

A Sourcebook of Delinquency Interventions



**Florida Department of
Juvenile Justice**

Office of Program Accountability

Version 4.0

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Disclaimer

The Sourcebook is not all-inclusive: the information contained within is subject to change without notification. Interventions may be added as empirical and methodologically sound 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 Office of Program Accountability. 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.

All source information is available upon request.

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. The Sourcebook is continuously updated as new empirical research is available.

Since publication of the original 2010 Sourcebook, important milestones have been achieved in advancing the implementation of evidence-based and best practices within Florida. The Standardized Program Evaluation Protocol (SPEP) now helps the Department evaluate the strengths and weaknesses of services 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 Department developed a module in the Juvenile Justice Information System (JJIS) dedicated to capturing the intervention services each youth receives. The Evidence-based Services Module collects data related to which specific evidence-based services each particular youth receives while under the care and custody of the Department. Furthermore, the module tracks the intensity and duration of those services, and whether the youth completes the service. The module provides 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.

Anyone may submit material for review for potential inclusion in the Sourcebook. Submissions with research articles or citations included will receive a faster review. Submissions should be sent to the Programming and Technical Assistance Supervisor via email. <http://www.djj.state.fl.us/contact-us/program-accountability/programming-and-technical-assistance>

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 interventions 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. 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. These delinquency interventions have a significant amount of empirical support. 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. These interventions have been evaluated to the highest degree, often using the "gold standard" of random assignment. The evaluation must have used sound methodology, including, but

not limited to, random assignment or use of methodologically sound 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. 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).

The Department's Director of Research and Data Integrity is the final arbiter of an intervention's designation.

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 successfully completed training 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 information for the curriculum developer, 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.

All juvenile sex offender therapy and treatment services shall be provided in accordance with Rule 63N-1.0081 and by individuals qualified under applicable Florida Administrative Rule and/or Florida Statute (F.S.) to conduct such therapies and treatment.

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:	Web address for program information
Overview:	Brief synopsis of the program/curriculum
Modality & Dosage:	How the program/curriculum is delivered and recommended length of service, number of sessions, hours, and any specific requirements for delivery
Population:	Targeted segment of Department of Juvenile Justice population
Criminogenic Need:	Targeted criminogenic need(s)
Facilitator Training & Certification:	Type of training and/or certification needed to facilitate the curriculum
Fidelity:	Does the author require prescribed fidelity monitoring and/or provide fidelity monitoring tools? Yes/No
Proven Recidivism	
Reduction:	Has the program been proven effective at reducing recidivism? Yes/No



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.

Cannabis Youth Treatment (CYT)

Florida DJJ Ranking:	Evidence-Based Practice
Program Author:	Susan Sampl, Ph.D, Ronald Kadden, Ph.D
Program Contact:	http://www.metcbtplus.com/
Overview:	<p>The CYT program consists of two individual sessions of Motivational Enhancement Therapy (MET) and three weekly group sessions of Cognitive-Behavioral Therapy (CBT; MET/CBT5). 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, increase their social support network and non-drug activities, and how to avoid and cope with relapses. The MET/CBT12 model comprises the complete 5-session model combined with 7 supplemental cognitive behavioral sessions covering additional coping skills.</p>
Modality & Dosage:	<p>This intervention includes individual and group sessions. It may be delivered in an open or closed group format. Cognitive-behavioral therapy; Two versions of CYT: MET/CBT5 (5 lessons) and MET/CBT12 (12 lessons).</p>
Population:	<p>Male and female adolescents (12-18 years old) meeting criteria for cannabis abuse or dependence.</p>
Criminogenic Need:	<p>Substance Abuse, Antisocial Peer Relationships</p>
Facilitator Training & Certification:	<p>Bachelor's degree or higher in mental health field. Facilitators must be trained in the curriculum.</p>
Fidelity:	<p>No known fidelity monitoring requirements.</p>
Proven Recidivism Reduction:	<p>Yes.</p>

Functional Family Therapy (FFT)

Florida DJJ Ranking:	Evidence-Based Practice
Program Author:	James F. Alexander, Ph.D.
Program Contact:	http://fftllc.com/ https://www.functionalfamilytherapy.com/
Overview:	Functional Family Therapy is grounded in family systems theory and aims to reduce the youth's substance abuse, decrease the youth's delinquent behavior, and increase family cohesion through improvements in family interaction patterns and parent-youth relationships. The intervention uses a strengths-based, nonjudgmental therapeutic approach that integrates cognitive behavioral strategies within a comprehensive, family systemic model over three phases – engage and motivate, change the problem behavior, and generalize change.
Modality & Dosage:	Individual counseling and family counseling. Cognitive-Behavioral Therapy; 12-14 sessions delivered over 3-5 months.
Population:	Male and female adolescents (11-18 years old); intervention requires participation of parent or caregivers.
Criminogenic Need:	Familial problems, substance abuse, and/or School-related concerns.
Facilitator Training & Certification:	Master's level clinician recommended. Florida statutes require mental health and substance abuse treatment services be delivered by a licensed qualified professional or by a bachelor's level clinical staff working under the supervision of a licensed qualified professional. FFT therapists must adhere to the FFT training model.
Fidelity:	Fidelity monitoring required.
Proven Recidivism Reduction:	Yes.

LifeSkills Training (LST)

Florida DJJ Ranking:	Evidence-Based Practice
Program Author:	Gilbert J. Botvin, Ph.D.
Program Contact:	www.lifeskillstraining.com
Overview:	LifeSkills training is a substance abuse program that aims to deter alcohol, tobacco, drug abuse, and violence among teenagers by teaching them the necessary skills to resist social peer pressures to engage in alcohol and substance use, increasing their understanding of the consequences of substance abuse, and promoting individual self-esteem and confidence.
Modality & Dosage:	Cognitive-Behavioral Therapy; dosage depends on program structure (Elementary, Middle, or High School). 5-15 sessions, 45-50 minutes per session, 1-2 sessions per week. Closed group setting.
Population:	Male and female youth from elementary to high school.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial peers.
Facilitator Training & Certification:	No educational requirement. Facilitators must be trained in the curriculum.
Fidelity:	No known fidelity monitoring requirements.
Proven Recidivism Reduction:	Yes.

Multidimensional Family Therapy (MDFT)

Florida DJJ Ranking:	Evidence-Based Practice
Program Author:	Howard Liddle, Ed.D., ABPP
Program Contact:	http://www.mdft.org/
Overview:	<p>Multidimensional Family Therapy (MDFT) is a family-centered treatment for adolescent substance use, delinquency, and related behavioral and emotional problems. MDFT addresses a range of youth problem behaviors – substance abuse, delinquency, antisocial and aggressive behaviors, school and family problems, and emotional difficulties. Specific assessment and treatment modules target four areas of social interaction: 1) the youth's interpersonal functioning with parents and peers, 2) the parents' parenting practices and level of adult functioning independent of their parenting role, 3) parent-adolescent interactions in therapy sessions, and 4) communication between family members and key social systems (e.g., school, child welfare, mental health, juvenile justice).</p>
Modality & Dosage:	Individual Counseling & Family Counseling; Number of sessions depend on intensity of the problem, 30-90 minutes per session, 1-3 sessions per week.
Population:	Non-psychotic and non-suicidal male and female adolescents (9 – 26 years old) with at least one parent or guardian.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial peer relationships, antisocial personality/temperament, familial problems, substance abuse, school related concerns.
Facilitator Training & Certification:	<p>Master's degree in a clinical field.</p> <p>Florida statutes require mental health and substance abuse treatment services be delivered by a licensed qualified professional or by a bachelor's level clinical staff working under the supervision of a licensed qualified professional.</p> <p>Facilitators must adhere to the training model.</p>
Fidelity:	No known fidelity monitoring requirements.
Proven Recidivism Reduction:	Yes.

