

2022

## The Efficacy of Juvenile Treatment Program Services as Evidenced by Posttreatment Re-offenses

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# Walden University

College of Allied Health

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Michelle R. Valenzuela

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Walden University  
2022

Abstract

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by

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MA, Walden University, 2014

BS, Walden University, 2012

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

August 2022

## Abstract

The determination of whether juvenile intervention programs are effective in the reduction of future delinquency has been an ongoing research concern among scholars for over a century. Researchers have established that intervention programs are helpful for some juveniles but have not determined if intervention treatment outcomes continue beyond adolescence. The purpose of this quantitative study was to address the efficacy of services provided within juvenile intervention programs. There is a significant amount of research on the symptomatology of delinquent behavior relating to juvenile intervention programs; however, there is no extant research that looks at the longevity of success with the connection of services rendered from juveniles into adulthood. This study addresses these gaps in previous research, focusing on the services provided within the intervention program and outcomes of continued delinquent behaviors beyond 3 years using multiple regression analysis. Social control theory was used as the theoretical framework to explore the various dynamics that contribute to juvenile delinquency. This research delivers awareness towards areas of needed improvement to reduce juvenile recidivism and create social change towards improved care within communities. Archival data were collected from a population consisting of 266 juveniles from one treatment facility in Southern California. The results of the analysis indicated that the types of services used have an impact on the outcome of success beyond 3 years and provided more detailed outcomes related to the long-term success of juvenile intervention programs. More than 75% percent of juveniles within the juvenile justice system may benefit from the results of this study.

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## Acknowledgments

I would like to thank those in my life who have remained supportive during this entire journey. My father, who taught me patience with perseverance, and my mother, who taught me self-discipline. I would like to thank my friends who had more belief in me than I did in myself at times.

I am forever grateful for the people who never gave up on me and who pushed me to keep going. Thank you, Dr. Chet Lesniak, for being my chair on such quick notice. Dr. Benita Stiles-Smith, thank you for your support from the very beginning. Lastly, I want to thank my mentor Dr. Mike D'Agostin. Dr. Mike, thank you for all your patience, wisdom, and guidance.

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## **Chapter 1: Introduction to the Study**

Many adult criminals begin their life of crime during adolescence and have gone through the criminal justice system on more than one occasion (Thomas et al., 2014). According to Piquero et al. (2013), levels of recurring, life-long, unlawful behavior are significantly higher in offenders with arrest histories beginning in adolescence.

Juvenile offenders go through various screening procedures for placement into different treatment programs shortly after entering the penal system. For example, in the California Juvenile Justice System, a juvenile charged with a crime before a conviction is assigned to a screening panel to determine the best treatment program (Greacan Associates, LLC, 2006). Treatment programs can include group homes, drug rehabilitation, parent education, or a locked juvenile detention facility. Therefore, creating the intention to reduce delinquent behaviors by providing juveniles with intervention services helps them make better choices and prevent future crimes. However, several variables can make assessing program effectiveness problematic.

Beginning with the legal standard of recidivism, the state of California defines recidivism as an arrest resulting in a charge within 3 years of an individual's release from incarceration or placement on supervision for a previous criminal conviction (Harris, 2014, p. 2). The California Department of Corrections and Rehabilitation's Division of Juvenile Justice (DJJ) uses different categories to define a juvenile recidivist. For example, depending on the youth's initial discharge status, a juvenile recidivist is an individual previously adjudicated of a serious or violent crime (California Legislative Information, 2017b); sex crime (California Legislative Information, 2017a); or

committed to DJJ and released or discharged and subsequently arrested in California, then returned or recommitted to DJJ or a California adult institution during a specified follow-up period ranging from 1 year to 3 years from release (Bacharach, 2012). The confusion about what constitutes recidivism is also not specific to California. Due to the lack of standardization of the definition of recidivism across all agencies nationwide, researching and conducting comparison evaluations of juvenile programs is a challenge (Yu, 2014).

Further obfuscating the knowledge of juvenile programs' effectiveness regarding recidivism includes the specific details of the programs and services. The details regarding the specific services rendered within the juvenile programs for rehabilitation are limited. In fact, in a study conducted through the University of Utah, researchers noted that rarely is information regarding the length of the program, format, qualifications, or the administration of each service (Florsheim et al., 2004). May et al. (2014) found that only a select few programs successfully reduced recidivism and produced positive societal changes.

Unfortunately, the gap in the literature is such that there have not been, to date, standardized definitions of recidivism applied to intervention programs, and little information has been made available about those programs. Thus, the ability to compare programs is compromised. May et al. (2014) found that the more current services utilized with treatment programs/facilities are more cost effective than effective in reducing delinquent behaviors. The purpose of the current study was to examine the efficacy of

juvenile intervention programs using a standardized definition of recidivism as the measure.

In this chapter, I describe the background to the problem under investigation, the problem statement, and the study's purpose. Following that, the research question and corresponding hypotheses, theoretical framework, nature of the study, definition of terms, assumptions, scope and delimitations, and limitations of the study are provided. The chapter concludes with a discussion of the significance of the research and a summary.

### **Background**

Recidivism is known as a tendency to relapse into a previous condition or mode of behavior (Center for Public Safety Initiatives, 2015). For example, one measure of recidivism would include when an offender reoffends within a specific time frame. Sometimes the class or category of crime is also specified. According to the Council of State Governments Justice Center (2014), each state has a separate definition and methodology for calculating recidivism. Likewise, because the legal definition of recidivism is not universal across every state, conflicting results arise when researchers want to make comparisons between states, determine national recidivism rates, and assess the efficacy of programs provided to juvenile offenders.

Complicating the matter is that, over the years, the legal definitions of recidivism have undergone modifications from one state to the next. Before 2014, the California definition of recidivism was vague and did not reflect a reasonable or accurate recidivism rate (Bacharach, 2012). According to the California Community Corrections Performance Incentives Act of 2009, recidivism was defined then simply as a conviction of a new

felony, but only if the felony was in a different category of offense, including when probation is revoked or terminated (Bacharach, 2012). This definition, however, was found not to be standardized in its application across agencies, leading to challenges for researchers who wished to compare and evaluate juvenile programs. For example, according to the 2009 definition in California, a juvenile first arrested for a drug offense who then committed another drug offense 6 months after the first offense would not fall under the category of recidivism because both charges were drug offenses. The juvenile would have to be arrested and charged for a completely different category of offense, such as theft, burglary, or assault, in order to fall under the recidivism umbrella.

