A Sourcebook of Delinquency Interventions

FLORIDA DEPARTMENT OF JUVENILE JUSTICE
Office of Program Accountability Programming and Technical Assistance Unit
Disclaimer

The Sourcebook is not all-inclusive: the information contained within is subject to change without notification. Interventions may be added as empirical evaluations are conducted and supported in the literature. The rankings of the interventions are subject to change--a ranking for a particular intervention may increase as new empirical research is conducted using either a more methodologically rigorous design, or demonstrating the intervention to be more effective than in previous analyses. The ranking of a particular intervention may decrease as new research demonstrates the intervention to be less effective than previously reported. Furthermore, an intervention may be eliminated entirely from the Sourcebook in the event rigorous empirical research demonstrates the intervention to be iatrogenic or potentially harmful to the target population.

New versions of the Sourcebook, as developed, will be posted on the Florida Department of Juvenile Justice website, within the Program Accountability, Technical Assistance section. It is the sole responsibility of the reader to ensure utilization of the most up-to-date version. Additionally, it is the sole responsibility of the reader to obtain the required training, certification, education, and licensure (if applicable) to facilitate any intervention described within. The Florida Department of Juvenile Justice is not liable for any licensure or copyright infringements by any individual or agency engaging in unlawful actions in the facilitation of the interventions within.
Foreword

In 2008, the Programming and Technical Assistance (PTA) Unit compiled a list of delinquency interventions aimed at reducing recidivism and major dynamic risk factors, criminogenic needs, of juvenile offending. These interventions were rank-ordered into three tiers based on the extent to which they had been rigorously evaluated. The first ever Sourcebook of Delinquency Interventions separated practices into the categories still used today: Evidence-based Practices, Promising Practices, and Practices with Demonstrated Effectiveness. In recent years, the Sourcebook has been updated including this most recent 2011 edition. Several interventions have been added to each tier, and practices have risen in ranking as new empirical evaluations have been conducted which advanced our understanding of an intervention’s effectiveness.

The PTA Unit continues with efforts to build sustainability of practices through qualified training, proper implementation, fidelity adherence and coaching of evidence-based delinquency interventions and best practices as well as research, development and pilot testing/evaluation.

Since publication of the 2010 Sourcebook, several important milestones have been achieved in advancing the implementation of evidence-based and best practices within Florida. The Quality Assurance Evidence-based Tier II and traditional Residential Standards have been incorporated. The Residential Administrative Rule (Operation of Residential Programs 7.001-016) has also been revised to capture these elements. These additions will help the Department evaluate the strengths and weaknesses of residential programs with the goal of making them more accountable and effective in areas including: organizational culture, evidence-based delinquency interventions implementation and sustainability, management and staff characteristics, youth risk and needs assessment practices, program characteristics, behavior management strategies, inter-agency communication, and evaluation.

In order to demonstrate the effectiveness of the implementation of evidence-based practices (EBP) within Florida, the provision of those services must be tracked. The PTA Unit in collaboration with the Management Information Systems office is developing a module in the Juvenile Justice Information System (JJIS) dedicated to capturing the intervention services each youth receives. The Delinquency Interventions Tracking Module will collect data related to which specific evidence-based services, if any, a particular youth receives while under the care and custody of the Department. Furthermore, the module will track the intensity and duration of those services, and whether the youth completed the service. The module will provide the hard empirical data necessary to illustrate to relevant stakeholders the benefits of providing evidence-based interventions to youth.

The goal of the Sourcebook remains to serve as a tool to sustain and advance efforts by providing a catalogue of examined practices by type as defined by The Florida Department of Juvenile Justice.

Jennifer A. Rechichi
Michael Baglivio, Ph.D.
# Table of Contents

## Introduction

1

## Outline

2

## Evidence-based Practices

3

1. Aggression Replacement Training (ART©)
2. Aggression Replacement Training
3. Cannabis Youth Treatment (CYT)
4. EQUIP
5. Functional Family Therapy (FFT)
6. LifeSkills Training (LST)
7. Moral Reconciliation Therapy (MRT)
8. Multisystemic Therapy (MST)
9. Multisystem Therapy for Youth with Problem Sexual Behavior (MST-PSB)
10. Seven Challenges
11. Thinking for a Change (T4C)

## Promising Practices

34

1. Brief Strategic Family Therapy (BSFT)
2. Bullying Prevention Program
3. Dialectical Behavioral Therapy (DBT)
4. Parenting with Love and Limits (PLL)
5. Project Toward No Drug Abuse (TND)
6. Promoting Alternative Thinking Strategies (PATHS)
7. Strengthening Families Program

## Practices with Demonstrated Effectiveness

51

1. ARISE
2. ARISE Life-skills
3. Corrective Thinking (Truthought)
4. Crossroads Juvenile Offender Curricula
5. Girls Circle
6. Girls Moving On
7. Impact of Crime: Addressing the Harm to Victims and the Community
8. New Freedom/Phoenix
9. Reasoning and Reacting
10. Skillstreaming the Adolescent
11. Youthbuild
Delinquency Interventions

The purpose of implementing a delinquency intervention is to prevent criminal and antisocial behavior, reduce recidivism for those already in the juvenile justice system, and reduce youths’ dynamic/changeable risk factors (termed “criminogenic needs”) that are proven to be the major causes of juvenile criminal behavior.

There are three levels at which we define delinquency interventions. The level an intervention is placed within is dependent on the empirical research conducted on that practice, and the results of those analyses. The levels progress in terms of methodological rigor and effectiveness of the practice, with evidence-based practices requiring the highest level of rigor and the highest level of program success with results lasting at least one year from completion. The levels and their respective definitions are as follows:

**Practices with demonstrated effectiveness:** Practices based on general principles, strategies, and modalities reported in criminological, psychological, or other social science research as being effective with a juvenile population. These practices should be outlined in a format that ensures consistent delivery by the facilitator across multiple groups.

**Promising practices:** Manualized curricula that have been evaluated and found to reduce the likelihood of recidivism or at least one criminogenic need with a juvenile offending population. The evaluation must have used sound methodology, including, but not limited to, random assignment or quasi-experimental design, use of control or comparison groups, valid and reliable measures, and appropriate analysis. Such studies shall provide evidence of statistically significant positive effects. In addition, there must be evidence that replication by different implementation teams at different sites is possible with similar positive outcomes.

**Evidence-based practices:** Treatment and practices which have been independently evaluated and found to reduce the likelihood of recidivism or at least two criminogenic needs, with a juvenile offending population. The evaluation must have used sound methodology, including, but not limited to, random assignment, use of control groups, valid and reliable measures, low attrition, and appropriate analysis. Such studies shall provide evidence of statistically significant positive effects of adequate size and duration. In addition, there must be evidence that replication by different implementation teams at different sites is possible with similar positive outcomes.

Each of the interventions has specific requirements for implementation and facilitation. Many practices, both promising and evidence-based, can be delivered regardless of educational attainment of the facilitator, provided the staff were trained in the specific practice. Furthermore, many promising and evidence-based practices are proprietary, while others are not and are free with the exception of the training cost. The practices vary widely with respect to training cost per participant and certification requirements. Almost all promising and evidence-based practices allow for an individual to attain the status of a qualified trainer, meaning the individual will not only be able to facilitate groups with at-risk youth, but will be able to train other staff to facilitate groups after successful completion of that practice’s trainer protocol.

The purpose of this sourcebook is to provide a quick desk reference for interventions examined by the Department of Juvenile Justice, the criminogenic needs those interventions address, contact and training information, and equally as important, the rank of those interventions according to the Department. As new empirical research avails itself, the sourcebook will be updated with either new practices, addition of criminogenic needs addressed by a specific intervention, or a move to a higher ranking for an intervention.
| **Name of Program and Acronym** |

| **Florida DJJ Ranking:** | Level of empirical support for the program; based on the three definitions of evidence-based, promising, or practice with demonstrated effectiveness |
| **Program Author:** | Person(s) who developed the program |
| **Program Contact:** | Contact for program information |
| **Overview:** | Brief synopsis of the program/curriculum |
| **Location:** | Program contact current location |
| **Recidivism Reduction:** | Has the program been proven effective at reducing recidivism? Yes/No |
| **Criminogenic Need:** | Targeted criminogenic need(s) |
| **Population:** | Targeted segment of Department of Juvenile Justice population |
| **Treatment Setting:** | Type of setting program can be implemented |
| **Modality:** | How the program/curriculum is delivered |
| **Training:** | A description of what type of training is needed to implement the program |
| **Certification:** | Type of certification needed to facilitate the curriculum/ certification offered upon training completion |
| **Facilitators:** | The education, experience, and discipline training needed to facilitate program/curriculum |
| **Fidelity:** | The method to determine the program is implemented as intended |
| **Bibliography:** | A reference list identifying the rigorous research conducted on the program. The reference list is not exhaustive, but is meant to provide information as to the types of analyses conducted on the program and results garnered |
Evidence-based Practices

The delinquency interventions that achieve the highest rank are the evidence-based practices. These interventions have been evaluated to the highest degree, often using the “gold standard” of random assignment. For an intervention to be deemed evidence-based, the empirical research must have shown reductions in at least two criminogenic needs, or a reduction in the recidivism rate of the program participants versus the comparison group(s). The effect of the intervention must have been statistically significant and must have lasted for an adequate time period (at least one year for recidivism).
Aggression Replacement Training® (ART®)

**Florida DJJ Ranking:** Evidence-based Practice

**Program Author:** Goldstein, Arnold P.; Glick, Barry; Gibbs, John C.

**Program Contact:** bglick01@nycap.rr.com

**Overview:** Aggression Replacement Training® (ART®) is a multimodal psychoeducational intervention designed to alter the behavior of chronically aggressive adolescents and young children. The goal of ART® is to improve social skill competence, anger control, and moral reasoning. The program incorporates three specific interventions: skill-streaming, anger-control training, and training in moral reasoning. Skill-streaming uses modeling, role-playing, performance feedback, and transfer training to teach prosocial skills. In anger-control training, participating youths must bring to each session one or more descriptions of recent anger-arousing experiences (hassles), and over the duration of the program they are trained in how to respond to their hassles. Training in moral reasoning is designed to enhance youths’ sense of fairness and justice regarding the needs and rights of others and to train youths to imagine the perspectives of others when they confront various moral problem situations.