Multisystemic Therapy (MST)

Florida DJJ Ranking:	Evidence-Based Practice
Program Author:	Scott Henggeler, Ph.D.
Program Contact:	http://www.msts services.com/
Overview:	<p>Multisystemic Therapy (MST) is an intensive family- and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders - their homes and families, schools and teachers, neighborhoods and friends. MST works with offenders ages 12 through 17 who have a long history of arrests and blends research-based clinical treatments such as cognitive behavioral therapy, behavior management training, family therapy, and community psychology. MST has repeatedly been shown to keep youth in their home, reduce out-of-home placements, keep youth in school, keep youth out of trouble, and dramatically reduce re-arrest rates. MST addresses the following concerns: juvenile justice system involvement, youth at imminent risk of out-of-home placement due to criminal offenses, physical aggression in the home, school, or community, verbal aggression/verbal threats of harm to others, substance abuse, difficulty managing anger, substance abuse, and barriers to effective parenting.</p>
Modality & Dosage:	Individual Counseling and Family Counseling. No set number of sessions, time allotments for sections, or required number of meetings per week.
Population:	Male and female adolescents (12 – 17 years old).
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial peer relationships, antisocial personality/temperament, familial problems, substance abuse, problematic circumstances at school or work, problematic leisure circumstances.
Facilitator Training & Certification:	<p>Master's degree in a clinical field.</p> <p>Florida statutes require mental health and substance abuse treatment services be delivered by a licensed qualified professional or by a bachelor's level clinical staff working under the supervision of a licensed qualified professional.</p> <p>Facilitators must adhere to the training model.</p>
Fidelity:	No known fidelity monitoring requirements.
Proven Recidivism Reduction:	Yes.

Multisystemic Therapy – Family Integrated Transitions (MST-FIT)

Florida DJJ Ranking: Evidence-Based Practice

Program Author: Eric Trupin, Ph.D.

Program Contact: <https://depts.washington.edu/pbhjp/projects-programs/page/mst-family-integrated-transitions-fit>

Overview: Multisystemic Therapy - Family Integrated Transitions (MST-FIT) provides intensive family and community-based individual and family services. Goals include reducing engagement in criminal behavior, lowering the risk for recidivism, connecting the family with community supports, achieving youth abstinence from alcohol and other drugs, improving mental health status of the youth, and increasing prosocial behavior. Organizations providing MST-FIT are expected to have dedicated providers whose sole responsibility is to provide MST-FIT.

Modality & Dosage: Individual Counseling and Family Counseling. 4 to 6-month program. 2 – 3 sessions per week, 15 to 180-minute sessions.

Population: Non-psychotic, non-suicidal male and female youth (12-17 ½ years old) with caregiver. Youth must not be on pervasive developmental delay spectrum or referred for sex offending behavior absent other externalizing behaviors.

Criminogenic Need: Antisocial attitudes & beliefs, antisocial peer relationships, antisocial personality/temperament, familial problems, substance abuse, problematic circumstances at school or work, problematic leisure circumstances.

Facilitator Training & Certification: Master's degree in a clinical field.
Florida statutes require mental health and substance abuse treatment services be delivered by a licensed qualified professional or by a bachelor's level clinical staff working under the supervision of a licensed qualified professional.
Facilitators must adhere to the training model.

Fidelity: No known fidelity monitoring requirements.

Proven Recidivism Reduction: Yes.

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

Florida DJJ Ranking:	Evidence-Based Practice
Program Author:	Richard J. Munsch, Psy.D.
Program Contact:	http://www.mstpsb.com/
Overview:	<p>Multisystemic Therapy for Youth with Problem Sexual Behaviors (MST-PSB) is a clinical adaptation of Multisystemic Therapy (MST) specifically designed and developed to treat youth (and their families) for problematic sexual behavior. MST-PSB aims to decrease problem sexual and other antisocial behaviors and prevent out-of-home placements. MST-PSB address deficits in overall family relations and the youth's cognitive processes, peer relations, and school performance. Organizations providing this treatment should have distinct, dedicated staff for its MST program and include a clinical supervisor who has credible authority regarding clinical decisions and training in the adapted MST model for juvenile sexual offenders.</p>
Modality & Dosage:	Individual Counseling and Family Counseling. 5 to 7-month program, 3 sessions per week. Length of session varies depending on the client.
Population:	Male and female youth with problematic sexual behaviors.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial peer relationships, antisocial personality/temperament, familial problems, substance abuse, problematic circumstances at school or work, problematic leisure circumstances.
Facilitator Training & Certification:	<p>Master's degree, must be licensed by MST-PSB.</p> <p>All juvenile sex offender therapy and treatment services shall be provided in accordance with Rule 63N-1.0081 and by individuals qualified under applicable Florida Administrative Rule and/or Florida Statute (F.S.) to conduct such therapies and treatment.</p>
Fidelity:	Fidelity monitoring required.
Proven Recidivism Reduction:	Yes.

Promoting Alternative Thinking Strategies (PATHS)

Florida DJJ Ranking:	Evidence-Based Practice
Program Author:	Carole A. Kusché
Program Contact:	www.pathseducation.com
Overview:	<p>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 curriculum is designed to be used by educators and counselors in a multi-year, universal prevention model. Although primarily focused on the school and classroom setting, information and activities are also included for use with parents.</p>
Modality & Dosage:	Cognitive-Behavioral Therapy; 50 lessons, 30 minutes per session, 3 sessions per week. Closed group setting is preferred.
Population:	Elementary/middle-school aged male and female youth.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial personality/temperament, problematic circumstances at school
Facilitator Training & Certification:	No known educational requirement. Facilitators must be trained in the curriculum.
Fidelity:	No known fidelity monitoring requirements.
Proven Recidivism Reduction:	No.

Relapse Prevention Therapy (RPT)

Florida DJJ Ranking:	Evidence-Based Practice
Program Author:	George A. Parks, Ph.D.
Program Contact:	https://www.compassionatepragmatism.com/
Overview:	<p>Relapse Prevention Therapy was developed for the treatment of problem drinking and adapted later for other substances and problematic behaviors (e.g., gambling, inappropriate sexual behavior). RPT encompasses several cognitive-behavioral strategies that facilitate abstinence as well as provide help for people who experience relapse. RPT for substance use consists of strategies intended to enhance self-control and develop coping skills. Specific techniques include exploring the positive and negative consequences of continued use, self-monitoring to recognize drug cravings early on and to identify high-risk situations for use and developing strategies for coping with and avoiding high-risk situations and the desire to use. Relapse Prevention strategies can be used alone or as an adjunct to other treatment programs.</p>
Modality & Dosage:	<p>Cognitive-Behavioral Therapy; 12 group sessions, three hours per session, individual sessions lasting 60 – 90 minutes. Open group setting.</p>
Population:	<p>Adolescents with alcohol or substance abuse problems.</p>
Criminogenic Need:	<p>Antisocial attitudes & beliefs, antisocial peer relationships, substance abuse</p>
Facilitator Training & Certification:	<p>Florida statutes require mental health and substance abuse treatment services be delivered by a licensed qualified professional or by a bachelor's level clinical staff working under the supervision of a licensed qualified professional.</p> <p>Facilitators must adhere to the training model.</p>
Fidelity:	<p>No known fidelity monitoring requirements.</p>
Proven Recidivism Reduction:	<p>No.</p>

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Florida DJJ Ranking:	Evidence-Based Practice
Program Author:	Judith Cohen, M.D., Esther Deblinger, Ph.D., Anthony Mannarino, Ph.D.
Program Contact:	https://tfcbt.org/
Overview:	TF-CBT is an evidence-based treatment intended to help children and adolescents recover after trauma. It is a structured, short-term treatment model that effectively improves a range of trauma-related outcomes in 8-25 sessions with the child/adolescent and caregiver. Although TF-CBT is highly effective at improving youth posttraumatic stress disorder (PTSD) symptoms and diagnosis, a PTSD diagnosis is not required to receive this treatment. TF-CBT also effectively addresses many other trauma impacts, including affective (e.g., depressive, anxiety), cognitive and behavioral problems, as well as improving the participating parent's or caregiver's personal distress about the child's traumatic experience, effective parenting skills, and supportive interactions with the child.
Modality & Dosage:	Individual Counseling and Family Counseling. Cognitive-Behavioral Therapy; 8 - 25 sessions, one session per week, 60-90 minutes per session, child-parent sessions are 30-45 minutes in length.
Population:	Male and female youth with a range of trauma symptoms.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial peers, antisocial personality pattern
Facilitator Training & Certification:	Master's degree in mental health field, state licensure, and certification through TF-CBT.
Fidelity:	Fidelity monitoring required.
Proven Recidivism Reduction:	No.