As noted, before the current California legal standard was passed, an individual would have to have been found guilty of a separate offense different from the original offense to be recognized as a recidivist (Bacharach, 2012). The current legal standard of recidivism in California indicates anyone who is found guilty of any criminal charge within 3 years post sentence, including juveniles, is a recidivist (State of California Department of Justice, 2018). Gelm (as cited in Yu, 2014) stated, “you get what you measure. If there is no measurement of something or if it is unable to be measured, then there is no known accuracy of the policies, programs and practices having the intended impact” (p. 2).

According to the Office of the Surgeon General (2001), crime prevention and intervention programs will lessen the likelihood that youths in a treatment or intervention program will engage in delinquent or violent behavior compared to youths in a control group. Such programs are often aimed at reducing the risk of violence among youths who

display one or more risk factors for violence and preventing further violence or escalating violence among youths already involved in violent behavior (Office of the Surgeon General, 2001). Researchers have begun recognizing an association with an increase in drug use to juveniles who engage in delinquent behaviors. For example, Young et al. (2007) found that, among juvenile detainees with a substance use disorder (SUD), nearly half had multiple SUDs, the most prevalent involving alcohol and marijuana use disorders. Although there are many intervention programs available for juveniles, there is minimal information or background on the services provided or the long-term outcomes of success with such programs. In a study of 144 highly regarded adolescent treatment programs, Young et al. found that most do not adequately address critical treatment elements with enough specificity to allow replication.

Previous research has generically described juvenile intervention programs (i.e., family therapy, group therapy, etc.), neglecting to provide details on the facilitation of services within the programs (Belciug et al., 2016; Floreshem et al., 2004; Hunt et al., 2015). For example, no previous research found included posttreatment discharge plans, treatment curricula, duration of programs, whether medications are involved, or how the program facilitates the reintegration back into the home settings.

There are different types of interventions provided to juveniles. One is a juvenile detention facility. Detention facilities are secure environments where a juvenile cannot leave and must abide by the rules and regulations inside (Flores, 2003). In the group home environment, juveniles are not in a locked-down facility but are assigned to a residential facility with other juveniles to assist the juvenile outside of their familial home

environment (Orange County Grand Jury, 2014). The least invasive type of intervention is known as a wraparound intervention. In this type of intervention, the juvenile stays in their home but is court ordered to participate in specific events and meetings, and parents are more involved in the intervention process (Enwedo et al., 2015). Additionally, drug treatment facilities are known for helping offenders with drug offenses or having a history of drug use (Molidore et al., 2002). Spruit et al. (2018) noted the lack of empirical knowledge on the effectiveness of these interventions.

In sum, a more sophisticated understanding of the success of a given intervention, based on a standard definition of recidivism and the defined services with such interventions, is needed to better understand the relationship between intervention type and recidivism in juvenile offenders.

### **Problem Statement**

The current understanding of the purpose of treatment programs for at-risk youth is to prevent future re-offenses and criminal behavior. One of the more prominent gaps in the extant literature is the lack of a detailed description and evaluation of services provided within intervention programs for juveniles. For example, Youth.gov (n.d.) provided a description of services rendered within an outreach project known as Stop Now and Plan (SNAP). SNAP comprises screenings, education, victim awareness activities, service-learning programs, substance use education and counseling, job skills training, mental health treatment, crisis intervention, family counseling, parenting skill development, and recreational programs. However, the SNAP Outreach Project self-description did not provide the details within those services that make these services



helpful and, potentially, replicable. Additionally, SNAP did not provide any information on how their services impact juvenile delinquency or recidivism.

The inability to replicate a method of approach with youth services creates a more significant likelihood for error in a program's long-term efficacy. The lack of awareness of the necessity to create services that can be duplicated across all programs, coupled with the various definitions of recidivism in use, has hindered the ability to calculate posttreatment behaviors going past 3 years accurately and its reflection on the current guidelines of recidivism.

The National Institute of Justice (2014) stated that in The Pittsburgh Youth Study, 52% to 57% of juvenile delinquents continued to reoffend up to age 25. In other words, over half of juvenile delinquents in this study continued to reoffend past the 3 years after they have been released or completed their programs. In 2014, Pennsylvania defined recidivism as a juvenile who had committed a felony or misdemeanor offense within 2 years of the case closure (Commonwealth of Pennsylvania, 2014). When each state has separate legal definitions of recidivism, the findings from a statistical standpoint do not accurately describe recidivism related to the successful outcome of intervention programs used to reduce future reoffending. Besides, if it was found in one study that over half of juvenile delinquents continued to engage in delinquent behavior, the findings on a national scale would show to be congruent.

Overall, the research problem included whether the services touted as re-offense prevention are, indeed, preventative; therefore, the study went beyond the legal definition of recidivism. In other words, looking at the data that goes beyond 3 years or continued

delinquent behaviors without having been convicted will add to the determination of the efficacy of the services provided within the programs on a long-term scale. The application of both commissions of crime any time after treatment and continued criminal delinquency without convictions will provide a more accurate determination of whether the current methods of juvenile delinquency interventions are genuinely beneficial long term or only short term.

### **Purpose of the Study**

The purpose of this study was to identify and define the specific therapeutic services used within the juvenile treatment program provided and determine whether services are associated with a decline in delinquent behaviors both short term (less than 3 years) and long term (beyond 3 years) to provide a more accurate overall view of the efficacy of the juvenile intervention programs. In this study, I applied a standardized measure of recidivism and a better understanding of crime rates. Previous research stopped following their research participants at the age of 18. This research went beyond the age of 18 and discovered part of the reason why the adult facilities continue to be overcrowded.

One objective of the research was to determine the relationship between current California treatment programs designed to prevent juvenile offenders from reentering the criminal justice system and the type of posttreatment reoffending in juveniles. For example, I planned to determine the likelihood of reoffending being dependent upon the type of program completed. Such programs could include a lockdown facility, residential group home, or home treatment. And if so, the next step would be to determine what type

of services impacted the number of juveniles who reoffended after completing treatment.

Examples of services include a therapeutic approach, social development, and education.

### **Research Question and Hypotheses**

In this study, I focused on reoccurring delinquent behaviors within at-risk youth in Los Angeles County, California and how drug treatment programs impact it. The following research question and corresponding hypotheses guided the study:

Research Question: Do the types of service treatment provided within the program affect or predict the outcome to juveniles related to post program delinquency?

*H*<sub>0</sub>: The type of service treatment provided within the program will have no significant relationship to post program delinquency.

*H*<sub>1</sub>: The type of service treatment provided within the program will have a significant association correlated with the post program commission of delinquent behavior.