The program consists of a 10-week, 30-hour intervention administered to groups of 8 to 12 juvenile offenders thrice weekly. The 10-week sequence is the “core” curriculum. During these 10 weeks, participating youths typically attend three 1-hour sessions per week, one session each of skill-streaming, anger-control training, and training in moral reasoning.

**Location:**
G & G Consultant, LLC
106 Acorn Drive, Suite A
Glenville, NY 12303-4702
(518) 399-7933

**Proven Recidivism Reduction:** Yes

**Criminogenic Need:** Aggression, Anti-social attitudes, Impulsivity

**Population:** Male and female juveniles

**Treatment Setting:** Community-based or Residential

**Modality:** Cognitive Behavioral in a group format

**Training:**
1. Five-day 36-40 hour seminar, Group Trainers (Facilitators) Training to deliver the curriculum with youth

2. Aggression Replacement Training® (ART®) Trainer of Group Trainers (Facilitators) Training: This is a minimum four or five day 32-40 hour seminar (that may include up to 280 hours of additional study depending on participant qualifications), in which participants are provided specific information about adult learners and what trainers must do to train others in Aggression Replacement Training® (ART®). The seminar has specific goals and behavioral objectives for individuals to accomplish before they are
Evidence-based Practices

Aggression Replacement Training (ART)

3. Aggression Replacement Training® (ART®) Master Trainer

Master Trainers are individuals who have at least five years of experience delivering Aggression Replacement Training® (ART®) to clients and at least three years experience as an Aggression Replacement Training® (ART®) Trainer of Group Trainers (Facilitators). (One of these years may be concurrent with the five years experience delivering Aggression Replacement Training® (ART®). The Master Training is an individualized training program developed by the Master Trainer Candidate with the guidance and direction of a Master Trainer. The individualized program must be reviewed and approved by Barry Glick, Ph.D., NCC, ACS and the Master Trainer credential must be signed (or co-signed) by Barry Glick, Ph.D., NCC, ACS. A Master Trainer: a) may work independently, providing consultation to agencies and systems in the area of Aggression Replacement Training® (ART®); b) may design variations of the ART® program to meet particular client needs; c) may initiate and/or operate a P ART®TC; and d) offer credentials to individuals for both the Aggression Replacement Training® (ART®) Group Trainers (Facilitators) Training and the Aggression Replacement Training® (ART®) Trainer of Group Trainers (Facilitators) Trainer Training.

Certification:
Certificate upon completion

Facilitators:
No degree requirements

Fidelity:
Checklists available

Bibliography:


Aggression Replacement Training

Florida DJJ Ranking: Evidence-based Practice

Program Author: Goldstein, Arnold P.; Glick, Barry; Gibbs, John C.

Program Contact: Mark Amendola, (814) 881-2438

Overview: Aggression Replacement Training consists of three core components:

*Skill-streaming* uses modeling, role-playing, performance feedback, and transfer training to teach prosocial skills.

*Anger-Control Training*, in which youths are taught how to respond prosocially to anger-arousing situations.

*Moral Reasoning* is designed to enhance youths’ sense of fairness and justice regarding the needs and rights of others and to train youths in perspective-taking of others when they confront various moral problem situations.

The curriculum consists of a 10-week, 30-hour intervention administered to groups of 8 to 12 juvenile offenders three times per week for ten weeks. Each week one session each of skill-streaming, anger-control training, and moral reasoning are delivered.

Location: 3951 Shamrock Court
Erie, PA
16510

Proven Recidivism Reduction: Yes

Criminogenic Need: Aggression, Anti-social attitudes, Impulsivity

Population: Male and female juveniles

Treatment Setting: Community-based or Residential

Modality: Cognitive Behavioral in a group format

Training: The following outlines our proposed training and fee structure:

1. For an initial three day facilitator training the fee would be $3,500.00 per day. This training should have no more than 15 participants, which may represent 5 staff from three agencies. The total fee for the three day training would be **$10,500.00**

2. A one day booster training of the initial training cohort, between 4 and 6 months after the initial facilitator training, to assure program fidelity. This fee is **$2,750.00**.

3. Each cluster will be assigned a Master Trainer from Educational & Treatment Alternatives Inc. (ETA), for a one-year period, to include phone consultation (up to 20 phone calls), fidelity form review by the Master Trainer and videotape review of the trained facilitators. This is $1,000.00 per cluster for a total of 3 clusters for **$3,000.00**.

4. Each participant should also have the curriculum materials to facilitate the group. We will assure that all materials are on site and the cost of each set is:
   a. Aggression Replacement Training - **$25.95**
b. Skillstreaming - New Strategies and Perspectives for Teaching Prosocial Skills (Appropriate age level) $21.95  
c. Skill Cards - Skillstreaming $25.00  
d. Program Forms CD-ROM – Skillstreaming $18.95  

Total curriculum materials: (91.85x15) = $1,033.31  

The total fee for a training with three clusters, followed one year from the initial facilitator training, including materials is $17,283.31  

It is also important for agencies to develop capacity to train staff to become senior agency ART trainers. The training protocol takes typically one full year for an individual to meet the criteria for a senior trainer. The decision as to who should be selected as a trainer should be a collaborative process. It is critical to choose an individual who will be able to teach the model effectively. The following fee structure is for Train the Trainer:  

1. Once a trainer has been identified and selected they would attend a three-day train the trainer workshop. Using the first cohort trained, as an example (15 participants, 3 agencies) agencies could select up to three of those five participants as senior trainer candidates. This would mean no more than 9 participants in the three-day train the trainer workshop. The fee for this $3,500.00 per day or $10,500.00 for the total three days.  

The assigned ETA Master Trainer will work with the candidate prior to the training to assure the candidate is prepared. We will also have a general conference call with all participants to assure all understand their assignments for the three-day training.  

2. Following the training, the trainers will conduct on-site agency training within 4 months of the training, with no more than 10 participants. This training will be videotaped and reviewed by an ETA Master Trainer to provide feedback. The agency will also provide videotape of groups conducted by the new trainers to be evaluated by ETA. The year follow-up is $1,000.00 per cluster as with the initial training follow-up. For three clusters that is $3,000.00.  

The total fee for a train the-trainer-training with three clusters, followed one year from the train the trainer training, is $13,500.00  

Certification: Certificate upon completion  
Facilitators: No degree requirements  
Fidelity: Checklists available  
Bibliography:  


Cannabis Youth Treatment (CYT)

Florida DJJ Ranking: Evidence-based Practice

Program Author: Sampl, Susan; Kadden, Ronald

Program Contact: www.samhsa.gov; http://www.chestnut.org/LI/cyt/site_info.html

Overview: MET/CBT5 - This is a five-session treatment composed of two individual sessions of Motivational Enhancement Therapy (MET) and three weekly group sessions of Cognitive-Behavioral Therapy (CBT). The MET sessions focus on factors that motivate participants who abuse substances to change, while in the CBT sessions, participants learn skills to cope with problems and meet needs in ways that do not involve turning to marijuana or alcohol. To be conducted in all four sites, this treatment is designed to be inexpensive and in line with what many parents and insurers are seeking as a basic intervention.

MET/CBT12-session model comprises the complete 5-session model combined with 7 supplemental cognitive behavioral sessions covering additional coping skills, 1 session per week

Location: 1003 Martin Luther King Drive
Bloomington, IL 61701

Proven Recidivism Reduction: Yes

Criminogenic Need: Substance Abuse

Population: Male and female juvenile substance users between the ages of 12 and 18

Treatment Setting: Community-based or Residential

Modality: Cognitive Behavioral using both an individual session and group format.

Training: 2-day training

Certification: Certificate upon completion

Facilitators: Recommended bachelor’s degree or higher in a mental health field. Florida Statute dictates facilitators of substance abuse treatment must be licensed individuals, or individuals supervised by a licensed individual

Fidelity: No checklists currently available

Bibliography:


EQUIP

Florida DJJ Ranking: Evidence-based Practice

Program Author: Gibbs, Potter, & Goldstein

Program Contact: Dr. John Gibbs
Department of Psychology
The Ohio State University
142 Townshend Hall
1885 Neil Ave.
Columbus, Ohio
43210-1222
gibbs.1@osu.edu

Overview: EQUIP is intended to encourage and enable juveniles to think and act responsibly using a peer-helping approach. EQUIP is a three-part intervention method for working with antisocial or behavior disordered adolescents. The approach includes training in moral judgment, anger management/correction of thinking errors, and prosocial skills. Youth involved in the EQUIP training program participate in two types of group sessions - Equipment Meetings (in which the leader teaches specific skills) and Mutual Help Meetings (in which the leader coaches students as they use the skills they've learned to help each other). EQUIP is essentially the components of Aggression Replacement Training with a Positive Peer Culture (PPC) overlay.