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.

Adolescent Community Reinforcement Approach (A-CRA)

Florida DJJ Ranking:	Promising Practice
Program Author:	Robert Myers, Ph.D., Jane Ellen Smith, Ph.D.
Program Contact:	http://ebtx.chestnut.org/Treatments-and-Research/Treatments/A-CRA
Overview:	Adolescent Community Reinforcement Approach/Assertive Continuing Care (A-CRA/ACC) is an outpatient program for youths and young adults between the ages of 12 and 24 who have substance use and co-occurring mental health disorders. A-CRA seeks to increase the family, social, and educational/vocational reinforces to support recovery. A-CRA uses both behavioral and cognitive-behavioral techniques to replace environmental skills that support recovery. A-CRA is the main component within Assertive Continuing Care (ACC), which provides home, school, and other community visits to youths following residential treatment for substance use disorders. A-CRA skills training involves coaching, practice, and feedback, particularly to support the acquisition of better family relationship skills, anger management, and relapse prevention skills.
Modality & Dosage:	Cognitive-Behavioral Therapy; 14 sessions (10 individual, 2 parent, 2 parent-child), 60-75 minutes each. Closed group setting.
Population:	Male and female youth (12-24 years old) with substance abuse or co-occurring mental health disorders.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial peers, antisocial personality pattern, substance abuse.
Facilitator Training & Certification:	No educational requirement, but A-CRA requires certification.
Fidelity:	Fidelity monitoring required.
Proven Recidivism Reduction:	Yes.

Adolescents Coping with Depression (CWD-A)

Florida DJJ Ranking:	Promising Practice
Program Author:	Gregory Clarke, Ph.D., Peter Lewinsohn, Ph.D., Hyman Hops, Ph.D.
Program Contact:	http://www.kpchr.org/acwd/acwd.html
Overview:	Adolescents Coping with Depression (CWD-A) is a psychoeducational cognitive behavioral group therapy appropriate for adolescents aged 14 to 18 that have been diagnosed with unipolar depression. It teaches skills to overcome depression including: relaxation, pleasant events, irrational and negative thoughts, social skills, communication, and problem solving. CWD-A seeks to reduce antisocial attitudes and behaviors and other issues related to clinical depression as well as increase family support for the adolescent. This intervention has been implemented in outpatient, residential treatment, school, hospital, and juvenile detention settings.
Modality & Dosage:	Cognitive-Behavioral Therapy; 16 sessions, 2 hours each.
Population:	Male and female adolescents (14-18 years old).
Criminogenic Need:	Antisocial attitudes & beliefs, Familial problems.
Facilitator Training & Certification:	Therapist.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	Yes.

Aggression Replacement Training (ART®)

Florida DJJ Ranking:	Promising Practice
Program Author:	Barry Glick, Ph.D., John Gibbs
Program Contact:	http://aggressionreplacementtraining.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. To accomplish this, Aggression Replacement Training (ART) uses the following interventions: <i>social skills</i> training teaches participants what to do, helping them replace antisocial behaviors with positive alternatives; <i>anger control</i> teaches participants what not to do, helping them respond to anger in a nonaggressive manner and rethink anger-provoking situations; <i>moral reasoning</i> helps raise participants' level of fairness, justice, and concern for the needs and rights of others.
Modality & Dosage:	Social skills training; 30 sessions (3 modules), 1 hour lessons, 3 times per week; Closed group setting.
Population:	Male and female youth with aggression symptoms.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial peers, antisocial personality pattern, problematic circumstances at school or work
Facilitator Training & Certification:	No known educational requirements. Training recommended.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	Yes.

Brief Strategic Family Therapy® **(BSFT®)**

Florida DJJ Ranking:	Promising Practice
Program Author:	Jose Szapocznik, Ph.D., Olga Hervis, M.S.W.
Program Contact:	http://www.bsft.org/
Overview:	Brief Strategic Family Therapy® (BSFT®) is designed to (1) prevent, reduce, and/or treat adolescent behavior problems such as drug use, conduct problems, delinquency, sexually risky behavior, aggressive/violent behavior, and association with antisocial peers; (2) improve prosocial behaviors such as school attendance and performance; and (3) improve family functioning, including effective parental leadership and management, positive parenting, and parental involvement with the child and his or her peers and school. BSFT is based on the assumption that the family—one of the most important and influential systems in the lives of children and adolescents—provides the foundation for child development. As a result, BSFT conceptualizes and intervenes to change youth behavior problems at the family level.
Modality & Dosage:	Family counseling; 12 – 16 week program, 60-75 minute sessions, 1 session per week. Not a group treatment.
Population:	Male and female youth (6 to 17 years old).
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial peers, antisocial personality pattern, problematic circumstances at home, problematic circumstances at school or work, substance abuse.
Facilitator Training & Certification:	Master's degree in Social Work, Counseling, Marriage & Family Therapy, Psychology, or related Social Science.
Fidelity:	Fidelity monitoring required.
Proven Recidivism Reduction:	No.

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

Florida DJJ Ranking:	Promising Practice
Program Author:	Lisa Jaycox, Ph.D.
Program Contact:	www.cbitsprogram.org
Overview:	Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) is a school-based, cognitive-behavioral, skills-based intervention designed for elementary, middle, and high school students who have experienced traumatic events. The program aims to improve the wellbeing of traumatized students by reducing symptoms of posttraumatic stress disorder (PTSD), anxiety, and depression and problems related to behavior and by improving behavior, social functioning, grades and attendance, peer and parent support, and coping skills. CBITS uses cognitive-behavioral techniques, including psychoeducation, relaxation training, cognitive coping, gradual in vivo mastery of trauma reminders and generalized anxiety, processing traumatic memories, and social problem solving.
Modality & Dosage:	Cognitive-Behavioral Therapy; 13 – 15 sessions, 40-50 minutes each, 1 time per week. Closed group setting.
Population:	Male and female youth (5 – 18 years old).
Criminogenic Need:	Antisocial attitudes & beliefs, problematic circumstances at school or work.
Facilitator Training & Certification:	No known educational requirements.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	No.

Dialectical Behavior Therapy (DBT)

Florida DJJ Ranking:	Promising Practice
Program Author:	Marsha Linehan, Ph.D.
Program Contact:	https://behavioraltech.org/
Overview:	<p>Dialectical Behavior Therapy (DBT) is a cognitive behavioral treatment that was originally developed to treat chronically suicidal individuals diagnosed with borderline personality disorder (BPD) and it is now recognized as the gold standard psychological treatment for this population. In addition, research has shown that it is effective in treating a wide range of other disorders such as substance dependence, depression, post-traumatic stress disorder (PTSD), and eating disorders. Behavioral science underpins the DBT bio-social model of the development of BPD, as well as the DBT behavioral change strategies and protocols. Zen and contemplative practices underpin DBT mindfulness skills and acceptance practices for both therapists and clients.</p>
Modality & Dosage:	Individual Counseling & Group Counseling; 24 sessions, 1 individual session per week (45 minutes), and 1 group session per week (2 hours). Closed group after 6 weeks.
Population:	Male and female youth with BPD, PTSD, suicidal thoughts, depression.
Criminogenic Need:	Antisocial attitudes & beliefs; Antisocial peer relationships; Antisocial personality/temperament; Familial problems; School related concerns
Facilitator Training & Certification:	Licensure as a Mental Health Professional.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	No.

EQUIP

Florida DJJ Ranking:	Promising Practice
Program Author:	John Gibbs, Bud Potter, Arnold Goldstein
Program Contact:	https://www.researchpress.com/books/528/equip-program
Overview:	<p>EQUIP is a three-part intervention method for working with antisocial or behavior disordered adolescents. The approach includes training in moral judgement, 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 have learned to help each other).</p>
Modality & Dosage:	Group Counseling; 31 EM Sessions, 60-75 minutes, 3 – 5 meetings per week depending on setting.
Population:	Male and female youth.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial personality pattern.
Facilitator Training & Certification:	State Licensure Requirements.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	No.