### **Theoretical Framework**

Current research has not clearly defined the specifics related to the applications of the services provided inside treatment programs for juvenile offenders, resulting in the challenge of determining if the services within such programs are truly beneficial.

According to Kempf-Leonard and Morris (2012), social control theory (SCT) focuses primarily on external factors (e.g., home environment, social status, economic status, etc.) and the processes by which they become effective at teaching or aiding in the development of the ability to understand what is considered socially acceptable behavior

and learn shared values. According to SCT, juvenile delinquency occurs because of inadequate limitations, such as the length of time spent receiving intervention services and the reasonable restrictions implemented due to delinquent behaviors. Following the tenets of SCT, it would be predicted that intervention programs providing more acceptable services and giving better insight when looking deeper into the underlying view of human nature, including the onset of free will and choice, would decrease criminal deviance (Kempf-Leonard & Morris, 2012).

In most cases, juveniles placed in treatment programs due to a court order, attend with the intention to prevent more charges by completing a treatment program (Lynch et al., 2016). SCT offered a framework through which to research the differences between the services provided within juvenile detention facilities, like work programs and group homes, to the multisystemic therapy (MST) provided for severe offenders and determine what makes one approach more successful than the other and how these approaches affect the behavioral outcomes. This research looked to determine how intervention program's current services deter future criminal behaviors, including substance use, long term or short term.

Consequently, without having a specific description of the application of the services provided within intervention programs allows for a more significant margin of error. Intervention programs were initially developed with the intention to reduce criminal behaviors by teaching criminal offenders how to make better life choices (Hunt et al.). Having a proper, more effective framework of services provided will promote a higher level of structure, increasing the likelihood of reducing criminal behavior.

### **Nature of the Study**

For this quantitative study, I gathered primary data from a full-service behavioral health care organization that provided substance abuse and mental health treatment. This organization operates a psychiatric hospital, residential and outpatient treatment for alcohol and drug treatment, and a family medical center. The organization is licensed and certified by California and Los Angeles County and accredited by the Joint Commission on Accreditation of Healthcare Organizations.

The study variables included program services, such as individual counseling, individual therapy, psychological services, substance use education, anger management, parent education, and if applicable, relapse prevention, community outreach, gender, age, the number of episodes or the number of times the juvenile had been readmitted back into treatment both under and over 3 years, and ethnic background.

### **Definition of Terms**

*Adjudication:* The process of conducting a hearing, considering the evidence, and making a delinquency determination (Youth.gov, n.d.).

*Administrative discharge:* When a patient refuses to leave, the facility will send the individual to pack their belongings and walk the patient off the unit (Medicare payment and reimbursement, 2019).

*Admission:* The point in which a person begins an episode of care (Medicare payment and reimbursement, 2019).

*Against medical advice (AMA):* When a patient chooses to leave an intervention program before the treatment team's recommended discharge (Medicare payment and reimbursement, 2019).

*Ages out of program:* The individual cannot be admitted into the juvenile program past a certain age (National Institute of Justice, 2014).

*Categorical risk level:* The measured risk factor scored at three levels (National Criminal Justice Reference Services, 2018).

*Disposition:* The consequences of the juvenile's offense (Youth.gov, n.d.).

*Detention facilities:* Court-ordered, secured, locked environments where a juvenile must abide by the rules and regulations inside. In the group home environment, juveniles are not in a locked-down facility but are assigned to a residential facility with other juveniles to assist the juvenile outside of their familial home environment (National Research Council and Institute of Medicine, 2001).

*Juvenile recidivist:* An individual previously adjudicated of a serious or violent crime (California Legislative Information, 2017b) or sex crime (California Legislative Information, 2017a), committed to DJJ and released or discharged, and subsequently arrested in California or returned or recommitted to DJJ or a California adult institution during a specified follow-up time ranging from 1 year to 3 years from release (Bacharach, 2012).

*MST:* A therapeutic method used for intensive family and community-based treatment (Multisystemic Therapy Services, 2017).

*Placement disruption:* When an individual exits their current placement for a negative reason or does not complete the assigned program (when the parent or guardian believes it is in the juvenile's best interest; Sherman et al., 1998).

*Readmission:* When a patient returns to a facility from their initial admission (Medicare payment and reimbursement, 2019).

*Reincarceration:* When an individual has reoffended and is returned to prison (WI DOC, n.d.).

*Recidivism:* Any arrest resulting in a charge within 3 years of an individual's release from incarceration or placement on supervision for a previous criminal conviction (Harris, 2014).

*Scared Straight Program:* Type of intervention program used as an aid for parents who want to influence their child to make better choices in their life by exposing them to the realities of jail life or to the coroner to see the realities of death (San Bernardino County Sheriff's Department, n.d.).

*SCT (or social bond theory):* The theory with an assumption that persons will engage in delinquent behavior when their "social bond" to society is weakened (Alston et al., 1995).

*Transfer discharge:* The movement of a patient outside the facility at the direction of the any person employed by the facility to a different level of care (Medicare payment and reimbursement, 2019).

*Wraparound intervention:* A program used by the juvenile justice system where the juvenile stays in their home and is court ordered to participate in specific events and

meetings; parents are more involved within the intervention process (Enwedo et al., 2015).

### **Assumptions**

In this study, I assumed that the dependent variable of juvenile reoffenders was distributed in the population for each risk level of the independent variables (i.e., low, moderate, or high). Another assumption was the population variances that include individuals found to reoffend with or without conviction, who did not reoffend, and the length of time it took for the juvenile to reoffend with or without conviction. For the purpose of this study, a re-offense was referred to as readmission. The dependent variables were the same for all levels of the independent variables. These independent variables included program services, gender, age, and categorical risk level. The cases represented a random sample from the population, and the scores were independent of each other from one individual to the next.

Participant anonymity within the study allowed me to remain unbiased and comply with ethical guidelines and established research validity.

### **Scope and Delimitations**

The scope of this study entailed investigating the services provided within a juvenile intervention program. One delimitation was that the study included only juveniles admitted into one program from 2009 to 2015. Lastly, the research included only the program and participants that matched the selection criteria established for the analysis.



In short, I narrowed the research population to acquire the most recent data. With the latest year being 2019 (at the time of this study), having 10 years of data permitted me the ability to seek out records and follow up on the long-term efficacy of the program. During any research, it is impossible to analyze an entire population to its most total capacity.