Location: Department of Psychology
The Ohio State University

Proven Recidivism Reduction: Yes

Criminogenic Need: Aggression, Anti-social attitudes, Impulsivity

Population: Male and female juveniles

Treatment Setting: Community-based or Residential

Modality: Cognitive behavioral in a group format

Training: Contact Bud Potter, M.Ed
bpotter@aol.com

Certification: Contact Bud Potter, M.Ed
bpotter@aol.com

Facilitators: No degree requirements
**Fidelity:**

No checklists currently available

**Bibliography:**


Functional Family Therapy (FFT)

Florida DJJ Ranking: Evidence-based Practice

Program Author: Alexander, James F.

Program Contact: jfaft@psych.utah.edu

Overview: A major goal of Functional Family Therapy is to improve family communication and supportiveness while decreasing the intense negativity so often characteristic of these families. Other goals include helping family members adopt positive solutions to family problems, and developing positive behavior change and parenting strategies. Although originally designed to treat middle class families with delinquent and pre-delinquent youth, the program has recently included poor, multi-ethnic, multi-cultural populations, with very serious problems such as conduct disorder, adolescent drug abuse, and violence.

Location: Functional Family Therapy, LLC
1611McGilvra Blvd. East
Seattle, WA
98112

Proven Recidivism Reduction: Yes

Criminogenic Need: Improve family functioning

Population: Male and female juveniles

Treatment Setting: Community-based, clinical setting

Modality: Family therapy

Training: 3-day clinical training for all FFT therapists in a working group; an externship training for one working group member (will become the clinical lead for the working group); 3 follow-up visits/year (2 days each on-site); and supervision consultations (4 hours of monthly phone consultation).

Certification: Certificate upon completion

Facilitators: Licensed mental health counselors trained in Functional Family Therapy, or non-licensed individuals trained in Functional Family Therapy who receive clinical supervision from licensed mental health counselors

Fidelity: Contact Functional Family Therapy, LLC


LifeSkills Training (LST)

Florida DJJ Ranking: Evidence-based Practice

Program Author: Botvin, Gilbert J.

Program Contact: www.lifeskillstraining.com

Overview: LifeSkills Training (LST) is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations. The curriculum is delivered in 15 sessions plus 3 optional violence prevention sessions.

Location: National Health Promotion Associates (NHPA)
711 Westchester Avenue
White Plains, NY 10604
1-800-293-4969

Proven Recidivism Reduction: Yes

Criminogenic Need: Substance Abuse, Aggression

Population: Male and female juvenile offenders

Treatment Setting: Community-based or Residential

Modality: Cognitive Behavioral in a group format

Training: 2-day Facilitator Training to deliver curriculum with youth
3-day Training of Trainers to be certified to train other staff to facilitate the curriculum (prior to attending master training, facilitators must deliver one full sessions of the curriculum to youth)
The cost for a two-day Core Training Workshop is $4,000.00 (up to 20 participants). Any additional participants over the 20 is $200 each. Trainers are approximately The cost for a Training of Trainers (TOT) Workshop is $1,000.00 (per participant). Please note that travel for both trainees and trainer and training material costs are additional.

Certification: Certificate upon completion

Facilitators: No degree requirements

Fidelity: Fidelity monitoring checklists available through www.lifeskillstraining.com

Bibliography:

Evidence-based Practices
Life Skills Training (LST)


Moral Reconation Therapy

**Florida DJJ Ranking:** Evidence-based Practice

**Program Author:** Greg Little (1979)

**Program Contact:**
- [www.moral-reconation-therapy.com](http://www.moral-reconation-therapy.com)
- [www.ccimrt.com](http://www.ccimrt.com) (training materials)

**Overview:**
MRT was first designed as a program for adults who resided in a prison-based substance abuse therapeutic community. Overall, MRT is a decision-based model designed to help participants re-examine their choices and develop cognitive structures that will improve decision-making skills. Using cognitive-behavioral principles, there are several characteristics that guide MRT practice:
1. Self-assessment of attitudes, beliefs, defense mechanisms, and behavior
2. Current relationship assessment
3. Positive reinforcement
4. Alteration of self-concept in the positive direction
5. Changes in gratification stimuli
6. Enhance moral reasoning

**Location:** Memphis, TN

**Proven Recidivism Reduction:** Yes

**Criminogenic Need:** Antisocial Attitudes

**Population:** MRT has a juvenile-specific program. Although developed for substance abuse populations, MRT has been extended to the following treatment issues: driving while intoxicated, sex offenders, domestic violence, antisocial thinking

**Treatment Setting:** Community-based or Residential

**Modality:** Cognitive behavioral in a group format

**Training:** Basic MRT training is conducted by Correctional Counseling, Inc. (CCI) of Memphis, TN [www.ccimrt.com](http://www.ccimrt.com). Monthly training is held in Memphis. It consists of 32 hours over 5-days. Katherine Burnette typically conducts these trainings. An additional 70 trainings on average are held yearly around the United States by CCI staff and trainers from large state agencies for their own staff. The cost of the training is $600 for the first person of a given agency ($500 for others from the same agency attending the same training) with CEUs offered to those who complete all training. Completion of MRT is required for individuals and agencies to purchase client workbooks. All clients participating in MRT must have an official MRT workbook.

**Certification:** No certification

**Facilitators:** No degree requirement
Fidelity: N/A


Multisystemic Therapy (MST)

**Florida DJJ Ranking:** Evidence-based Practice

**Program Author:** Henggeler, Scott

**Program Contact:** [http://www.mstservices.com/index.php](http://www.mstservices.com/index.php)

**Overview:** MST is a pragmatic and goal-oriented treatment that specifically targets those factors in each youth’s social network that are contributing to his or her antisocial behavior. Thus, MST interventions typically aim to improve caregiver discipline practices, enhance family affective relations, decrease youth association with deviant peers, increase youth association with prosocial peers, improve youth school or vocational performance, engage youth in prosocial recreational outlets, and develop an indigenous support network of extended family, neighbors, and friends to help caregivers achieve and maintain such changes. Specific treatment techniques used to facilitate these gains are integrated from those therapies that have the most empirical support, including cognitive behavioral, behavioral, and the pragmatic family therapies.

MST services are delivered in the natural environment (e.g., home, school, community). The treatment plan is designed in collaboration with family members and is, therefore, family-driven rather than therapist-driven. The ultimate goal of MST is to empower families to build an environment, through the mobilization of indigenous child, family, and community resources, that promotes health. The typical duration of home-based MST services is approximately 4 months, with multiple therapist-family contacts occurring each week.

**Location:** MST Services
710 J. Dodds Blvd., Suite 200
Mt. Pleasant, SC 29464

**Proven Recidivism Reduction:** Yes

**Criminogenic Need:** Increase family functioning, decrease antisocial peer associations

**Population:** Male and female juveniles

**Treatment Setting:** Home-based, school, community

**Modality:** Individual, family therapy

**Training:** 5-day Orientation Training, 2-day training for new MST supervisors, 2-day advanced supervisor workshops

**Certification:** Certificate upon completion

**Facilitators:** Licensed mental health counselors trained in Multisystemic Therapy, or non-licensed individuals trained in Multisystemic Therapy who receive clinical supervision from licensed mental health counselors

**Fidelity:** Therapist adherence measures
Bibliography:

An exhaustive list of MST publications can be found at the following site:
http://www.musc.edu/psychiatry/research/fsrc/pubs.htm


Evidence-based Practices

Multisystemic Therapy for Youth with Problem Sexual Behaviors (MST-PSB)


Evidence-based Practices

Multisystemic Therapy for Youth with Problem Sexual Behaviors (MST-PSB)


Multisystemic Therapy for Youth with Problem Sexual Behaviors (MST-PSB)

Florida DJJ Ranking: Evidence-based Practice

Program Author: Richard J. Munschcy, Psy.D.

Program Contact: http://mstpsb.com  
http://www.mstservices.com/  
Richard J. Munschcy, Psy.D.  
Director of Clinical Training; Senior Consultant  
MST Associates  
10 Lexington Street  
New Britain, CT 06052  
Phone: (860) 348-1938  
Fax: (860) 225-4776  
Email: munschcy@sbcglobal.net

Overview: Multisystemic Therapy for Youth With Problem Sexual Behaviors (MST-PSB) is a clinical adaptation of Multisystemic Therapy (MST) that is specifically targeted to adolescents who have committed sexual offenses and demonstrated other problem behaviors. MST-PSB is suitable for use with male and female youth, although the youth included in the studies reviewed for this summary were primarily male. The primary objectives of MST-PSB are to decrease problem sexual and other antisocial behaviors and out-of-home placements. Based in principle on an ecological model, the intervention is directed at youth and their families, with the collaboration of community-based resources such as case workers, probation/parole officers, and school professionals.

Services to youth include a functional assessment in the context of their families, school, community, and social networks and a subsequent treatment plan including individual therapeutic sessions. The specific treatments provided depend on the factors driving the youth’s behavior but typically address deficits in overall family relations and the youth’s cognitive processes, peer relations, and school performance. Parents participate in family therapy, gain skills to provide guidance to youth, and are encouraged to develop social support networks.

Each therapist provides approximately 5 to 7 months of intensive services to three to five families at a time. Many families require two to four sessions per week during the most active parts of treatment, with some families requiring a higher frequency of sessions based upon clinical need.

Structural/strategic family therapy, safety planning, individual factors, and interventions specific to PSB (e.g., victim clarification, promotion of normative sexual behavior).