Fairy Tale Model – Treating Problem Behaviors: A Trauma-Informed Approach

Florida DJJ Ranking:	Promising Practice
Program Author:	Ricky Greenwald, Psy.D.
Program Contact:	http://www.childtrauma.com/
Overview:	The Fairy Tale Model is a phase model of trauma-informed psychotherapy and is so named because it is taught with the telling of a fairy tale, in which each element of the story corresponds to one of the phases in treatment. Following the treatment manual, <i>Treating Problem Behaviors: A Trauma-Informed Approach</i> , this phased model of trauma-informed treatment calls for a given phase of treatment to be pursued until the client outcome specified for that phase has been achieved. The treatment has scripted interventions for working with teens individually.
Modality & Dosage:	Cognitive-Behavioral Therapy; 5 – 20 sessions, 45-50 minutes each, one session per week; not a group treatment.
Population:	Male and female youth (13 – 18 years old) with emotional and behavior problems.
Criminogenic Need:	Antisocial attitudes & beliefs, problematic circumstances at school or work.
Facilitator Training & Certification:	Master's level therapist who completes the required training.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	No.

Family Behavior Therapy – Adolescent-Focused

Florida DJJ Ranking:	Promising Practice
Program Author:	Bradley Donohue, Ph.D.
Program Contact:	http://familybehaviorther.wixsite.com/familytherapy
Overview:	Adolescent FBT includes more than a dozen treatments including treatment planning, behavioral goals, contingency contracting/Level System, communication skills training, job-getting skills training, self-control, stimulus control, and teletherapy to improve session attendance. Therapies are consumer-driven and culturally sensitive. Adolescent FBT's goal is to result in positive outcomes in such areas as alcohol and drug use, depression, conduct problems, family dysfunction, and days absent from work/school. Adolescent FBT is designed to be used with youth, multiple ethnicities, differing types of substance abuse (alcohol, marijuana, and hard drugs), and across genders.
Modality & Dosage:	Cognitive-Behavioral Therapy; 12 – 15 sessions, 60 – 90 minutes each, 1 session per week; not a group treatment.
Population:	Male and female youth (11 – 17 years old) with substance abuse and other behavioral issues.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial peer relationships, antisocial personality pattern, problematic circumstances at home, substance abuse.
Facilitator Training & Certification:	Master's in Mental Health field. One person must have state licensure.
Fidelity:	Fidelity monitoring required.
Proven Recidivism Reduction:	No.

Family-Focused Treatment for Adolescents (FFT-A)

Florida DJJ Ranking:	Promising Practice
Program Author:	David Miklowitz, Ph.D.
Program Contact:	http://www2.semel.ucla.edu/champ
Overview:	FFT-A is a psychosocial treatment for youth with bipolar disorder, consisting of family psychoeducation, communication enhancement training, and problem-solving skills training. It is delivered in concurrently with medication in the period just after an episode of bipolar disorder. The clients are the adolescent, mother/father, and where possible, siblings and extended relatives.
Modality & Dosage:	Individual & Group Therapy; 12 sessions, 1 hour per session, 1 session per week; closed group setting.
Population:	Male and female youth with bipolar disorder.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial peer relationships, antisocial personality pattern, problematic circumstances at home, problematic circumstances at school or work.
Facilitator Training & Certification:	No known education requirements.
Fidelity:	No known fidelity requirements, but weekly telephone supervision for first 2 cases required.
Proven Recidivism Reduction:	No.

Girls Circle

Florida DJJ Ranking:	Promising Practice
Program Author:	Beth Hossfield, Giovanna Taormina
Program Contact:	www.onecirclefoundation.org
Overview:	The Girls Circle model, a structured support group for girls from 9-18 years, integrates relational theory, resiliency practices, and skills training in a specific format to increase positive connection, personal and collective 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-express through verbal sharing and creative activity.
Modality & Dosage:	Group counseling; 90 – 120 minute sessions, 8 – 12 weeks, 1 – 2 sessions per week; closed group setting.
Population:	Female youth (9 – 18 years old).
Criminogenic Need:	Problematic circumstances at school or work, substance abuse.
Facilitator Training & Certification:	No known education requirements.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	Yes.

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:	http://www.djj.state.fl.us/services/residential
Overview:	<p>The Impact of Crime curriculum was created by the Florida Department of Juvenile Justice Office of Residential Services to assist residential programs with following a Balanced and Restorative Justice Approach. The IOC curriculum consists of 24 objectives across seven chapters, including Victim Impact and Restorative Justice, Personal Accountability, Introduction to Harm, Consequences of Making Decisions, Ripple Effect of Crime, Managing Conflict, and the Road to Reparation. The overarching goal of the curriculum is to teach participating youth empathy, accountability, and the effects on other and the community of delinquent acts. The focuses on skill development and challenging antisocial cognitions, values, and beliefs.</p>
Modality & Dosage:	Two versions: Original & Revised; Original – 48 hours across 12 chapters; Revised – 24 objectives across 7 chapters; closed group setting.
Population:	Male and female youth.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial peers, antisocial personality pattern, problematic circumstances at school or work.
Facilitator Training & Certification:	No educational requirements.
Fidelity:	Fidelity monitoring required.
Proven Recidivism Reduction:	No.

Living in Balance

Florida DJJ Ranking:	Promising Practice
Program Author:	Jeffrey Hoffman, Ph.D.
Program Contact:	https://www.hazelden.org/web/public/livinginbalance.page
Overview:	Living in Balance (LIB) is a research based substance abuse treatment intended to help clients address issues in lifestyle areas that may have been neglected during addiction. It is specifically oriented for group settings. The LIB manual uses didactic education and instruction, group process interaction through role plays and discussion, daily relaxation and visualization exercises, informational handouts, videotapes, and group-oriented recreational therapy exercises.
Modality & Dosage:	Group Counseling; 12 sessions (31 additional sessions available), 90 minutes each; open group setting.
Population:	Male and female youth with substance abuse issues.
Criminogenic Need:	Antisocial attitudes & beliefs, problematic circumstances at home, problematic circumstances at school or work, problematic leisure circumstances, substance abuse.
Facilitator Training & Certification:	No known educational requirements.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	No.

Mentalization-Based Treatment for Adolescents (MBT-A)

Florida DJJ Ranking:	Promising Practice
Program Author:	Dr. Trudie Rossouw, Peter Fonagy, Ph.D.
Program Contact:	http://www.annafreud.org/training/training-and-conferences-overview/training-at-the-anna-freud-national-centre-for-children-and-families/mentalization-based-treatment-for-adolescence-mbt-a/
Overview:	MBT-A is a treatment originally developed to treat Borderline Personality Disorder (BPD) in adults. MBT-A may be useful for adolescents who present with traits of Borderline Personality Disorder, particularly those who engage in self-harm behaviors. Therapy sessions are based on attachment theory and developmental theory. It is designed to strengthen self-control in those with affect dysregulation and impulse control problems through the establishment of an intense (attachment) therapeutic relationship which attempts to engage the client/patient in a process of understanding their mental states and thoughts and emotions within the context of attachments and to learn to regulate their thought and emotions.
Modality & Dosage:	Individual Counseling & Family Counseling; 1 year of sessions, 50 minute weekly individual sessions, 90 minute monthly family sessions.
Population:	Male and female youth with Borderline Personality Disorder.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial personality pattern, problematic circumstances at home.
Facilitator Training & Certification:	No known educational requirements.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	No.

Moral Reconciliation Therapy (MRT)

Florida DJJ Ranking: Promising Practice

Program Author: Greg Little, Ph.D.

Program Contact: <https://www.ccimrt.com/>

Overview: MRT was initially designed as a treatment program for adults residing in prison-based substance abuse therapeutic communities. MRT is designed to help participants reexamine their choices and develop cognitive structures that will improve decision-making skills. The curriculum for juveniles, entitled “Juvenile MRT- How to Escape Your Prison” is appropriate for both juvenile offenders and juvenile substance abusers, and is appropriate for general treatment and substance abuse treatment. Based on cognitive-behavioral therapy principles, characteristics that guide MRT practice include: 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, and 6) enhance moral reasoning.

Modality & Dosage: Cognitive-Behavioral Therapy; 24-32 sessions (outpatient), 1 hour per session, 1 session per week; open group setting.