### **Limitations**

This study was limited to one organization in Southern California, which limits the generalizability of the results to a broader population. Because there is was no federal standardization to the legal definition of recidivism, the research data were confined to one standard. In addition, in the study I tracked juveniles up through the age of 18. There was no tracking of juveniles in the research whose initial admission date occurred after 19 years of age or older. Having an age cutoff at 18 years old limited the study because the juvenile is then considered an adult in the eyes of the law, and the ability to track any other future admits would be to an adult facility and not a juvenile facility.

### **Significance**

There was limited extant research on the efficacy of the services provided within intervention programs for at-risk juveniles. It is essential to recognize the juvenile's parents and home environment influence the success of each juvenile placed within the system (National Research Council Institute of Medicine, 2001, p. 194). The purpose of this study was to investigate the association between juvenile delinquent behaviors as they related to the individual placement and services within the assigned intervention program.

Much of the previous research was focused on male versus female juveniles and their behavioral differences. Hunt et al. (2015) focused on individuals who were dually diagnosed but did not provide any background on the services used for their treatment. Despite reporting statistics on the various rates of different levels of crime, Macallair et al.'s (2009) research on California's Division of Juvenile Facilities but did not provide data on any of the services provided within the facilities.

The findings of this study provide more detailed information on the services provided within such facilities, allowing the gained knowledge to add to the efficacy of the intervention program. For example, to determine which specific methods are used most and those that are least beneficial, the programs can then make modifications to their current methods. In making such adjustments, intervention programs can become more productive and successful, benefitting positive social change. The results of this study can be used to teach juveniles how to utilize different tools to cope with the stressors in their lives that trigger them to engage in delinquent behaviors.

### **Summary**

In this chapter, I presented the purpose of the study along with its significance. The purpose of this study was to explore the link between juvenile treatment programs with the post program commission of criminal behaviors up through 18 years of age. My goal was to understand the dynamics between the two elements and how each program has a specific role within the intervention treatment. For this study, a quantitative method was used to analyze data from public records to examine all the variables of interest.

In Chapter 2, I will provide a review of the literature on juvenile intervention programs. This review will include a concise synopsis of current literature and its relation to success rates, different variations of what were considered successful and unsuccessful cases, and the theoretical background of the study. Furthermore, an overview of how previous researchers have conducted their studies will be provided to demonstrate where gaps lay in the literature.

## Chapter 2: Literature Review

In this chapter, I reviewed the most recent literature on juvenile recidivism. Current research on intervention programs pertained directly to recidivism rates rather than the treatment and posttreatment behavior of juvenile offenders. One of the gaps found within the literature pertained to the variations of state laws and how each state has its own definition of recidivism. Such a gap was associated with a misrepresentation of the outcomes of many of the rehabilitation and intervention programs since 1997 (Council of State Governments Justice Center, 2014). In addition, much of the research, such as Hay et al. (2010) and Evans et al. (2016), did not include descriptions of the services provided to the juveniles or how they affect rates of recidivism. For example, Vappie-Aydin (2007) wrote about how to reduce the rate of recidivism for first-time juvenile offenders but made no comparison to those who were not first-time offenders.

According to the Wisconsin Department of Corrections, recidivism is defined as a new offense resulting in a conviction (Tatar & Jones, 2006). The State of California Department of Justice (2020) defined recidivism as an arrest resulting in a charge within 3 years of an individual's release incarceration or placement on supervision for a previous criminal conviction. Wisconsin did not include a time frame to categorize what would discount recidivism. When there is no congruency across all states, there is inconsistency among the results of research with recidivism and continued delinquent behaviors. Previous research has measured the impact of juvenile intervention programs on recidivism rates by measuring the number of juveniles who completed an intervention program and reviewing their criminal records as adults (Florsheim et al., 2004). These

researchers found that 77% of the adults within the study had a juvenile criminal record. Taylor et al. (2009) acknowledged the lack of research on the current systems in place and the inability to determine if the services provided within those systems aid in the prediction of the reduction of juvenile reoffending.

In summary, I found numerous gaps in the previous research relating to juvenile delinquency and recidivism. One specific gap was the variation of the legal definition of recidivism in each state. Another gap was the unknown factor of how the services provided within the intervention programs were facilitated and whether these services had the ability to be duplicated. Previous research primarily focused on the differences between male and female offenders and the crimes they committed. Bogestad et al. (2010) recognized the discrepancy in statistical evaluations of recidivism and in the definitions of what was documented as a successful intervention program. In this chapter, I discuss the research strategy used to locate extant research, the theoretical foundation, and previous literature on treatment programs and the intervention system.

### **Literature Search Strategy**

This research is on the association between recidivism with juvenile criminal behaviors, statistical outcomes of the success with juvenile intervention programs, how intervention programs related to measures of recidivism, and whether the services being used within intervention programs had relevance to the increase or decrease in future criminal behavior. I conducted the literature search digitally among psychology, sociology, and social work databases accessed through the Walden University Library, such as EBSCO, PsychARTICLES, PsychINFO, and Google Scholar. The professional

journals obtained and reviewed for this study were both physical and digital versions as well as some books. Key search terms of the relevant research included *recidivism*, *juvenile detention services*, *juvenile recidivism*, *juvenile treatment*, *services within juvenile intervention treatment programs*, *juvenile mental health treatment*, *juvenile delinquency*, *juvenile intervention treatment*, *social control theory*, and *social bond theory*.

The literature reviewed ranged in publication date from 1994 to 2020. The types of literature and sources searched included books, peer-reviewed journal articles, and most recent bulletins. Katsiyannis et al. (2004) collected data on the associations of male juveniles and recidivism to determine the factors associated with recidivism and at what age juveniles receive their first offense. Research pertaining to the statistical outcomes of juvenile recidivism and the intervention programs was limited; therefore, I reviewed recent bulletins to fill in areas where further data was needed.

### **Theoretical Foundation**

There are various theoretical approaches pertaining to social psychology, including biological, psychodynamic, behavioral, cognitive, and humanistic theories. This study was focused on behavioral change. Previous researchers had not clearly defined the specifics of how the services within treatment programs for juvenile offenders were facilitated or the long-term outcomes of success. This led to the challenge in determining whether the services within such programs are truly beneficial in establishing behavioral change as it relates to the reduction of criminal behaviors.