Location: MST Services  
710 J. Dodds Blvd., Suite 200  
Mt. Pleasant, SC 29464

Proven Recidivism Reduction: Yes
**Evidence-based Practices**

**Multisystemic Therapy for Youth with Problem Sexual Behaviors (MST-PSB)**

<table>
<thead>
<tr>
<th><strong>Criminogenic Need:</strong></th>
<th>Increase family functioning, decrease antisocial peer associations, reduce substance abuse, (additional risk factor addressed includes the reduction of problem sexual behavior)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population:</strong></td>
<td>Male and female juveniles who have committed sexual offenses and demonstrated other problem behaviors.</td>
</tr>
<tr>
<td><strong>Treatment Setting:</strong></td>
<td>MST-PSB is delivered in the youth's natural environment (home-based, school, community)</td>
</tr>
<tr>
<td><strong>Modality:</strong></td>
<td>Individual, family therapy</td>
</tr>
<tr>
<td><strong>Training:</strong></td>
<td>5-day Orientation Training, 2-day training for new MST supervisors, 2-day advanced supervisor workshops</td>
</tr>
<tr>
<td><strong>Certification:</strong></td>
<td>Certificate upon completion</td>
</tr>
<tr>
<td><strong>Facilitators:</strong></td>
<td>Master's-level therapists trained in a clinical area of the human service field.</td>
</tr>
<tr>
<td><strong>Fidelity:</strong></td>
<td>Therapist adherence measures</td>
</tr>
<tr>
<td></td>
<td>MST-PSB incorporates intensive quality assurance and fidelity measures into all aspects of the treatment delivery system including:</td>
</tr>
<tr>
<td></td>
<td>Intensive preliminary training;</td>
</tr>
<tr>
<td></td>
<td>Ongoing onsite training;</td>
</tr>
<tr>
<td></td>
<td>Weekly case-specific clinical consultation from a qualified MST-PSB expert;</td>
</tr>
<tr>
<td></td>
<td>Fully articulated treatment manual;</td>
</tr>
<tr>
<td></td>
<td>Therapist and supervisor adherence measures;</td>
</tr>
<tr>
<td></td>
<td>6-month program quality assurance reviews</td>
</tr>
</tbody>
</table>

**Bibliography:**

For information about studies contact:

Charles M. Borduin, Ph.D.
Director, Family Assessment Laboratory; Professor
Department of Psychological Sciences
University of Missouri-Columbia
108A McAlester Hall
Columbia, MO 65211-2500
Phone: (573) 882-4578
Fax: (573) 882-7710
Email: BorduinC@missouri.edu

An exhaustive list of MST publications can be found at the following site: http://www.musc.edu/psychiatry/research/fsrc/pubs.htm


Evidence-based Practices

Multisystemic Therapy for Youth with Problem Sexual Behaviors (MST-PSB)


Quality of Research Supplementary Materials:


Readiness for Dissemination Materials:


Seven Challenges

**Florida DJJ Ranking:** Evidence-based Practice

**Program Author:** Dr. Robert Schwebel

**Program Contact:** [www.sevenchallenges.com](http://www.sevenchallenges.com)
Sharon Conner
Director of Program Services
The Seven Challenges, LLC
(520) 405 4559
sconner@sevenchallenges.com

**Overview:** The Seven Challenges® Program is designed specifically for adolescents with drug problems. The program is designed to motivate a decision and commitment to change, as well as support success in implementing the desired changes. The Program simultaneously helps juveniles address their drug problems as well as their co-occurring life skill deficits, situational problems, and psychological problems. The seven specific challenges provide a framework for helping youth think through their own decisions about their lives and their use of alcohol and other drugs. Counselors using The Seven Challenges Program teach youth to identify and work on the issues most relevant to them. In sessions, as youth discuss the issues that matter most, counselors seamlessly integrate the seven challenges as part of the conversation.

**Location:** Tucson, Arizona

**Proven Recidivism Reduction:** No

**Criminogenic Need:** Substance Abuse, aggression

**Population:** Male and female juveniles with substance use/abuse

**Treatment Setting:** Community-based or Residential

**Modality:** Cognitive behavioral in a group format, as well as individual and potentially family sessions

**Training:** Focus is on an organization as a whole, requiring a top-down support of The Seven Challenges as the substance abuse treatment program for their young clients. They must agree to have all their substance abuse counselors, those supervising the counselors, and others directly involved in providing the services to clients, attend the three-day Initial Training. We do not specify a degree or certification level these participants must have, but rather the focus is on their role within their organization and the training gives them the tools they will need to contribute to the success of the Program implementation and the success of clients in the Program. Following the Initial Training the organization selects someone (often more than one person) to be their Seven Challenges Leader. Leaders attend an additional three-day training where they are taught to supervise Seven Challenges counselors, monitor for Program fidelity, and to train new staff joining their organization. Leaders are generally the organization's clinical director.
and supervisors. We request Leaders not only have supervisory authority but also have master’s degree or higher in a counseling related educational program.

**Certification:**
Initial training, Seven Challenges Leader

**Facilitators:**
See Training section above

**Fidelity:**
Available from Seven Challenges, LLC. New processes were developed to provide ongoing support, and improved and expanded training to clinical leaders within agencies; leaders who could supervise, teach the program to new hires, and sustain the program for the long run. Quality assurance processes have been developed to help agencies upgrade service quality and attain fidelity of implementation. Sharon Conner became the director of Program Services for The Seven Challenges in early 2005. She assists organizations during their process of determining whether the Program is a good fit for their setting and if it is, then how to make a plan and arrangements for successful implementation. Sharon also coordinates the licensing, training, and ongoing support process.

**Bibliography:**
Stevens, S., Schwebel, R., & Ruiz, B. The Seven Challenges*: An Effective Treatment for Adolescents with Co-occurring Substance Abuse and Mental Health Problems. This research was supported by grants SKD1-TI11422 from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) Adolescent Treatment Models Program.


Thinking for a Change (T4C)

**Florida DJJ Ranking:** Evidence-based Practice

**Program Author:** Bush, Jack; Glick, Barry; Taymans, Juliana

**Program Contact:** www.nicic.org

**Overview:**
Thinking for a Change uses a problem-solving program with both cognitive restructuring and social skills interventions bridging the identification of thinking, beliefs, attitudes, and values, to behavior. Thinking for a Change is a 22-lesson curriculum, intended to be delivered twice per week.

Thinking for a Change follows the idea that thinking, beliefs, attitudes, and values impact behavior. Effort is focused on helping youth become aware of their thoughts, feelings and beliefs in particular circumstances. If we know what thoughts, feelings, and beliefs a person is experiencing in a particular circumstance, we are more likely to change behavior.

The Thinking for a Change process is divided into three steps:
1. Pay attention to our thoughts and feelings.
2. Recognize when there is risk of our thoughts and feelings leading us into trouble.
3. Use new thinking to reduce the risk.

**Location:**
National Institute of Corrections
Administrative Offices
320 First St., N.W.
Washington, D.C. 20534
(800) 995-6423
(202) 307-3106

**Proven Reduction in Recidivism:** Yes

**Criminogenic Need:** Antisocial Attitudes, Values, and Beliefs

**Population:** Male and female juveniles offenders

**Treatment Setting:** Community-based or Residential

**Modality:** Cognitive Behavioral in a group format

**Training:** 4-Day Facilitator, Additional 4-Day Master Trainer

**Certification:** Certificate upon completion

**Facilitators:** No degree requirements

**Fidelity:** Checklists available


Promising Practices

The delinquency interventions that achieve the rank of promising practices have a significant amount of empirical support. These interventions have been evaluated using either random assignment or the use of control/comparison groups. For an intervention to be deemed a promising practice, the empirical research must have shown reductions of the program participants versus the comparison group(s) in at least one criminogenic need. The effect of the intervention must have been statistically significant.
Overview:
Brief Strategic Family Therapy (BSFT) is a family-based intervention designed to prevent and treat child and adolescent behavior problems. BSFT targets children and adolescents who are displaying—or are at risk for developing—behavior problems, including substance abuse. BSFT is based on the fundamental assumption that adaptive family interactions can play a pivotal role in protecting children from negative influences and that maladaptive family interactions can contribute to the evolution of behavior problems and consequently are a primary target for intervention. The goal of BSFT is to improve a youth’s behavior problems by improving family interactions that are presumed to be directly related to the child’s symptoms, thus reducing risk factors and strengthening protective factors for adolescent drug abuse and other conduct problems. The therapy is tailored to target the particular problem interactions and behaviors in each client family. Therapists seek to change maladaptive family interaction patterns by coaching family interactions as they occur in session to create the opportunity for new, more functional interactions to emerge. Major techniques used are joining (engaging and entering the family system), diagnosing (identifying maladaptive interactions and family strengths), and restructuring (transforming maladaptive interactions). BSFT is a short-term, problem-oriented intervention. A typical session lasts 60 to 90 minutes. The average length of treatment is 12 to 15 sessions over more than 3 months. For more severe cases, such as substance-abusing adolescents, the average number of sessions and length of treatment may be doubled. Treatment can take place in office, home, or community settings.
Facilitators:
- Master’s level therapists
- Bachelor’s level clinicians with family therapy experience
- Doctoral level supervisors

Fidelity:
- 12-month phone consultation, review of video/audio taped sessions

Bibliography:
- Marius MN Nickel; Johannes JL Luley; Jakub JK Krawczyk; Cerstin CN Nickel; Christoph CW Widermann; Claas CL Lahmann; Moritz MM Muehlbacher; Petra PF Forthuber; Christian CK Kettler; Peter PL Leiberich; Karin KT Tritt; Ferdinand FM Mitterlehrner; Patrick PK Kaplan; Francisco FP Pedrosa Gil; Wolfhardt WR Rother; Thomas TL Loew. (2006). Bullying Girls – Changes after Brief Strategic Family Therapy: A Randomized, Prospective, Controlled Trial with One-Year Follow-Up. *Psychotherapy & Psychosomatics*, Vol. 75 Issue 1, p47-55.
Bullying Prevention Program

Florida DJJ Ranking: Promising Practice

Program Author: Dan Olweus, Ph.D.