Population: Male and female youth (12-16 years old).

Criminogenic Need: Antisocial attitudes & beliefs, antisocial peers, antisocial personality pattern, substance abuse.

Facilitator Training & Certification: No known educational requirements.

Fidelity: No known fidelity requirements.

Proven Recidivism Reduction: Yes.

Olweus Bullying Prevention Program

Florida DJJ Ranking: Promising Practice

Program Author: Dan Olweus, Ph.D.

Program Contact: <http://www.tfcoregon.com/>

Overview: The Olweus Bullying Prevention Program (OBPP) uses interventions at multiple levels (i.e. individual, class, school, and community) and other tools to improve peer relations and school environments. The ultimate goal of the Olweus Bullying Prevention Program (OBPP) is to reduce bullying behavior and alcohol and substance abuse and improve academic achievement.

Modality & Dosage: Multidisciplinary Therapy; unknown number of sessions, unknown length for sessions; open group setting.

Population: Male and female youth.

Criminogenic Need: Antisocial attitudes & beliefs, problematic circumstances at school, substance abuse.

Facilitator Training & Certification: No known educational requirements.

Fidelity: Fidelity monitoring required.

Proven Recidivism Reduction: No.

Parenting with Love and Limits

(PLL)

Florida DJJ Ranking:	Promising Practice
Program Author:	Scott Sells, Ph.D.
Program Contact:	https://gopll.com/
Overview:	<i>Parenting with Love and Limits®</i> (PLL) is a manualized treatment integrating group and family therapy. It is meant for adolescent populations who have a 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. During group therapy, teens and parents participate together in a small group, led by two clinician facilitators. Group therapy can also include siblings and extended family. The groups consist of no more than six families and no more than 12 people total per group. During family therapy, teens and parents meet individually with one of the group facilitators in between classes in an intensive 1-2 hour session to practice the new skills learned in group.
Modality & Dosage:	Group Counseling & Family Counseling; 6 parent only sessions + 12 family therapy sessions (Residential), 6 group sessions + 6 family sessions (Nonresidential), group sessions (2 hours), family sessions (1.5 hours), 1 meeting per week; closed group setting.
Population:	Male and female youth (10 – 18 years old).
Criminogenic Need:	Antisocial attitudes & beliefs; Antisocial personality pattern; Problematic circumstances at home; Problematic circumstances at school or work.
Facilitator Training & Certification:	Master's degree in Social Work, Mental Health Counseling, Psychology, or related field.
Fidelity:	Fidelity monitoring required.
Proven Recidivism Reduction:	No.

Positive Action

Florida DJJ Ranking:	Promising Practice
Program Author:	Carol Allred, Ph.D.
Program Contact:	https://www.positiveaction.net/
Overview:	Positive Action is designed to improve problem behaviors and academics in youth through character development. The program relies on intrinsic motivation for developing and maintaining positive behaviors and decreasing negative ones such as substance use, bullying, and violent behavior.
Modality & Dosage:	Number of sessions depends on school, 15 – 20 minute sessions, 1 session per week; open group setting.
Population:	Male and female youth.
Criminogenic Need:	Anti-social attitudes & beliefs, problematic circumstances at school, substance abuse.
Facilitator Training & Certification:	No known educational requirements.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	No.

Project Toward No Drug Abuse (TND)

Florida DJJ Ranking:	Promising Practice
Program Author:	Steve Sussman, Ph.D.
Program Contact:	http://tnd.usc.edu/
Overview:	Project Towards No Drug Abuse (TND) is a school-based substance abuse treatment program that targets at-risk youths' motivation, knowledge, social, and decision-making skills in regards to alcohol and drug use.
Modality & Dosage:	Group Counseling; 4 – 6 weeks, 12 sessions, 40 – 50 minutes each; closed group setting.
Population:	Male and female youth.
Criminogenic Need:	Substance abuse.
Facilitator Training & Certification:	No known educational requirements.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	No.

Relationship Smarts PLUS

Florida DJJ Ranking:	Promising Practice
Program Author:	Marline Pearson, M.A.
Program Contact:	http://www.dibbleinstitute.org/
Overview:	Relationships Smarts PLUS is designed to help youth ages 14-18 gain knowledge and develop skills for making good decisions about forming and maintaining healthy relationships. Based on cognitive and communications theories and concepts embodied in the Prevention and Relationship Enhancement Program (PREP), Relationship Smarts PLUS aims to increase reasoning and positive conflict management skills, healthy relationship skills and knowledge, and beliefs regarding healthy relationships, which decreasing destructive verbal and physical aggression.
Modality & Dosage:	Group Counseling; 13 sessions, 50 – 60 minutes each, 1 session per week; closed group setting.
Population:	Male and female youth (14 – 18 years old).
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial peers, antisocial personality pattern, problematic circumstances at home, problematic circumstances at school or work.
Facilitator Training & Certification:	No known educational requirement.
Fidelity:	Fidelity monitoring required.
Proven Recidivism Reduction:	No.

Seven Challenges

Florida DJJ Ranking:	Promising Practice
Program Author:	Robert Scwebelm, Ph.D.
Program Contact:	www.sevenchallenges.com
Overview:	The Seven Challenges® Program is designed 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 change. The Program helps juveniles address their drug problems and also their co-occurring life skill deficits, situational problems, and psychological problems. Seven specific challenges provide a framework for helping youth think through decisions about their lives and their use of alcohol and other drugs. Furthermore, because trauma issues are often exposed due to the program's promotion of openness in relationships, "skill building for trauma recovery on such issues as safety, trust, boundaries, and excessive self-blame are incorporated in this program."
Modality & Dosage:	Multidisciplinary Therapy; Dosage depends on intensity of problem, 90 minutes per session, 1 session per week. Open group setting.
Population:	Male and female youth exhibiting substance abuse symptoms.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial peers, antisocial personality pattern, problematic circumstances at home, problematic circumstances at school or work, substance abuse.
Facilitator Training & Certification:	No known educational requirements, but counselor will receive weekly supervision from a master's level student.
Fidelity:	Fidelity monitoring required.
Proven Recidivism Reduction:	No.

Skills Training in Affect and Interpersonal Regulation

Florida DJJ Ranking: Promising Practice

Program Author: Omar G. Gudino, Ph.D., Marylene Cloitre, Ph.D.

Program Contact: <http://stairnt.com/>

Overview: Skills Training in Affective and Interpersonal Regulation (STAIR) is an evidence-based skills-focused treatment was developed to provide basic social and emotion management skills. The application of the group STAIR for Adolescents (STAIR-A) has a similar content adapted to the developmental level and salient problems of adolescence. For example, STAIR-A helps teens strengthen communication skills particularly under stressful circumstances such as peer pressure and management of sexual encounters. Emotion regulation strategies emphasize verbal communication rather than action, and attention to the basics of care for the body. If time is less limited, the treatment is extended to include review of traumatic events and the creation of a narrative about the trauma in the context of a developing life story (SNT-A).

Modality & Dosage: Cognitive-Behavioral Therapy; unknown number of sessions, unknown session length; unknown group setting.

Population: Male and female youth (11 – 18 years old).

Criminogenic Need: Antisocial attitudes & beliefs, antisocial peer relationships, and antisocial personality pattern.

Facilitator Training & Certification: No known educational requirements.

Fidelity: No known fidelity requirements.

Proven Recidivism Reduction: No.

Stop Now and Plan (SNAP)

Florida DJJ Ranking:	Promising Practice
Program Author:	Child Development Institute
Program Contact:	https://childdevelop.ca/snap/
Overview:	Stop Now and Plan (SNAP) is a multicomponent behavioral program that teaches children struggling with behavior issues, and their parents, effective emotional regulation, self-control, and problem-solving skills. SNAP offers gender-specific programs for children ages 6-11 and youth ages 13-17 and for youth in criminal justice and school settings.
Modality & Dosage:	Multidisciplinary Therapy; 12 – 14 weeks, 13 sessions, 90 minutes each, 1 session per week; closed group setting.
Population:	Male and female youth, but this program is gender-specific.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial peers, antisocial personality pattern, problematic circumstances at school or work.
Facilitator Training & Certification:	No known educational requirements.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	Yes.