One theory I determined to be helpful towards the topic of this study is SCT. SCT originated from Hirschi's social bond theory (Peterson et al., 2016). Social bond theory became one of the most widely tested perspectives on juvenile delinquency (Peterson et al., 2016). Over time, social bond theory evolved into what is known now as SCT. According to Kempf-Leonard and Morris (2012), SCT focuses primarily on external factors, including the home environment, social status, economic status, etc. These factors become effective at teaching or aiding in the development of a juvenile's ability to understand what is considered socially acceptable behavior and learned shared values. SCT emphasizes the importance of social bonds as a factor against criminal involvement (Peterson et al., 2016). According to SCT, juvenile delinquency occurs because of inadequate limitations, like the length of time spent receiving intervention services and having proper restrictions implemented as a consequence of delinquent behaviors. The use of SCT included with the services provided within the intervention programs can improve the outcome of behavioral change and give researchers a greater opportunity to understand the underlying behaviors of human nature and how to decrease criminal deviance (Kempf-Leonard & Morris, 2012).

Hirschi defined SCT, as the theory of assumption, meaning, that people will engage in delinquent behavior when their social bond to society is weakened (Alston et al., 1995). SCT comprises four different concepts, also known as internal working models: attachment, commitment, involvement, and beliefs (Alston et al., 1995). According to SCT, those with a strong healthy attachment to others within their community and/or family are less likely to commit a crime. Furthermore, in order to

maintain the commitment, the individual must believe in what they are doing and be involved within the set program.

Alston et al., (1995) stated that the use of the SCT measures of attachment, commitment, involvement, and belief is to ensure that the therapeutic treatment of both male and female juveniles provides more than the basic levels of care. Levels of care include food, room, clothes, etc. SCT recognizes how human behavior is not black and white but instead recognizes how individual perception plays a key role (Little, 2018). For example, environmental factors can have influence over human behavior. The recognition of human behavior and behavioral change is demonstrated in SCT through its concepts of attachment, commitment, involvement, and beliefs. Human behavior shows that different individuals hold different levels of commitment and involvement in addition to holding different belief systems. According to the tenets of SCT, if a juvenile feels a disconnection from their family or moral compass, they are more likely to engage in delinquent behavior. SCT further emphasized how labeling roles, peer interaction, and social labels placed on juveniles hold influence on the likelihood of reoccurring delinquency among juveniles (Heimer & Matsueda, 1994).

Social influence is described as the ways in which opinions and attitudes of one person affect the opinions and attitudes of another (Hogg & Cooper, 2012, p. 312). In addition, Hogg and Cooper (2012) stated the dominant form of social control is conformity, which is more commonly known as peer pressure. An example of the impact of social influences would be juveniles who have gang affiliations.



When referring to SCT, it is the acknowledgement of how external factors can impact an individual's choice. Peterson et al. (2016) reported how prior research has yet to study the differences in a juvenile's ability to promote delinquency within social bonding. In other words, the juvenile's ability to change their cognitive choices only involves themselves versus decisions that involve others. Peterson et al.'s research did not include the impact of how outside influences impact criminal behaviors without using intervention services. Hoffman (2003) stated how previous research on SCT primarily focused on individual processing and progress versus a collaborative community. Hoffman also emphasized how the consideration of the contextual implications of delinquency theories is important and that the development of these theories requires more attention to areas that are specific to contextual processes.

Ward et al. (2018) conducted an empirical study that implemented SCT with juveniles diagnosed with alcohol use disorder. These researchers provided an explanation of how learning theories can suggest that people are born with a blank slate and their behaviors are affected by their social connections. Ward et al. included the use of mixture models that were empirically tested to measure overall alcohol use and whether it was consistent with the juvenile's level of social learning. The findings emphasized the importance of social learning as it related to social bonding theories; however, the results did not support the reduction of continued alcohol use. Therefore, the researchers concluded the importance of a juvenile's social connections and how the impact of their surroundings holds an increased influence on decision making.

Social learning theory comprises four concepts: differential association, imitation, differential reinforcement, and definitions (Ward et al., 2018). One of the tenets of the theory is how learning occurs over a lifetime. Social learning occurs in peer groups, family settings, neighborhoods, and social media; therefore, individuals are more likely to participate in criminal behaviors when exposed to models, values, and reinforcements from criminal behaviors. Ward et al. identified the need for further research that would include a more universal approach in the application of services to juveniles.

The rationale for using SCT as the theoretical foundation of this study was that it delivers a clearer concept of what will be known to qualify as a successful outcome when measuring recidivism and criminal behaviors. This included aiding in the discovery of where the gaps were within the most current and previous research. The extant research provided a categorization of two specifications of intervention systems and intervention services: Intervention systems included incarceration and rehabilitation centers, while services were identified as the treatments provided within the systems (National Criminal Justice Reference Service, 1999). Understanding the differences between the intervention program and the services within the program allowed for clarification of how the two are related and why this study was necessary.

### **Conceptual Framework**

Previous research has provided information on the statistical outcomes of juvenile recidivism as it related to reoffending within a short-term parameter of fewer than 3 years. However, what previous research has not provided is the long-term statistical outcome of beyond 3 years. Additionally, the extant research has included limited

documentation of the services provided within the programs and how the services are facilitated. The goal of this study was to provide a more thorough description of the services within the programs and how those services impacted the long-term outcome (i.e., beyond 3 years) of juvenile reoffending.

I utilized conceptual replication in this study. In other words, my research has similarities to previous research. The differences are the identification of the relationship between the services within the program and the longevity of the resulted outcome. Fiske (2012) stated how consistency theories focus on how inconsistencies can destabilize an intended outcome. Bartol and Bartol (2011) found that three theoretical perspectives (i.e., conformity, nonconformist, and learning) have underlying assumptions on human nature. Within these perspectives, SCT has been included to contend that crime and delinquency occurred when an individual's normative standards are weak or nonexistent. Later in this chapter, I discuss SCT in further detail to emphasize how the concept of models and reinforcements affect the gains from an individual's behavior.

Watt et al. (2004) stated how much of previous research on juvenile delinquency has lacked in theoretical direction. The age time frame of childhood adolescence is a fundamental time of antisocial behavior, meaning that during this time, the likelihood for juveniles to engage in delinquent behaviors is at its peak. Watt et al. added that previous studies have proven that juveniles with an early age of onset of criminal behaviors have a higher risk of recidivism than those whose onset is later.

Wilson and Hoge (2013) used SCT in their research on juvenile recidivism. While they found that diversion programs are more effective when compared to conventional

juvenile interventions, they also noted how stronger research designs are needed. Wilson and Hoge studied the Canadian youth criminal justice system and emphasized the need for further research directly relating to the specifics of how the services are delivered versus the generalized acknowledgment of therapeutic interventions.

In the current study, I used the quantitative approach to make an accurate measure of how many of the participants completed their program, how many returned to complete another program episode after completion, and the time in between each program episode. In the following section, more studies are described as they relate to the constructs and methodology of the current study.