Program Contact: Institute of Family and Neighborhood Life
158 Poole Agricultural Center
Clemson University
Clemson, SC 29634
Phone: 864.710.4562
Fax: 864.656.6281
Email: nobully@clemson.edu

Overview: The Bullying Prevention Program is a universal intervention developed to promote the reduction and prevention of bullying behavior and victimization problems. The program is based on an ecological model, intervening with a child’s environment on many levels: the individual children who are bullying and being bullied, the families, the teachers and students within the classroom, the school as a whole, and the community. The main arena for the program is the school, and school staff have the primary responsibility for introducing and implementing the program. Schools are provided ongoing support by project staff.

Location: School/classroom-based

Proven Recidivism Reduction: No

Criminogenic Need: Antisocial attitudes, antisocial peer associations

Population: Male and female juveniles 6 to 14 years of age. Program targets students in elementary, middle, and junior high schools. All students within a school participate in most aspects of the program. Additional individual interventions are targeted at students who are identified as bullies or victims of bullying.

Treatment Setting: School setting

Modality: Core components of the program are implemented at the school level, the class level, and the individual level:

School-wide components include the administration of an anonymous questionnaire to assess the nature and prevalence of bullying at each school, a school conference day to discuss bullying at school and plan interventions, formation of a Bullying Prevention Coordinating Committee to coordinate all aspects of school’s program, and increased supervision of students at “hot spots” for bullying.

Classroom components include the establishment and enforcement of class rules against bullying, and holding regular class meetings with students.

Individual components include interventions with children identified as bullies and victims, and discussions with parents of involved students. Teachers may be assisted in these efforts by counselors and school-based mental health professionals.
Training: Training for staff and training of trainers

Training for staff:
- 2-day Training for staff (usually a member of the 8-12 members of an internal Bullying Prevention Coordinating Committee) conducted by certified trainers.
- Ongoing telephone consultation for a full school year (at least 10 months) with a certified trainer.

Training of Trainers:
- Participation in the 3-day TOT
- Participation in a 2-day booster training approximately 8-9 months later
- Participation in regular phone consultation with an OBPP Training Director (approximately 1 hour per for first 12 months, 30 minutes per month for next 6 months)
- A complete set of training materials
- Access to the trainer-only section of the OBPP website

Certification: Trainer of trainers

Facilitators: Teachers

Fidelity: Fidelity scales

Bibliography:


Dialectical Behavioral Therapy (DBT)

Florida DJJ Ranking: Promising Practice

Program Author: Marsha Linehan, Ph.D. ABPP

Program Contact: Marsha Linehan, Ph.D.
Professor, Department of Psychology
Director, Behavioral Research and Therapy Clinics
Box 351525
University of Washington
Seattle, WA 98195-1525

Overview: Dialectical Behavior Therapy is a therapeutic methodology developed by Marsha Linehan, a psychology researcher, to treat persons with borderline personality disorder. DBT combines standard cognitive behavioral techniques for emotion regulation and reality-testing with concepts of mindful awareness, distress tolerance, and acceptance largely derived from Buddhist meditative practice. DBT is the first therapy that has been experimentally demonstrated to be effective for treating borderline personality disorder. Research indicates that DBT is also effective in treating patients who represent varied symptoms and behaviors associated with spectrum mood disorders, including self-injury. DBT has since been adapted for youth who have difficulty regulating their emotions.

All DBT involves two components:

An individual component in which the therapist and patient discuss treatment target hierarchy. Self-injurious and suicidal behaviors take first priority, followed by behaviors that interfere with therapy. Then there are quality of life issues and finally working towards improving one's life generally. During the individual therapy, the therapist and patient work towards improving skill use. Often, a skills group is discussed and obstacles to acting skillfully are addressed.

The group, which ordinarily meets once weekly for two to two-and-a-half hours, learns to use specific skills that are broken down into four modules: core mindfulness skills, interpersonal effectiveness skills, emotion regulation skills, and distress tolerance skills.

Neither component is used by itself; the individual component is considered necessary to keep suicidal urges or uncontrolled emotional issues from disrupting group sessions, while the group sessions teach the skills unique to DBT, and also provide practice with regulating emotions and behavior in a social context.

Location: Seattle, Washington

Proven Recidivism Reduction: No

Criminogenic Need: While not criminogenic needs, DBT has been shown to reduce suicidal and self-injurious behavior. Recidivism reductions have been found with juvenile populations, though not statistically significant

Population: Male and female juveniles

Treatment Setting: Home-based, school, community
<table>
<thead>
<tr>
<th><strong>Modality:</strong></th>
<th>Individual, group therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training:</strong></td>
<td>5-day Orientation Training, 2-day training for new MST supervisors, 2-day advanced supervisor workshops</td>
</tr>
<tr>
<td><strong>Certification:</strong></td>
<td>Therapists trained in DBT. Therapists must be licensed, or supervised by a licensed individual</td>
</tr>
</tbody>
</table>
| **Bibliography:** | A comprehensive list of articles and empirical evaluations by Dr. Linehan on DBT can be found at: [http://depts.washington.edu/brtc/sharing/publications/dr-linehans-publications](http://depts.washington.edu/brtc/sharing/publications/dr-linehans-publications)  
Parenting With Love and Limits (PLL)

Florida DJJ Ranking: Promising Practice

Program Author: Scott Sells, Ph.D.

Program Contact: Savannah Family Institute, Inc.
P.O. Box 30381
Savannah, GA 31410-0381
Phone: 912.224.3999
Fax: 770.573.1128
Email: spsells@gopll.com

Overview: Parenting with Love and Limits® (PLL) integrates group and family therapy into one system of care for adolescent populations with the primary diagnosis of oppositional defiant or conduct disorder. Parents and teens learn specific skills in group therapy and then meet in individual family therapy to role-play and practice these new skills. This integration of group and family therapy enables parents to transfer these new skills to real-life situations and prevent relapse.

During group therapy, teens and parents participate together in a small group, led by two facilitators, that can also include siblings and extended family. The groups consist of no more than six families and no more than 15 people total per group. Six 2-hour classes are held weekly. Parents and teens meet together as a group for the 1st hour. During the 2nd hour, the parents meet in one breakout group with one facilitator leading each breakout and the teens meet in another. During family therapy, teens and parents meet individually with one of the group facilitators in between classes in an intensive 1- to 2-hour session to practice the new skills learned in group. Extensive role-plays are used along with the development of a typed-out, loophole-free contract. Three to four family therapy sessions are recommended for low- to moderate-risk adolescents and up to 20 sessions for moderate- to high-risk offenders within an outpatient or home-based setting.

Location: Savannah, GA

Proven Recidivism Reduction: No

Criminogenic Need: Family functioning

Population: Male and female juveniles between 10 and 18 years of age and their parents

Treatment Setting: Community-based

Modality: Group and family therapy

Training: 5-day on site clinical training, monthly phone consultation

Certification: PLL Center of Excellence

Facilitators: Therapists trained in PLL
Fidelity: Therapist adherence measures, including fidelity checklists, monthly PLL report to track attrition, group protocol checklist, and family therapy protocol checklist.

Bibliography:


Project Toward No Drug Abuse (TND)

Florida DJJ Ranking: Promising Practice

Program Author: Steve Sussman, Ph.D.

Program Contact: Institute for Health Promotion and Disease Prevention
University of Southern California, Department of Preventive Medicine
1000 South Fremont Avenue, Unit 8, Suite 4124
Alhambra, CA 91803
Phone: 626.457.6635
Fax: 626.457.4012
Email: ssussma@usc.edu

Overview: Project Toward No Drug Abuse (TND) is an interactive program designed to help high school youths (ages 14–19) resist substance use. This school-based program consists of twelve 40- to 50-minute lessons that include motivational activities, social skills training, and decision-making components that are delivered through group discussions, games, role-playing exercises, videos, and student worksheets over a 4-week period. The program was originally designed for high-risk youth in continuation, or alternative, high schools and consisted of nine lessons developed using a motivation-skills–decision-making model. The instruction to students provides cognitive motivation enhancement activities to not use drugs, detailed information about the social and health consequences of drug use, and correction of cognitive misperceptions. It addresses topics such as active listening skills, effective communication skills, stress management, coping skills, tobacco cessation techniques, and self-control—all to counteract risk factors for drug abuse relevant to older teens. The program can be used in a self-instruction format or run by a health educator.

Location: Alhambra, CA

Proven Recidivism Reduction: No

Criminogenic Need: Substance abuse, self-control

Population: Male and female juveniles 14 to 19 years of age

Treatment Setting: Community-based or Residential

Modality: Group format, 3 times a week over a 4-week period, the length of the program period could be expanded to 6 weeks, teaching 2 lessons per week.

Training: Certified trainers are health education specialists who have classroom experience with Project TND. Evaluation studies show that the program is effective when implemented by teachers who received a two-day training workshop conducted by a certified TND trainer.

For more information contact Leah Meza:
USC Institute for Prevention Research
1000 S. Fremont Avenue, Unit #8
Alhambra, CA 91803
Certification: In order to be eligible for certification as a Project TND trainer, one must provide verification that he/she has:
- Taught at least half of the Project TND curriculum sessions to the appropriate target group (youth ages 14-18) in a classroom-based setting, or observed the delivery of at least half of the curriculum sessions to this target group.
- Attended a two-day Project TND training workshop that was conducted by one of our certified trainers.