Strengthening Families Program

Florida DJJ Ranking:	Promising Practice
Program Author:	Karol A. Kumpfer, Ph.D.
Program Contact:	www.strengtheningfamiliesprogram.org
Overview:	The Strengthening Families Program is a 14-session training parenting skills, children's social skills, and family life skills program designed for high-risk families. Parents and children participate in SFP, both separately and together.
Modality & Dosage:	Individual Counseling & Family Counseling; 14 sessions, 2 – 2.5 hours per session, 1 session per week; closed group setting.
Population:	Male and female youth.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial personality pattern, problematic circumstances at home, problematic circumstances at school or work, problematic leisure circumstances.
Facilitator Training & Certification:	No known educational requirement.
Fidelity:	Fidelity monitoring required.
Proven Recidivism Reduction:	No.

Strong African American Families (SAAF)

Florida DJJ Ranking: Promising Practice

Program Author: Gene H. Brody, Ph.D.

Program Contact: <https://cfr.uga.edu/saaf-programs/saaf/>

Overview: Strong African American Families (SAAF) is a 7-week program that is designed to strengthen bonds between African American children and their primary caregivers and help youth develop goals for the future and avoid risky behavior.

Modality & Dosage: Individual Counseling & Family Counseling; 7 sessions, 2 hours per session, 1 session per week; open/closed setting depends on group.

Population: Male and female youth.

Criminogenic Need: Anti-social peers (and isolation from pro-social peers), problematic circumstances at home, problematic circumstances at school or work, and, substance abuse.

Facilitator Training & Certification: No known educational requirements, but some post-secondary education is preferred.

Fidelity: No known fidelity requirements.

Proven Recidivism Reduction: No.

Structured Sensory Intervention for Traumatized Children, Adolescents & Parents (SITCAP-ART)

Florida DJJ Ranking:	Promising Practice
Program Author:	Melvyn Raider, Ph.D.
Program Contact:	http://www.starrtraining.org/tlc
Overview:	The intervention is based on structured sensory therapy, integrating sensory-based activities and cognitive-reframing strategies. The approach is grounded in the understanding that trauma is a sensory experience; traumatic memories are experienced at a sensory level and must be reactivated in a safe environment in order to be moderated and tolerated with a sense of power and feeling of safety. The program provides structured activities for externalizing these traumatic memories in concrete and narrative forms. Cognitive reframing strategies are used to improve resiliency and help manage the traumatic experience.
Modality & Dosage:	Group Counseling; 10 – 12 weeks, 10 – 11 sessions, 75 minutes per session; unknown group setting.
Population:	Male and female youth with trauma histories.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial peers, antisocial personality pattern, problematic circumstances at home, problematic circumstances at school or work.
Facilitator Training & Certification:	Master's level education and one year of group facilitation experience with adjudicated adolescents.
Fidelity:	Fidelity monitoring required.
Proven Recidivism Reduction:	No.

Thinking for a Change (T4C)

Florida DJJ Ranking:	Promising Practice
Program Author:	Jack Bush, Ph.D., Barry Glick, Ph.D., Juliana Taymans, Ph.D.
Program Contact:	https://nicic.gov/t4c
Overview:	Thinking for a Change (T4C) is a program based on the principles of cognitive behavioral therapy that attempts to teach offenders prosocial and problem-solving skills to recognize and avoid problematic behaviors.
Modality & Dosage:	Cognitive-Behavioral Therapy; 25 lessons, 1 – 2 hours per session, 1 session per week (3 sessions per week maximum); closed group setting (open up to 5 sessions).
Population:	Male and female youth.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial personality patterns, problematic circumstances at school or work.
Facilitator Training & Certification:	No known educational requirements.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	Yes.

Trauma Adaptive Recovery Group Education and Therapy

Florida DJJ Ranking:	Promising Practice
Program Author:	Julian D. Ford, Ph.D.
Program Contact:	http://www.ptsdfreedom.org/
Overview:	TARGET is a strengths-based approach to education and therapy for trauma survivors who are looking for a safe and practical approach to recovery. TARGET's goal is to help trauma survivors understand how trauma changes the body and brain's normal stress response into an extreme survival-based alarm response. These reactive responses may become "post-traumatic stress disorder" (PTSD). TARGET teaches a practical 7-step set of skills that can be used by trauma survivors to regulate extreme emotion states, to manage intrusive trauma memories, to promote self-efficacy, and to achieve lasting recovery from trauma.
Modality & Dosage:	Individual Counseling or Group Counseling; 4 sessions, 50 minutes per session, 1 – 2 sessions per week; open group setting.
Population:	Male and female youth with trauma histories or PTSD. Preferred for groups to be gender-specific.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial personality pattern, problematic circumstances at home, problematic circumstances at school or work.
Facilitator Training & Certification:	Bachelor's degree in a related field.
Fidelity:	Fidelity monitoring required.
Proven Recidivism Reduction:	No.

Trauma Affect Regulation Guide for Education and Therapy for Adolescents (TARGET)

Florida DJJ Ranking:	Promising Practice
Program Author:	Julian Ford, Ph.D.
Program Contact:	www.advancedtrauma.com
Overview:	TARGET is a strength-based approach designed to enhance self-regulation capacities that are compromised by psychological trauma in childhood. The goal is to help survivors understand how trauma changes the body and the brain's normal stress response into an alarm response, which can become PTSD. TARGET teaches a sequence of practical self-regulatory skills with creative exercises designed to enhance youths' self-esteem and ability to manage anger, impulsivity, grief, shame, and guilt.
Modality & Dosage:	Individual Counseling or Group Counseling; 10 sessions, 50 minutes per session, 1 – 2 sessions per week; closed group after 3 sessions.
Population:	Male and female youth, but it is preferred for groups to be gender-specific.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial personality pattern, problematic circumstances at home, problematic circumstances at school or work.
Facilitator Training & Certification:	Master's degree in behavioral health related field.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	No.



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 interventions have empirical support for the principles, theoretical framework, or components of the intervention.

Anger Management for Substance Abuse and Mental Health: A CBT Manual

Florida DJJ Ranking:	Practice with Demonstrated Effectiveness
Program Author:	Patrick Reilly, Ph.D., Michael Shopshire, Ph.D.
Program Contact:	https://store.samhsa.gov/shin/content/SMA12-4213/SMA12-4213.pdf
Overview:	<p>To provide clinicians with tools to help deal with this important issue, the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration is pleased to present Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual and its companion book Anger Management for Substance Abuse and Mental Health Clients: Participant Workbook. The anger management treatment design in this manual, which has been delivered to hundreds of clients over the past 8 years, has been popular with both clinicians and clients. This treatment design can be used in a variety of clinical settings and will be beneficial to the field.</p>
Modality & Dosage:	Cognitive-Behavioral Therapy; 12 sessions, 90 minutes per session, 1 – 2 sessions per week; closed group setting.
Population:	Male and female youth.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial peers, antisocial personality pattern, problematic circumstances at home, substance abuse.
Facilitator Training & Certification:	Master's degree in behavior health field preferred.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	No.

ARISE Anger Management Life Skills

Florida DJJ Ranking:	Practice with Demonstrated Effectiveness
Program Author:	Edmund Benson, Susan Benson
Program Contact:	www.at-riskyouth.org
Overview:	<p>The ARISE curricula are based on a cognitive behavior and social learning theory. The ARISE Anger Management Curriculum uses role play 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 choice. ARISE Anger Management Curriculum is available in several formats—Anger Management Package for Teens, Anger and Gang Prevention Package for Teens, or Anger Management Package for Middle School.</p>
Modality & Dosage:	Cognitive-Behavioral Therapy; 36 sessions, 45 – 60 minutes per session, 3 sessions per week (preferred).
Population:	Male and female youth.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial peers, antisocial personality pattern, problematic circumstances at school or work.
Facilitator Training & Certification:	No known educational requirements.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	Yes.