### **Literature Review Key Concepts**

Lynch and Sabol (2000) found an increase in imprisonment and concluded that incarceration might be undermining less coercive institutions of social control. However, if previous research with juvenile intervention programs was shown to be effective, then there should be a decrease in adult imprisonment. It is for this reason that my research was necessary. Previous research on juvenile intervention programs has not shown a long-term outcome of efficacy.

### **Previous Methodologies and Methods**

According to the Center on Juvenile and Criminal Justice (2017), juvenile crime rates have dramatically decreased since the early 1990s. However, the statistical analysis of this data is not entirely accurate. For example, not all crimes are considered measurable, which begs the questions of what qualifies as a measurable crime and whether the statistics include reoffenders. The National Criminal Justice Reference

Service (NCJRS; 1999) explained how diversion programs were created with the intent to divert offenders from the juvenile justice system. The conceptualization of the previous standard was that the placement of juveniles in the juvenile justice system without diversion would create more harm to these juveniles. Instead of placing all convicted juveniles in a locked facility, certain juveniles who met specific criteria would be placed in treatment programs to aid and direct them to healthier alternatives. The Council of State Governments (2014b) stated most local juvenile justice systems do not have a way to evaluate recidivism effectively across all domains due to the fact that local systems are limited to their own ability to track this type of data.

In many cases, juveniles who are placed in treatment programs attend due to a court order. In such cases, juveniles complete their program to prevent having to endure more charges and not for the purpose of their desire for behavioral change. SCT offers a framework to demonstrate the differences between services provided across programs. The different programs include juvenile detention facilities, inpatient drug treatment, work programs, and group homes. In some cases, group homes have been known to provide MST for serious offenders to make one approach more successful than the other. This is done to provide a greater level of effect to the behavioral outcomes. Unlike adults, juveniles do not have the option to change their environment such as their homes, neighborhoods, or schools in an effort to deter future delinquent behavior. Juveniles are dependent upon their parents or guardians to make such changes. While the use of different methods for different levels of delinquent behavior is necessary, the services by themselves cannot eliminate the improbability of continued delinquent behavior.

NCJRS (1999) provided material on the strengths of the theoretical background of diversion tactics based on "labeling" principles that initially evolved from Frank Tannenbaum's theory from 1960, who wrote on the "dramatization of evil." Becker's notion of social groups was created through deviance by labeling certain acts as "deviant" and treating individuals who commit those acts as "outsiders." This led to legal intervention by the juvenile justice system. It was found that grouping these individuals together can lead to the probability of the increase of delinquency by processing cases of children and youth whose misbehavior might be improved when placed in informal settings within the community. SCT identifies the effects of how an individual's environment has influenced his behaviors. NCJRS noted how juveniles who commit serious offenses would meet the standards of being placed in a locked facility, such as juvenile detention. However, those who have committed minor offenses are also known to be placed in locked juvenile detention facilities. More often than not, many cases tend to be juveniles who are known to have significant mental health issues.

One of the first attempts at intervention programs, previously known as reform schools, was the San Francisco Industrial School in 1859 (Center on Juvenile and Criminal Justice, 2017a). This institution was scrutinized due to its reputation of physical abuse and poor managerial competence. It was later closed in 1891. The CJCJ found that in 1899, Cook County, Illinois established a more solid foundation of a system by combining the juvenile institutions with out-of-home placement programs and probation along with the courts, creating what is now known as the juvenile justice system.

In the 1950s and 1960s, there was a heightened state of awareness of the efficacy of the juvenile justice system (CJCJ, 2017a). The system became questionable due to the sentencing of juveniles having been based more on the mood, temper, or personal philosophy of the judge without implementing the due process. In the 1980s, it was statistically found through the CJCJ that there was a significant rise in juvenile crime. Institutional confinement for both major and minor offenses was growing. This led to more overcrowding in facilities, creating an inhumane environment. Once these events came to light, efforts to reduce the numbers of juvenile incarceration became a higher priority along with efforts to create more reform.

Puzzanchera (2013) wrote in the United States Department of Justice Juvenile Offenders and Victims: National Report Series how in 2010, juvenile arrests were 21% less in comparison to 2001. However, Puzzanchera found that the statistics only included the number of agency arrests within the given year, not the number of individuals arrested or the number of crimes committed. Additionally, the reports did not provide a hypothesis or reason as to what created a reduction in juvenile arrests. It was unknown as to whether the reduced numbers were in relation to specific services or other variables.

SCT created a process of socialization and social learning to help build an individual's self-control. When such individuals learn the skills to better manage their impulsive behaviors, it can reduce the likelihood of repetitive antisocial behaviors. During the early 2000s, it was recognized how juveniles who have been incarcerated would come out with more behavioral and psychological problems than before their incarceration (CJCJ, 2017b). More concern grew with the public when the media drew

attention to the mistreatment of juveniles. Specifically, when a father became aware of the methods of treatment of his son while his son was incarcerated. This led to questioning what services were being provided during the time his son was incarcerated that created more harm than good. Research up to this time had been limited and continued to reflect no specific research on intervention programs for at-risk youth.

Cases that concerned the mistreatment of juveniles raised the awareness of the juvenile justice system. More importantly, it brought attention to how the intervention system works. Areas of concern included methods of procedure, service within programs, education, etc. The implementation of SCT has a unique finding when used in an appropriate setting. For example, Miller and Vuolo (2018) stated how religiosity can act as a social bond that would discourage certain delinquent behaviors and how a lack of this social bond can also increase the likelihood of an individual engaging in delinquent behaviors. When researchers understand how the intervention system works, it will allow the opportunity to know the importance of this research.

### **Intervention System**

One of the most influential cases in juvenile justice was *Farrell v. Cate* (CJ CJ, 2017b). This case brought a spotlight on the mistreatment of juveniles who were placed in correctional facilities and included the insufficiencies in both design and management of the juvenile justice system. The California Youth Authority was forced to look deeper into their treatment methods in addition to the overall structure of the treatment and rehabilitation of juveniles. The intended outcome of this case was to ensure and include the safety and welfare of all juveniles, providing proper mental health care, Medicare,



education, sex offender treatment, and proper treatment for juveniles with disabilities. However, the California Youth Authority did not reflect what specific services were being provided nor how those services were being administered.