After meeting the above eligibility criteria, the potential trainer:
- Conducts a two-day Project TND training workshop, with at least 5 attendees, which is observed by one of our certified trainers. Then, he/she is given a "pass" or a "fail" grade. If the potential trainer receives a "pass" grade, he/she is conditionally certified.
- Within close proximity to the first training, the conditionally certified trainer conducts a second training, which is observed by a certified trainer. If the potential trainer receives a second "pass" grade, he/she is fully certified and receives a certificate as such.

Facilitators: Bachelor’s degree

Fidelity: Contact Dr. Sussman

Bibliography:


Promoting Alternative Thinking Strategies (PATHS)

Florida DJJ Ranking: Promising Practice

Program Author: Carol Kusche, Ph.D. and Mark Greenberg, Ph.D.

Program Contact: http://www.prevention.psu.edu/projects/PATHS.html

Prevention Research Center
Pennsylvania State University
S109 Henderson Building
University Park, PA 16802
Telephone: 814-865-2618
Fax: 814-865-2530
prevention@psu.edu

Overview: The Promoting Alternative Thinking Strategies (PATHS) curriculum is a comprehensive program that promotes emotional and social competencies and reduces aggression and behavior problems in elementary school-aged children, while simultaneously enhancing the educational process in the classroom. The PATHS preventive intervention program is based on the ABCD (Affective-Behavioral-Cognitive-Dynamic) model of development, which places primary importance on the developmental integration of affect, behavior, and cognitive understanding as they relate to social and emotional competence. A basic premise is that a child’s coping, as reflected in his or her behavior and internal regulation, is a function of emotional awareness, affective-cognitive control and behavioral skills, and social-cognitive understanding.

The PATHS curriculum contains numerous lessons (the exact number depends on the curriculum version) that seek to provide children with the knowledge and skills within three major conceptual units: 1) the Readiness and Self-Control “Turtle” Unit, 2) the Feelings and Relationships Unit, and the 3) Problem Solving Unit. The lessons include instruction in identifying and labeling feelings, expressing feelings, assessing the intensity of feelings, managing feelings, understanding the difference between feelings and behaviors, delaying gratification, controlling impulses, reducing stress, self-talk, reading and interpreting social cues, understanding the perspectives of others, using steps for problem-solving and decision-making, having a positive attitude toward life, self-awareness, nonverbal communication skills, and verbal communication skills. The curriculum is designed for use by educators and counselors in a multiyear, universal prevention model that concentrates primarily on school and classroom settings but also includes information and activities for use with parents. Ideally, the program should be initiated at the start of schooling and continued through sixth grade. Teachers generally receive training in a 2- to 3-day workshop and in biweekly meetings with the curriculum consultant.

The PATHS Curriculum consists of an Instructional Manual, six volumes of lessons, pictures, photographs, posters, Feeling Faces, and additional materials. PATHS is divided into three major units: (1) the Readiness and Self-Control Unit, 12 lessons that focus on readiness skills and development of basic self-control; (2) the Feelings and Relationships Unit, 56 lessons that focus on teaching emotional and interpersonal understanding (i.e.,
Emotional Intelligence); and (3) the Interpersonal Cognitive Problem-Solving Unit, 33 lessons that cover eleven steps for formal interpersonal problem-solving. Two further areas of focus in PATHS involve building positive self-esteem and improving peer communications/relations. Rather than having separate units on these topics, relevant lessons are interspersed throughout the other three units. There is also a Supplementary Unit containing 30 lessons which review and extend PATHS concepts that are covered in the major three units. The PATHS units cover five conceptual domains: self-control, emotional understanding, positive self esteem, relationships, and interpersonal problem solving skills.

Each of these domains has a variety of sub-goals, depending on the particular developmental level and needs of the children receiving instruction.

**Location:** University Park, PA

**Proven Recidivism Reduction:** No

**Criminogenic Need:** Self-control, aggression

**Population:** Male and female juveniles 5 to 10 years of age

**Treatment Setting:** The PATHS Curriculum was developed for use in the classroom setting with all elementary school aged-children.

**Modality:** Cognitive behavioral in a group/classroom format, taught three times per week for a minimum of 20-30 minutes per day

**Training:** Teachers generally receive training in a 2- to 3-day workshop and in biweekly meetings with the curriculum consultant. For information on PATHS training contact PATHS Training LLC Phone and FAX: (206) 323-6688 ckusche@comcast.net Dorothy Morelli dorothygm@hotmail.com (615) 364-6606

**Certification:** Contact the PATHS Training LLC Phone and FAX: (206) 323-6688 ckusche@comcast.net Dorothy Morelli dorothygm@hotmail.com (615) 364-6606

**Facilitators:** Teachers

**Fidelity:** For information on technical assistance with PATHS contact PATHS Training LLC Phone and FAX: (206) 323-6688 ckusche@comcast.net Dorothy Morelli dorothygm@hotmail.com (615) 364-6606
Promising Practices

Strengthening Families Program (SFP)


Promising Practices

Strengthening Families Program (SFP)

Florida DJJ Ranking: Promising Program

Program Author: Karol Kumpfer, Ph.D.

Program Contact: http://strengtheningfamiliesprogram.org
Department of Health Promotion and Education
21901 East South Campus Drive, Room 2142
Salt Lake City, UT 84112
Phone: 8015817718
Fax: 8015815872
Email: kkumpfer@xmission.com
OR:
Virginia Molgaard, Ph.D.
Institute for Social and Behavioral Research
Iowa State University
ISU Research Park, Bldg. 2, Suite 500
2625 North Loop Drive
Ames, IA 50011-1260
Phone: (515) 294-8762
Fax: (515) 294-3613
Email: vmlolgaard@iastate.edu
Website: www.extension.iastate.edu/sfp

Overview: The Strengthening Families Program (SFP) includes a parenting, a youth, and a family component. This skills training program consists of 14 weekly 2-hour skill-building sessions, implementing in groups of 4 to 14 families. Parents and youth each work separately in training sessions and then participate together in a joint session practicing the skills they learned in their respective groups. Two booster sessions are used at 6 months to 1 year after the primary course. Youth’s skills training sessions concentrate on peer-resistance skills, problem solving, conflict resolution, decision making, and communication skills. Topics in the parental component include setting rules, nurturing, monitoring compliance, and applying appropriate discipline.

Location: Department of Health Promotion and Education
21901 East South Campus Drive, Room 2142
Salt Lake City, UT 84112

Proven Recidivism Reduction: No

Criminogenic Need: Social competencies (e.g., communication, problem solving, peer resistance, and anger control); Family relationships (attachment, harmony, communication, discipline practices, and organization); Substance use

Population: Male and female juveniles up to 16 years of age

Treatment Setting: Community-based
**Modality:** Individual combined with family skills sessions

**Training:** 3 days of training from SFP-certified trainers.

Training costs are $3,900 for a two-day SFP group leader training for 35 or fewer trainees or $3300 for a training of 15 or fewer. The training fee includes a SFP master set of course materials on CD for one age-variant and site-limited license to reproduce copies for the agency's own use.

Training and technical assistance provided by:
Henry Whiteside
LutraGroup
5215 Pioneer Fork Road
Salt Lake City, UT 84108
Phone: 8015834601
Fax: 8015815872
Email: lutragroup@att.net

OR:

Catherine Webb
Iowa State University Extension to Families
2625 North Loop Drive
Ames, IA 50011-1260
Phone: (515) 294-1426
Fax: (515) 294-3613
Email: cwebb@iastate.edu
Website: www.extension.iastate.edu/sfp

**Certification:** Certified SFP Group Leader

**Facilitators:** Staffing to implement SFP requires a bare minimum of five trained staff: two group leaders for the parents, two for children or teens, and a site coordinator.

**Fidelity:** Fidelity measures are available from the developer. Evaluation of implementations is offered through Lutra Group, Inc. Evaluation is comprehensive, normed against a national database, and extremely cost-competitive. All evaluations are supervised by the program developer and data is entered, analyzed and evaluated by staff at the Strengthening Families Program national office. A follow-up on-site visit once implementation has begun is often helpful in assuring fidelity and program effectiveness.

**Bibliography:**


Effectiveness Trial of Family-Based Prevention.” *Prevention Science* 4:1007–11.


Practices with Demonstrated Effectiveness

The delinquency interventions that achieve the rank practices with demonstrated effectiveness have empirical support for the principles, theoretical framework, or components of the intervention. The specific interventions have usually not been evaluated using either random assignment or the use of control/comparison groups. For an intervention to be deemed a practice with demonstrated effectiveness, the empirical research must have shown that practices that contain similar components or similar principles have shown reductions of the program participants versus the comparison group(s) in at least one criminogenic need.
ARISE

Florida DJJ Ranking: Practice with Demonstrated Effectiveness

Program Author: Edmund and Susan Benson

Program Contact: www.ariselife-skills.org
824 US Highway 1, Suite 240
North Palm Beach, FL
33408

Overview: ARISE Life-Management Skills Program is a program that trains staff to conduct interactive ARISE Life-Management skill sessions with youth in their care. ARISE provides life-skill lessons including a broad range of tropics:
- Anger Management
- Building Self Esteem
- Handling Stress & Worry
- Building a Support System
- Guns, Drugs and Alcohol
- Money Management
- The Importance of Staying in School

The ARISE Life-Management Skills curricula is based on a cognitive behavior and social learning theory. It uses role playing and modeling to teach youth to control and manage anger, to make choices and changes in their behavior. The curriculum encourages group discussion where opinions are respected. The youth discuss the consequences of their actions and the actions of others in the group; enabling them to see beyond their choices.

Location: North Palm Beach, FL

Proven Recidivism Reduction: No

Criminogenic Need: Dependent on the workbooks chosen

Population: Male and female juveniles

Treatment Setting: Community-based or residential

Modality: Cognitive behavioral in a group format

Training: ARISE trains line staff, counselors, therapists and educators on how to conduct ARISE Life-Management Skills Lessons with the youth at the facility. All staff learns how to manage a group setting, introduce the topic, and conduct interactive group discussions in a positive environment. Information is delivered in a non-judgmental method.