Big Brothers Big Sisters Mentoring Program

Florida DJJ Ranking:	Practice with Demonstrated Effectiveness
Program Author:	Big Brothers Big Sisters
Program Contact:	http://www.bbbs.org/
Overview:	<p>The Big Brothers Big Sisters Mentoring Program is designed to help participating youth ages 6-18 ("Littles") reach their potential through supported matches with adult mentors ("Bigs"). The program focuses on positive youth development, not specific problems, and the "Big" acts as a role model and provides guidance to the "Little" through a relationship that is based on trust and caring. The "Big" and "Little" agree to meet two to four times per month for at least a year, with get-togethers usually lasting 3 or 4 hours and consisting of mutually enjoyable activities.</p>
Modality & Dosage:	Varies.
Population:	Male and female youth.
Criminogenic Need:	Antisocial attitudes and beliefs, problematic circumstances at school, and substance abuse.
Facilitator Training & Certification:	No known educational requirements.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	No.

Crossroads Juvenile Offender Curriculum

Florida DJJ Ranking: Practice with Demonstrated Effectiveness

Program Author: National Curriculum & Training Institute

Program Contact: www.NCTI.org

Overview: Crossroads curricula are delivered in a group format, a follow a precise sequence that leads participants from a general level of discussion to a specific behavioral commitment. This general-to-specific movement accomplishes give important goals: enables individuals to see the process as relevant to themselves; adapts the process to the participant's own learning style by including interactive exercises that require full participation; expands personal comfort zones and expectations; internalizes information and helps participants practice pro-social skills; and enhances the opportunity for personal discovery.

Modality & Dosage: Cognitive-Behavioral Therapy; 12 hours (low risk) to 60 hours (high-risk) of sessions, 2 hours per session, 2 sessions per week.

Population: Male and female youth.

Criminogenic Need: Antisocial attitudes & beliefs, antisocial peers, antisocial personality pattern, problematic circumstances at school or work.

Facilitator Training & Certification: Bachelor's degree in behavioral science.

Fidelity: Fidelity monitoring required.

Proven Recidivism Reduction: Yes.

Effective Practices in Community Supervision (EPICS)

Florida DJJ Ranking:	Practice with Demonstrated Effectiveness
Program Author:	University of Cincinnati Corrections Institute (UCCI)
Program Contact:	https://www.uc.edu/corrections/services/trainings/
Overview:	The EPICS model is designed to use a combination of monitoring, referrals, and face-to-face interactions to provide the offenders with a sufficient “dosage” of treatment interventions, and make the best possible use of time to develop a collaborative working relationship. The EPICS model helps translate the risk, needs and responsivity principles into practice. Community supervision officers or case managers are taught to increase dosage to higher risk offenders, stay focused on criminogenic needs, especially the thought-behavior link, and to use a social learning, cognitive behavioral approach to their interactions. The EPICS model is not intended to replace other programming and services, but rather is an attempt to more fully utilize staff as agents of change.
Modality & Dosage:	Cognitive-Behavioral Therapy; number of sessions depends on client, 15-30 minutes per session, sessions per week depends on risk of client; open group setting.
Population:	Male and female youth that are high-risk to reoffend.
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial peers, antisocial personality pattern.
Facilitator Training & Certification:	No known educational requirements.
Fidelity:	Fidelity monitoring required.
Proven Recidivism Reduction:	No.

Girls Moving On

Florida DJJ Ranking:	Practice with Demonstrated Effectiveness
Program Author:	Marylyn Van Dieten, Ph.D.
Program Contact:	http://orbispartners.com/programs/for-females/girls-moving-on/
Overview:	Girls Moving On is a gender-informed cognitive-behavioral program for at-risk girls between the ages of 12 to 21 years. Girls Moving On is a comprehensive program that uses a number of complementary approaches, such as relational theory, motivational interviewing, and cognitive-behavioral intervention. The program is designed to provide girls and young women with alternatives to criminal activity by assisting them to identify and mobilize both personal and community resources. Girls Moving On consists of seven modules: two are delivered in an individual basis and five are delivered in a group-based setting.
Modality & Dosage:	Cognitive-Behavioral Therapy; 25-27 sessions, 2 hours per session, 1 – 3 sessions per week.
Population:	Female youth (12 – 21 years old).
Criminogenic Need:	Antisocial attitudes & beliefs, antisocial peers, antisocial personality pattern, problematic circumstances at home, problematic circumstances at school or work.
Facilitator Training & Certification:	No known educational requirements.
Fidelity:	Fidelity monitoring required.
Proven Recidivism Reduction:	Yes.

Interpersonal Psychotherapy for Depressed Adolescents (IPT-A)

Florida DJJ Ranking: Practice with Demonstrated Effectiveness

Program Author: Laura Mufson, Ph.D.

Program Contact: <https://iptinstitute.com/>

Overview: Interpersonal Psychotherapy (IPT-A) focuses on four problem areas: 1) grief caused by death, 2) interpersonal role disputes, 3) role transitions, and 4) interpersonal deficits. It is a time-limited (12 weeks), manualized treatment for depression in adolescents. The goals of Interpersonal Psychotherapy for Depressed Adolescents (IPT-A) are to help depressed patients improve their relationships by 1) improving their communication skills and 2) improving their problem solving skills, such that clients increase their effectiveness and satisfaction in current relationships. Ideally, parents are involved in the therapy. Parents receive psychoeducation, may facilitate working on communication between the adolescent and their family members, discuss treatment progress, changes in the family as a result of treatment, future interpersonal issues, and assess the need for further treatment/relapse prevention.

Modality & Dosage: Multidisciplinary Therapy; 12 weeks, 50 minutes per session, 1 session per week.

Population: Male and female youth.

Criminogenic Need: Antisocial attitudes & beliefs, antisocial personality pattern, problematic circumstances at home.

Facilitator Training & Certification: No known educational requirements, but training through program is mandatory.

Fidelity: No known fidelity requirements.

Proven Recidivism Reduction: No.

Interpersonal Psychotherapy – Adolescent Skills Training (IPT-AST)

Florida DJJ Ranking: Practice with Demonstrated Effectiveness

Program Author: Jami Young, Ph.D.

Program Contact: <https://iptinstitute.com/>

Overview: IPT-AST is school-based, group treatment program. The treatment focuses on psychoeducation and general skill-building including, communication and solving interpersonal problems. The psychoeducation component includes defining prevention, educating members about depression, and discussing the relationship between feelings and interpersonal interactions. The interpersonal skill-building component consists of two stages: 1) teaching communication and interpersonal strategies through activities and role-plays and 2) once skills are understood, application different people in their lives, practicing first in group and then at home. The overall goals of IPT-AST include 1) improving interpersonal functioning, 2) reducing and preventing depression, and 4) destigmatizing clinical interventions to increase the likelihood of future help-seeking behavior.

Modality & Dosage: Group Counseling; 10 weeks, 60 minute sessions for the first two weeks (individual counseling), 90 minute sessions for last eight weeks (group counseling), 1 session per week; closed group setting.

Population: Male and female youth (12 – 16 years old).

Criminogenic Need: Antisocial attitudes & beliefs, antisocial personality pattern.

Facilitator Training & Certification: Licensed Mental Health Professional.

Fidelity: No known fidelity requirements.

Proven Recidivism Reduction: No.

Love Notes

Florida DJJ Ranking: Practice with Demonstrated Effectiveness

Program Author: Marline Pearson, M.A.

Program Contact: www.dibbleinstitute.org

Overview: Love Notes aims to educate youth about healthy relationships and reduce adolescent dating violence and unprotected sex. Love Notes is a 13-module curriculum, partially derived from the Prevention and Relationship Enhancement Program. Love Notes covers issues of decision-making, communication, and conflict resolution. It aims to reduce adolescent dating violence, which includes control tactics and coercive sexual encounters, and unprotected sex (and thus pregnancy, the spread of STIs, and being subject to the controlling behavior of others). The curriculum builds on social exchange theory. The 13 modules include setting life goals, personality and family-of-origin issues in relationships, smart love, sliding versus deciding, safety issues, healthy communication strategies, problem solving, commitment and relationship decision-making, and sexuality in close relationships.

Modality & Dosage: Social skills training; 13-15 sessions, 50-60 minutes per session, 1 session per week; closed group setting.

Population: Male and female youth (16 – 24 years old). LGBTQ inclusive.

Criminogenic Need: Problematic circumstances at home, problematic circumstances at school or work, problematic leisure circumstances.

Facilitator Training & Certification: No known educational requirement.