In May 2001, the El Paso de Robles Youth Correctional Facility recognized the limited availability of adequate mental health services provided due to the “virtually intolerable” workload (CJ CJ, 2013). In June 2002, the Ventura Youth Correctional Facility stated how wards receive only 54% of their required educational curriculum, and approximately 644 classes were cancelled each month (CJ CJ, 2013). Macallair et al. (2009) specified, how despite the legislative and judicially imposed mandates, the state failed to achieve minimum reform. In March 2015, the Thirty-First report of the Special Master admitted to the inadequacy of case management, inconsistent data tracking, and how parole hearings are primarily focused on the offenses instead of the program goals (CJ CJ, 2013). The same report showed how long-term youth offenders did not receive proper treatment and that the DJJ facilities are not conducive to treatment. It is necessary to recognize the insufficiency in staff available to attend juvenile facilities. Therefore, the DJJ transitioned peace officers from adult facilities to juvenile facilities, leading to juveniles experiencing a more prison-like treatment instead of rehabilitation (CJ CJ, 2013). This strongly suggests the question of what services were being provided but were not revealed.

For 40 years after 1951, San Francisco’s juvenile detention system was under much criticism (NCJRS, 1999). This was mostly due to the overuse of detention facilities and not enough alternative options. It was for this reason, San Francisco developed what

was called the Detention Diversion Advocacy Programs (DDAP) (NCJRS, 1999). The DDAP provided a release plan which would include services such as tutoring, drug counseling, and family counseling. The intentions of such programs were to help the juvenile improve their grades, victim restitution, and a drug-free status. Case managers with the DDAP would carry the responsibilities of keeping a close monitor on the progress of each individual case and maintaining close contact with the families. The services provided were only available to those awaiting disposition or adjudication. The goals of the DDAP were to reduce the number of youths being sent to court ordered detention with the provision of culturally relevant community-based services with supervision (NCJRS, 1999).

### **Methods within the Scope of Study**

In 1997, the DDAP conducted a study to determine the efficacy of the programs (NCJRS, 1999). The samples included referrals between 1993 and 1994 with juveniles who have spent three or more days in a detention facility. Later in the study, high-risk offenders were no longer included. It was decided that due to the high risk it would be necessary to keep these juveniles in a detention facility due to their likelihood to reoffend. This change resulted in giving a more positive result with the study; leading to a gap in research and a bias to creating a more favorable outcome of the services within the program. The study with the DDAP did not reveal the adjustment within the study or the lack of proper services. This highlights a gap within the research of not providing all necessary details of the type of services being used. This led to the determination of insufficient data on whether or not the services provided were adequate for the juveniles

who were labeled as higher risk. If it was decided that the higher risk juveniles did not benefit from the services being provided, it would then lead to the assumption that intervention programs are not effective if the only studies conducted are with juveniles were labeled as low risk. This also revealed a gap within the research study; leading to the probability of the services provided within the DDAP was not completely useful or only useful for the low-risk offenders. Lastly, the outcome continues to only reveal the short-term outcome of reoffending.

Tan and Fajaro (2017) found long-term success with the use of multisystemic therapy. MST involves intensive family and community-based treatment (Multisystemic Therapy Services, 2017). This study emphasized chronic, violent juvenile offenders. MST includes intervention services in the home and families, schools and teachers, neighborhoods, and friends with a focus on the population between 12-17 years with a long history of arrests. MST was stated to be a combination of cognitive behavioral therapy, behavioral management training, family therapies, and community psychology (Multisystemic Therapy Services, 2017). Tan and Fajaro revealed successful outcomes of between 6-18 months posttreatment on average. Current descriptions of therapeutic intervention services with detention facilities are not clearly stated.

Knight et al. (2016) researched intervention programs on juveniles with drug abuse and recognized the relationship to delinquency, psychopathology, social problems, and risky sexual behavior. The observation from Knight et al., found that community based services did not use evidence-based services. Nissen and Pierce (2011) found the need to use practice models to match juveniles within the juvenile justice system to

measure intervention services. The dilemma with this research was the nonuse of real juveniles. Juvenile courts and drug intervention programs share the same goal of reducing the destructive use of illegal substances and illegal behaviors (Nissen & Pierce, 2011). The research included the implementation of combining juvenile court services with drug treatment facilities. The use of drug treatment facilities is typically through a referral and not conjoined within the juvenile justice system of reform. However, the services described as being implemented had no proven effect. The results reveal minimal merit due to the inability to test their theory on true juveniles, demonstrating a gap within the research.

Over the last 50 years, the juvenile justice system has made progress. It started out as a system that would impose discipline and punishment as a means to reform delinquent behaviors with juveniles and reduce juvenile crime. In the early stages of reform there was little to no understanding of what prompted juveniles to engage in criminal behaviors. There were no considerations of emotional, physical, or sexual traumas; nor the possibilities of developmental disabilities that may have had an impact to thwart a juvenile towards criminal acts. Over time, the knowledge of familial history, emotional states, developmental and psychological disabilities were being taken into consideration. This led to a more helpful and more productive rehabilitative process along with a truer reduction in recidivism. However, without the implementation of SCT methods the likelihood of repeat offending is inevitable and ultimately show no change with recidivism.

## **Approaches to the Problem**

Knight et al. (2016) researched drug intervention programs with juveniles. The approach used within this research included testing the effectiveness of two implementation strategies for promoting system-wide change. Knight et al. stated how substance abuse has a key contribution to juvenile recidivism. The model with this research was named Exploration, Preparation, Implementation, and Sustainment. This was a cluster randomized trial with a phased rollout. The experiment itself was a 5-month long process. Much like all previous research, the outcome was short term with no follow up on the long-term outcome. In addition, the research did not include the specifics of the services provided.

Knight et al. (2016) did acknowledge gaps within the services being provided. However, no specific descriptions of the gaps were provided. In addition, the description of the intervention services being used was generalized. This generalization adds to the gaps within this research. Lastly, Knight et al. stated that without the quality of data, the ability to measure the efficacy of an intervention program is questionable.

One of the main challenges with intervention programs is how to determine if the intervention actually works. Sherman et al. (1998) found that many of the most popular interventions, favored by the public, have been known to be the least effective. These interventions include drug prevention classes that focused on fear and other emotional appeals. Other interventions include work programs, short-term nonresidential training, and correctional boot camps using traditional military basic training, “Scared Straight” programs, intensive supervision on parole or probation, and rehabilitation programs using

vague, unstructured counseling (Sherman et al., 1998). The failings within these programs were that they lacked consistency, the provision of a therapeutic approach, and proper placement.

Improper program placement can have a negative impact not only on the juvenile but also on the statistical outcome of program efficacy. It is understood that many juveniles have been known to have left and not completed the programs. Placement disruption is the exiting of current placement for a negative reason (Sherman et al., 1998). For example, some parents will remove their child from a program for unknown reasons or the child will leave the program of his own will.