Certification: ARISE Life-Skills Instructor
The ARISE Life-Skills Training certifies participants as ARISE Life-Skills Instructors (ALSIs).
Fees depend on the option chosen:

Option 1:
Individuals attend an ARISE scheduled training - seven (7) hours with no curriculum materials $199.00.
With two (2) ARISE Life Skills Instructor Manuals $249.00.

Option 2:
Two full days: fourteen (14) hours of ARISE Life Management Skills Training and three (3) ARISE Life Management Skills Instructor Manuals. $399.00.

Option 3:
Onsite training at your location for a group of up to thirty (30) people $2,500.00 per day plus trainer travel expenses.

ARISE Master Life-Skills Trainer
ARISE Master Life-Skills Trainer is appropriate for building a well-run, structured, results-oriented program. This five-day intensive training certifies participants as ARISE Master Life Skills Trainers and enables them to conduct the ARISE two-day (14 hours) Life Skills Instructor Training to professionally certify their staff and colleagues as ARISE Life Skills Instructors. Graduates have the knowledge and confidence to train others to help troubled youth make fundamental changes in their lives.
Fees: $999 per person

Facilitators: No degree requirements
Fidelity: No checklists currently available
Bibliography: [http://www.ariselife-skills.org/Home/EvidenceBasedStudies.aspx](http://www.ariselife-skills.org/Home/EvidenceBasedStudies.aspx)
ARISE Life-Skills

Florida DJJ Ranking: Practice with Demonstrated Effectiveness

Program Author: Edmund and Susan Benson

Program Contact: [www.ariselife-skills.org](http://www.ariselife-skills.org)

824 US Highway 1, Suite 240
North Palm Beach, FL
33408

Overview: ARISE Life-Skills Program is a program that trains staff to conduct interactive ARISE Life-Skills sessions with youth in their care. The ARISE Life-Management Skills curriculum is based on cognitive behavioral and social learning theory. It uses role playing and modeling to teach youth to make choices and changes in their behavior. The curriculum encourages group discussion where opinions are respected. The youth discuss the consequences of their actions and the actions of others in the group; enabling them to see beyond their choices.

*The ARISE Life-Skills Program is one of the many curricula offered by ARISE. This particular subset of materials has been evaluated by an independent research entity in a quasi-experiment to examine effectiveness, and is therefore presented separately from the other ARISE materials in this Sourcebook.*

Location: North Palm Beach, FL

Proven Recidivism Reduction: Yes

Criminogenic Need: Social Skills

Population: Male juveniles

Treatment Setting: Community-based or residential

Modality: Cognitive behavioral in a group format

Training: 2-day training ARISE Life-Skills Group Facilitator Training in which ARISE trains line staff, counselors, therapists and educators on how to conduct ARISE Life-Skills Lessons with the youth at the facility. All staff learns how to manage a group setting, introduce the topic, and conduct interactive group discussions in a positive environment. Information is delivered in a non-judgmental method.

A 5-day Life-Skills Master Training (Train the Trainer) certifies participants as ARISE Master Life Skills Trainers and enables them to conduct the ARISE two-day (14-hour) Life Skills Group Facilitator Training to professionally certify their staff and colleagues as ARISE Life Skills Group Facilitators. Graduates have the knowledge and confidence to train others to help troubled youth make fundamental changes in their lives.
The ARISE Life-Skills Training certifies participants as ARISE Life-Skills Group Facilitators

Fees depend on the option chosen:

Option 1: Individuals attend a training at an ARISE training location - fourteen (14) hours
$299 per person.

Option 2: Onsite training at your location for a group of up to twenty (20) people
$2,000.00 plus trainer travel expenses.

ARISE Master Life-Skills Trainer
ARISE Master Life-Skills Trainer is appropriate for building a well-run, structured, results-oriented program. This five-day intensive training certifies participants as ARISE Master Life Skills Trainers and enables them to conduct the ARISE two-day (14 hours) Life Skills Instructor Training to professionally certify their staff and colleagues as ARISE Life Skills Instructors. Graduates have the knowledge and confidence to train others to help troubled youth make fundamental changes in their lives.
Fees: $999 per person

No degree requirements; ARISE Life-Skills training is required.

No checklists currently available.

Justice Research Center, Inc. (2011). ARISE: Providing valuable life skills and staff training to at-risk youth and the adults who care for them. (Available at: http://at-riskyouth.org/about/evidence-based-studies/).
Corrective Thinking (Truthought)

Florida DJJ Ranking: Practice with Demonstrated Effectiveness

Program Author: Rogie Spon

Program Contact: Truthought LLC
www.truthought.com

Overview: The Corrective Thinking curriculum has a foundation in the work of Yochelson and Samenow (1977). All individuals have errors in thinking. A person who is responsible has the ability to identify their erroneous thought patterns and alter their cognitions while the irresponsible person will inflate their thinking errors and engage in criminal conduct. The Truthought method attempts to recognize problematic thoughts and behavior while generating positive solutions. The program concentrates on the identification of inappropriate thinking and how to adjust these thought patterns. Thinking barriers are then substituted with correctives. The curriculum involves youth in activities which identify nine thinking barriers and associated correctives.

Location: Roscoe, IL

Proven Recidivism Reduction: No

Criminogenic Need: Antisocial attitudes

Population: Male and female juveniles 12 years of age and older

Treatment Setting: Community-based or residential

Modality: Cognitive behavioral in a group format

Training: 3-day Truthought Certification Training (21 hours)

Certification: Certified Truthought Corrective Thinking Practitioner (TCTP)

Facilitators: No degree requirements

Fidelity: No checklists available, check Truthought website for updates

Bibliography:


Crossroads Juvenile Offender Curricula

Florida DJJ Ranking: Practice with Demonstrated Effectiveness

Program Author: National Curriculum and Training Institute, Inc. (NCTI)

Program Contact: www.NCTI.org
Phone: 1-800-622-1644

Overview: NCTI curricula and delivery techniques are designed to foster positive, pro-social behavior change in offenders. NCTI offers Cognitive Based Life Skills and Offense Specific Curricula.

Sample Crossroads Juvenile curricula include:

Cognitive Life Skills- In order for some young offenders to make behavior changes that will enable them to turn their lives around, they require an extended, more comprehensive program to help overcome negative habits and behavior. Cognitive Life Skills is that program.

Anger Management- The Anger Management program is designed to teach youth personal skills to deal responsibly with stress and frustration. It also demonstrates to them the need to acknowledge the consequences of their behavior.

Shoplifting- Understanding why a person shoplifts and learning to behave differently when similar circumstances arise, is the focus of this program. Youthful offenders will learn how certain attitudes can override a person's sense of right and wrong and cause behavior that is contrary to his or her beliefs.

Curfew- The Crossroads Curfew program is based on a foundation of values, attitudes and behavior. The program addresses a range of issues commonly encountered by adolescents. Offenders learn how to avoid negative peer influences, handle stress, take responsibility for themselves, and balance their need for freedom with a respect for authority and the law.

Drugs and Alcohol- This program is based on research that has identified a range of problems that are most commonly present when experimentation with drugs and/or alcohol begins. The program focuses on the areas of self-esteem, interpersonal relationships, work ethic, self-direction and alternatives.

Gang Involvement- Gang involvement is one of the most dangerous steps young people can take towards ruining their lives and their futures. This dynamic, interactive program helps gang members and at-risk youth examine their reasons for being in a gang or desiring to join. Alternative methods of achieving social and/or economic goals are explored, as are the consequences of gang membership.

Misdemeanor Offenses- The program builds a foundation based on values, attitudes and behavior. The broad scope addresses issues most commonly encountered by these individuals. Participants learn how to avoid negative influences, handle stress effectively and take responsibility for themselves.
Parenting - The program helps parents determine the reasons why their children are misbehaving, and teaches parenting based on consequences for actions.

Truancy - There are two levels of Truancy curricula aimed at helping youth understand the relevance of school and prompting them to set concrete goals for graduation. Youth learn skills that are necessary to be successful in school. Youth explore the effects today's choices have on their future. The techniques of setting and reaching goals are also taught to assist youth in becoming successful in school.

Location: NCTI, 319 East McDowell Rd.,
Suite 200 • Phoenix, AZ 85004-1534

Proven Recidivism Reduction: No

Criminogenic Need: Dependent on curriculum selected (see sample curricula above)

Population: Male and female juveniles offenders

Treatment Setting: Community-based or Residential

Modality: Cognitive Behavioral in a group format

Training: NCTI requires Certification Training to ensure fidelity in the delivery of the curricula. The American Probation and Parole Association (APPA) in partnership with the National Curriculum and Training Institute®, Inc. (NCTI) present Facilitator Certification Training to deliver cognitive behavior change curricula.

Certification: Certified Cognitive Facilitator

Facilitators: No degree requirements

Fidelity: Checklists available


Girls Circle

**Florida DJJ Ranking:** Practice with Demonstrated Effectiveness

**Program Author:** Beth Hossfeld and Giovanna Taormina

**Program Contact:** [http://www.girlscircle.com/](http://www.girlscircle.com/)

**Overview:** Girls’ Circle is a structured support group for girls from 9-18 years that integrates relational theory, resiliency practices, and skills training in a specific format designed to increase connection, strengths, and competence in girls. It is designed to foster self-awareness and self confidence, help girls maintain authentic connection with peers and adult women in their community, counter trends toward self-doubt, and allow for genuine self-expression through verbal sharing and creative activity.