Fidelity: Fidelity Monitoring required.

Proven Recidivism Reduction: No.

Pathways

Florida DJJ Ranking:	Practice with Demonstrated Effectiveness
Program Author:	Timothy Kahn, M.S.W.
Program Contact:	https://www.safersociety.org/press/safer-society-press/new-titles-from-safer-society-press/pathways-fourth-edition/
Overview:	<p>Pathways Fourth Edition is a structured, guided workbook for use with adolescent males and females with sexual behavior problems, including but not limited to sexual offending. The treatment focuses extensively on helping clients develop healthy and responsible patterns of thinking and behavior, and also provides concrete guidance about how to control sexual feelings in healthy and responsible ways, including guidelines for successful friendships and dating relationships. Relapse prevention techniques are reinforced, as is a new focus on helping clients develop healthy and responsible lifestyles by creating a Healthy Living Project to follow. Family and other support systems are involved in the youth's individual's treatment and many of the exercises in Pathways Fourth Edition require parental involvement. A companion guide, <i>Healthy Families, A Guide for Parents of Children and Adolescents with Sexual Behavior Problems</i> is also available.</p>
Modality & Dosage:	Multidisciplinary Therapy; 12 – 24 months, 1.5 hour sessions, 1 session per week; open group setting.
Population:	Male and female youth (12 – 18 years old) with sexual behavior problems.
Criminogenic Need:	Anti-Social attitudes & beliefs, anti-social peers, anti-social personality pattern, problematic circumstances at home.
Facilitator Training & Certification:	Bachelor's degree.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	No.

Reasoning and Rehabilitation

Florida DJJ Ranking:	Practice with Demonstrated Effectiveness
Program Author:	Elizabeth Fabiano, M.C.A., Robert Ross, Ph.D., Roslynn Ross, Ph.D.
Program Contact:	https://www.cognitivecentre.ca/
Overview:	Reasoning and Rehabilitation is an evidence-based program that targets antisocial or delinquent youth and adults by altering their cognitive and social skills. The program teaches participants problem solving, prosocial, critical thinking skills, and a host of others.
Modality & Dosage:	Social skills training; 12-14 sessions, 1 – 2 hours per session; closed group after 3 sessions.
Population:	Male and female youth (13 – 16 years old). Program may be gender-specific.
Criminogenic Need:	Antisocial attitudes & beliefs, problematic circumstances at home, problematic circumstances at school or work.
Facilitator Training & Certification:	No known educational requirements.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	No.

Seeking Safety

Florida DJJ Ranking:	Practice with Demonstrated Effectiveness
Program Author:	Lisa M. Najavits, Ph.D.
Program Contact:	http://www.treatment-innovations.org/seeking-safety.html
Overview:	Seeking Safety uses an evidence-based approach to target both mental health trauma and substance abuse. The program can be applied to a broad range of clients using either a group and/or individual modality format.
Modality & Dosage:	Individual Counseling or Group Counseling; 25 sessions, number of sessions required depends on client, length of sessions depend on client, number of sessions per week depends on client; open group setting.
Population:	Male and female youth.
Criminogenic Need:	Antisocial attitudes & beliefs, substance abuse.
Facilitator Training & Certification:	No known educational requirement.
Fidelity:	No known fidelity requirement.
Proven Recidivism Reduction:	No.

Sexual Abuse Counseling and Prevention Program (SACPP)

Florida DJJ Ranking: Practice with Demonstrated Effectiveness

Program Author: Children's Protective Society

Program Contact: <http://www.cps.org.au/>

Overview: The Sexual Abuse Counseling and Prevention Program (SACPP) is a counseling and intervention/treatment program provided by facilities operated by the Children's Protective Society (CPS) in Australia for residents of Metropolitan Melbourne. SACPP works holistically with families affected by child sexual abuse. It is designed to engage with the broader system around the child/young person – including schools, health services, out-of-home care providers (such as foster care and residential care), and other services providers. The goals of the Sexual Abuse Counseling and Prevention Program are to: a) help children to grow up and lead healthy, successful lives, b) address the underlying causes of the sexually abusive behavior and, c) facilitate young people developing healthy sexuality, thus reducing their risk of harming others in the future.

Modality & Dosage: Multidisciplinary Therapy; 6-12 months, 45-60 minutes per session, 1 session per week; closed group setting for specific modules.

Population: Male and female youth who have been sexually abused or have engaged in sexually abusive behaviors.

Criminogenic Need: Antisocial attitudes & beliefs, antisocial personality pattern, problematic circumstances at home.

Facilitator Training & Certification: Accredited Social Worker, Counselor, or Psychologist.

Fidelity: No known fidelity requirements.

Proven Recidivism Reduction: No.

Skillstreaming the Adolescent

Florida DJJ Ranking:	Practice with Demonstrated Effectiveness
Program Author:	Arnold Goldstein, Ph.D., Ellen McGinnis, Ph.D.
Program Contact:	http://www.skillstreaming.com
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.
Modality & Dosage:	Cognitive-Behavioral Therapy; unknown number of sessions, unknown length of sessions, unknown frequency of sessions.
Population:	Male and female youth.
Criminogenic Need:	Antisocial attitudes & beliefs.
Facilitator Training & Certification:	No known educational requirements.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	No.

The Council

Florida DJJ Ranking: Practice with Demonstrated Effectiveness

Program Author: Beth Hossfeld, Giovanna Taormina

Program Contact: <http://www.onecirclefoundation.org>

Overview: The Council for Boys and Young Men is a structured support group for boys' age 9-18 years that follows a strength-based approach to promote healthy masculinity. The Council for Boys and Young Men is based on relational-cultural theory and resiliency principles, incorporating theories of masculine identity formation rooted across cross-cultural traditions. It aims to promote boys' natural strengths and to increase the options about being male in today's world. Specifically, The Council for Boys and Young Men challenges myths about how to be a 'real boy' or a 'real man,' increases boys' emotional, social, and cultural literacy by promoting valuable relationships with peers and adult facilitators through activities, dialogue, and self-expression. There are five curriculum guides offered: Growing Health, Going Strong (10 weeks, ages 9-14); Standing Together: A Journey Into Respect (10 weeks, ages 9-14); Living a Legacy: A Rite of Passage (10 weeks, ages 14-18); Journey of the Great Warrior: Empowering Minority and Disenfranchised Youth (18 Sessions, ages 13-18); and Men of Honor: Becoming Respectful, Nonviolent Leaders (Sets 1 & 2) (10 sessions each, ages 13+).

Modality & Dosage: Group Counseling; 10 sessions, 1.5 – 2 hours per session.

Population: Male youth (9 – 18 years old).

Criminogenic Need: Antisocial attitudes & beliefs.

Facilitator Training & Certification: No known educational requirements.

Fidelity: No known fidelity requirements.

Proven Recidivism Reduction: No.

Truthought

Florida DJJ Ranking:	Practice with Demonstrated Effectiveness
Program Author:	Rogie Spoon
Program Contact:	www.truthought.com
Overview:	The Truthought curriculum teaches participants to recognize problematic thoughts and behaviors and replacing them with responsible thinking choices or correctives. The goal, then, is for participants to apply these skills to their own thinking patterns and behavior in everyday life.
Modality & Dosage:	Cognitive-Behavioral Therapy; number of sessions depend on client, 45-90 minutes per session, number of sessions per week depends on client; open group setting.
Population:	Male and female youth (12+ years old).
Criminogenic Need:	Antisocial attitudes & beliefs.
Facilitator Training & Certification:	No known educational requirement.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	No.

Youthbuild

Florida DJJ Ranking:	Practice with Demonstrated Effectiveness
Program Author:	Dorothy Stoneman
Program Contact:	https://www.youthbuild.org/
Overview:	YouthBuild program is designed to assist troubled adolescents and young adults from low-income communities transform their lives by helping them obtain their high school diploma or GED, job skills in various occupational sectors, counseling, community service, and placement in college or employment opportunities.
Modality & Dosage:	Social skills training; 10 months.
Population:	Male and female youth.
Criminogenic Need:	Problematic circumstances at school or work.
Facilitator Training & Certification:	No known educational requirements.
Fidelity:	No known fidelity requirements.
Proven Recidivism Reduction:	Yes.