factor when concluding a behavioral program and shows positive results for the short term, but research suggests that it is not just the completion of the program that allows for a decreased rate of



recidivism but successful program completion where the individual has comprehended the lessons being taught. For further study into the efficacy of behavioral programs, a standardization of successful program completion should be implemented to ensure that juveniles have effectively comprehended the programs goals to reduce recidivism rates long term. As for institutional constraints inhibiting successful program implementation, these problems need to be addressed at a higher level than just the treatment programs, funds and sufficient training of personnel need to be available in order to create the most effective program so that recidivism rates do not decline in the short term, there should be a goal towards reducing rates of recidivism for the long term so that juveniles do not reoffend with more serious crimes after their adolescent years, these programs need to aim to effectively change behavior amongst this population.

Concerning research of this problem, there were notable limitations throughout each of the studies that can speak to the results found in overall research on the topic of behavioral programs. First off, there were not many longitudinal studies on program implementation so we cannot speak to the effectiveness of particular programs over the long term. Also, facts concerning how recidivism is defined by institutions may cause irregularity in what is classified as recidivism so these cases may not be included in certain studies, even so, there is no national recidivism rate, this fact is not claimed in any of the studies that studied program implementation versus recidivism, therefore their claims of recidivism rates declining nationally is false because actually individual states rates are slowly increasing in regards to recidivism and severity of offense. It must be noted that there are particular constraints on implementing effective behavioral programs for the juvenile population. The failure to create a standardization of



individual treatment and pay attention to individual aspects and risk factors of problem behavior, has allowed for current treatment programs to simply bypass administering effective treatments which could affect the recidivism and reoffending rates of juvenile offenders.



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