**Location:** Cotati, CA

**Proven Recidivism Reduction:** No

**Criminogenic Need:** Attachment to school, Alcohol use, Self-harming behavior, Self-efficacy

**Population:** Female juveniles age 9-18

**Treatment Setting:** Community-based or Residential

**Modality:** Cognitive behavioral in a group format

**Training:** Both the Initial and Advanced Facilitator Trainings are two full days, from 8:00am-4:30pm and attendance on both days is mandatory for certification.

**Certification:** Facilitator, Advanced Facilitator

**Facilitators:** No degree requirement

**Fidelity:** No fidelity checklists currently available

**Bibliography:**


Girls Moving On

Florida DJJ Ranking: Practice with Demonstrated Effectiveness

Program Author: Marylyn VanDieten, Ph.D.

Program Contact: www.Orbispartners.com

Overview: Moving On™ focuses on responsivity issues for women offenders. The structured program provides women with alternatives to criminal activity by helping to identify and mobilize both personal and community resources. The program is based on an educational and cognitive skills-building approach and can be delivered over 9–to–13 weeks in small groups or on an individual basis by trained correctional practitioners.

Location: Toronto, Canada

Proven Recidivism Reduction: No

Criminogenic Need: Gender-specific services/responsivity issues

Population: Female juveniles

Treatment Setting: Community-based or Residential

Modality: Small groups or individual sessions

Training: 5-day training

Certification: Certification available

Facilitators: No degree requirement

Fidelity: Fidelity checklists, participant satisfaction and feedback surveys

Bibliography:


Impact of Crime: Addressing the Harm to Victims and the Community

Florida DJJ Ranking: Promising Practice

Program Author: Florida Department of Juvenile Justice

Program Contact: Residential Services, Florida Department of Juvenile Justice

Overview: Restorative Justice is based on the belief that crime is more than just a legal definition, but rather crime affects the victim, the offender, their families, and the community. The harm caused brings with it the moral responsibility to all involved. The main focus of Restorative Justice is to help offenders understand the harm they have created, and then assisting them in taking personal accountability for their actions. Together, the victim, offender, and the community arrive at a viable solution to the repair the harm caused and the offender, once the harm is repaired, is subsequently reintegrated back into the community.

Impact of Crime: Addressing the Harm to Victims and the Community is a revised curriculum that was updated in 2009. The revised Impact of Crime is a victim impact/restorative justice curriculum consisting of 7 Chapters taking approximately 24 sessions to facilitate. Impact of Crime groups should consist of 5-12 youth. Facilitators are encouraged to bring in victim impact speakers throughout the course of the curriculum.

Location: Tallahassee, FL

Proven Recidivism Reduction: No

Criminogenic Need: Antisocial Attitudes; Social Skills; Aggression

Population: Male and female juveniles

Treatment Setting: Residential

Modality: Cognitive Behavioral in a group format

Training: Standard training includes:
31/2-day facilitator training (24 training hours credit)

Certification: Certificate upon completion from Residential Services

Facilitators: No degree requirements

Fidelity: Checklists available

New Freedom / Phoenix

Florida DJJ Ranking: Practice with Demonstrated Effectiveness

Program Author: Paul Alton, Ed.D.

Program Contact: www.newfreedomprograms.com
www.phoenixcurriculum.com
www.gangprograms.com

79 Pine Street #246
New York, NY
10005

Overview: New Freedom/Phoenix sources build on cognitive-behavioral (CBT), motivation enhancement (MET), risk factors management, relapse prevention, and social learning treatment concepts.

These materials provide a logical progression, addressing defensiveness, then cognitive change issues, addressing thoughts and feelings. When the client is ready to learn new approaches, the resources provide guidance in mastering new problem solving, thinking, and coping skills. A critical goal is increasing self-confidence and resilience (self-efficacy) in addressing client-specific risk factors - a critical part of the relapse prevention.

New Freedom/Phoenix curriculums utilize workbooks that stress skill development through the use of activities and homework. The reading level of the material is 4-6th grade. Materials address cognitive change, problem identification, problem solving, and coping skills. New Freedom/Phoenix programs can be tailored specifically to the needs of a site or custom designed.

Location: New York, NY

Proven Recidivism Reduction: No

Criminogenic Need: Antisocial attitudes, delinquent peer influence, substance abuse

Population: Male and female juveniles

Treatment Setting: Community-based or Residential

Modality: Cognitive behavioral in a group format

Training: Training is provided through newfreedom@inch.com

Certification: N/A

Facilitators: No degree requirements

Fidelity: Fidelity checklists/ pre-post tests are available

Bibliography: Check www.newfreedomprograms.com for updates
Reasoning and Reacting

Florida DJJ Ranking: Practice with Demonstrated Effectiveness

Program Author: Elizabeth Fabiano, M.C.A. & Frank Porporino, Ph.D.

Program Contact: http://www.t3.ca

Overview: Reasoning and Reacting is based conceptually on the R&R Revised program, although it was designed specifically for at-risk adolescents and youthful offenders. In 60 structured, one-hour sessions, the program attempts to replace entrenched adolescent thinking patterns with cognitive skills that can promote pro-social behavioral choices. A major emphasis on the program is on teaching youth to become more reflective rather than reactive, more anticipatory and prepared in their responses to potential problems, and more flexible, open-minded, reasoned and deliberate in their thinking in general. The program focuses on modifying the often impulsive, illogical, and sometimes very rigid thinking of many youth by teaching them, in short, to first "reason" before "reacting". It is being implemented broadly as a prevention program throughout the educational system in Norway and as an intervention for delinquent youth in Canada, the US and Scotland.

Location: Ottawa, Canada

Proven Recidivism Reduction: No

Criminogenic Need: Antisocial attitudes

Population: Male and female juveniles 14 to 18 years of age

Treatment Setting: Community-based or Residential

Modality: 60 structured, one-hour sessions

Training: Contact T3 Associates

Certification: Contact T3 Associates

Facilitators: No degree requirements

Fidelity: No checklists available at this time

Bibliography:


Skillstreaming the Adolescent

**Florida DJJ Ranking:** Practice with Demonstrated Effectiveness

**Program Author:** Goldstein, Arnold & McGinnis, Ellen

**Program Contact:** [http://www.skillstreaming.com/](http://www.skillstreaming.com/)

Phone: (217) 352-3273; 1-800-519-2707

**Overview:** *Skillstreaming the Adolescent* employs a four-part training approach—modeling, role-playing, performance feedback, and generalization—to teach essential prosocial skills to adolescents. The curriculum provides a complete description of the Skillstreaming intervention, with instructions for teaching 50 prosocial skills.

**Skill Areas**

- Classroom Survival Skills
- Friendship-Making Skills
- Skills for Dealing with Feelings
- Skill Alternatives to Aggression
- Skills for Dealing with Stress

**Location:** Research Press
Dept. 11W
P.O. Box 9177
Champaign, IL 61826
U.S.A.

**Proven Recidivism Reduction:** No

**Criminogenic Need:** Antisocial Attitudes, Values, and Beliefs

**Population:** Male and female juveniles offenders

**Treatment Setting:** Community-based or Residential

**Modality:** Cognitive Behavioral in a group format

**Training:** Curriculum and implementation materials available from Research Press. In-service training or workshops can be provided. For more information and available dates, please contact:

**Mark Amendola**
Perseus House
1511 Peach Street
Erie, Pennsylvania 16501
Practices With Demonstrated Effectiveness

YouthBuild

65

U.S.A.

Phone 814-480-5900, ext. 288
E-Mail: mamendola@perseushouse.org

Sheldon Braaten Ph.D.
Behavioral Institute for Children and Adolescents
1711 County Road B West, Suite 110S
Roseville, Minnesota 55113
U.S.A.

Phone: 651-484-5510
E-Mail: info@behavioralinstitute.org

Certification: None
Facilitators: No degree requirements
Fidelity: Checklists available

Bibliography:


YouthBuild

Florida DJJ Ranking: Practice with Demonstrated Effectiveness

Program Author: YouthBuild USA

Program Contact: www.youthbuild.org/start

- Boston (617) 623-990;
- South Carolina (843) 569-2662;
- Illinois (773) 329-3450

Overview: Founded in 1990, YouthBuild USA is a national non-profit organization. YouthBuild is a youth and community development program that simultaneously addresses core issues facing low-income communities: housing, education, employment, crime prevention, and leadership development.

The YouthBuild intervention consists of the following four components: Education, counseling, job skills, and construction.

The intervention is a 9- to 24-month, full-time YouthBuild program where youth spend half of their time learning construction trade skills by building or rehabilitating housing for low-income populations; the other half of their time is spent in a YouthBuild classroom earning a high school diploma or equivalency degree. Personal counseling and training in life skills and financial management are provided. The students are part of a mini-community of adults and youth committed to each other’s success and to improving the conditions in their neighborhoods.

Participants attend an alternative school to work towards a GED or high school diploma as part of the intervention.
Participants also work on construction/renovation of houses in low income areas.

Location: Somerville, MA

Proven Recidivism Reduction: Yes

Criminogenic Need: Educational attainment, Employment

Population: 16-24 years old low income youth involved in the juvenile justice system

Treatment Setting: Community-based/ alternative school/ construction

Modality: Job skills training, alternative school education, construction site, counseling components

Training: Visit www.youthbuild.org/start for start-up information and requirements.

Certification: Potential providers are required to procure funding (competitive grants) and be a recognized YouthBuild site.
Facilitators: Must be a recognized YouthBuild site.

Fidelity: Start-up assistance available from:
YouthBuild Fee for Service
58 Day Street
Sommerville, MA, 02144
www.youthbuild.org/start