The third problem with current intervention systems is the follow-through when the juvenile is returned back to the home environment. Juveniles tend to be more open to behavioral changes compared to adults. Not only is it difficult to get a parent to buy into continuing some interventions in the home setting, but the ability to provide the necessary resources to assist or train the parents is not always available (Sherman et al., 1998). Therefore it is important to provide proper support for the family, in addition to an appropriate placement for the juvenile.

Intervention treatment programs are all held to a certain standard. Inside those standards, those who run these programs have certain responsibilities to maintain. A treatment facility that is able to demonstrate its ability to prevent future delinquent behaviors gains the benefit of future permissions for more funding in the future. In order for a program to provide a successful outcome, the proper placement of the juvenile is critical.

The National Reentry Resource Center (2014) found that only half of all state juvenile correctional facilities measure youth outcomes beyond their sentenced stay. This research study included the analysis of youth involved in the justice system, risk levels, infrastructure, intervention program availability, and resource allocation. In addition, the research found many inconsistencies within the system that creates more challenges to determine the true efficacy of intervention programs and their impact on recidivism.

Placement of a juvenile in a program that is not suitable for his needs will have an impact on the probability of success. If a juvenile is placed in a program that is not suitable for his needs, the outcome could become detrimental. For example, according to Burns et al. (2003) comprehensive intervention programs should encompass children who persistently behave in disruptive ways and child delinquents, in addition to young juvenile offenders who have committed serious and violent crimes. If a juvenile who has not committed a serious crime is placed in a comprehensive program designed for higher risk behaviors, the exposure to a more intense setting could create more harm than good. In addition, it is important to recognize that over time new generations of juveniles begin to go through the intervention programs. Just as people evolve over time, so must the strategies and methods of intervention programs. Therefore, each facility must maintain and update training, model programs, and research and evaluation, to support state and local efforts.

In the review of all the studies, one of the consistencies was the dependent and independent variables. The independent variables included the services being implemented, intervention facilities, and the environment of the participants within the

study. The dependent variables included the juveniles and the outcome measurements on the efficacy of the program.

What remains to be studied are the details within the services facilitated within an intervention program. Knight et al. (2016) were able to create an outline of a strategy. However, their research fell short on the longevity of their strategy. Moreover, the research acknowledged the lack of consistency within the study which decreases its validity.

A review of the literature found minimal specifics on the therapeutic approaches used within intervention programs. Many of the previous studies revealed how treatment programs have been effective in the reduction of recidivism or facility occupation. Wilson and Hoge (2012) stated how there had been a variety of approaches used to deter juveniles from further reoffending. An analysis revealed that both study and program-level variables have influence over the effectiveness of each program (Wilson & Hoge, 2012).

Some of the major themes found included consistent gaps in the research. More specifically, the lack of information on the directive of the services being provided to juveniles within the intervention programs. Previous research has not been able to provide an analysis of the long-term outcome of behavioral change for juveniles. In addition, much of the previous research promoted the need for structural change but was unable to provide insight into a specific area of restructuring.

This review included the various strategies of different intervention programs. In addition, an explanation of the many gaps within the previous research was revealed and



where the intended research would be helpful in filling in the gaps. Previous research, in relation to short term success with little to no data on the long-term efficacy of the programs, provided limited or no data on the specifics of therapeutic approaches of the services within each of the programs.

This research allowed the opportunity to provide more detailed information on the types of services being provided within the programs. Also included are data on the long term outcomes of the participants of the program. The utilization of the archive data allowed a clearer and more detailed view of the true efficacy of the treatment program past the legal limitation of 3 years. The research expanded what is currently known about intervention programs and created the fortuity to improve current treatment strategies to deter future juvenile delinquency.

In Chapter 3, I will present a quantitative methodology approach that was used to answer each of the research questions and hypotheses. I provide variables and resources to retrieve data and provided an analysis to determine the research outcome. Lastly, in Chapter 3, a description of the sample population and ethical considerations is included.

### Chapter 3: Research Method

The purpose of this study was to investigate the relationship between the services provided within intervention programs and whether those services prevented future criminal behaviors, both short term and long term. Many studies (e.g., Bacharach, 2012, Belciug et al., 2016, de Vries et al., 2015, Flash, 2003; Greenwood & Turner, 2009) have examined the link between the efficacy of intervention programs and future criminal behaviors; however, very few of those studies explored the long-term outcomes of reoffending in conjunction with the specific services provided. The data needed a more robust measure of recidivism to substantiate the efficacy of intervention programs. This study addressed components of both specific interventions and specific recidivism frames. This study included post program outcome measures of criminal behaviors of those who have entered into an intervention program and whether they have had to return to a program due to delinquent behaviors. I made a comparison between short reoccurrence (i.e., under 3 years) and long reoccurrence (i.e., 3 years or more) criminal behaviors. Lastly, the association between intervention program efficacies to previously measured statistical outcomes of recidivism were measured.

This chapter contains a description of this study and the use of archival data, including the research design and rationale, methodology, any threats to validity, and ethical procedures. In this chapter, I also discuss the study variables, the target population, sampling procedures, procedures for data collection, instrumentation, variable operationalization, and the data analysis plan.

## **Research Design and Rationale**

In this study, I used a quantitative approach to test the hypotheses using logistical regression and multiple regression. There was one dependent variable and two independent variables that were divided into categories. A logistical regression was necessary to determine the outcome because there was more than one independent variable. Multiple regression is used to obtain the value of criteria of more than one independent or predictor variable and best assessed how they affected a particular outcome. For the purposes of this study, I defined a reoffense by the number of readmissions after the first initial admission into the intervention program. The dependent variable was did the juveniles readmit into treatment (i.e., yes or no), and the independent variables were (a) program services provided and (b) if readmission occurred, how much time was there in between admissions. A requirement of using these regression methods was to clean the data. Data cleaning included prioritizing the data fields, creating a data analysis plan, checking for coding mistakes, assessing for normality, and determining if there was missing data.

The utilization of a comparative approach led to a more detailed description of the extent to which variations of services within the program were associated with decreased reengagement in criminal behaviors. Specifically, it allowed me to connect the statistical analyses of program outcomes.

The comparative approach was appropriate for this study because the participants included juveniles who had completed the program and those who had not completed the program for different reasons. Reasons included leaving the intervention program AMA,

administrative discharge, being transferred to another level of care, etc. The approach allowed a clearer perception of the longevity and the effectiveness of the program. I used data sets from over a 10-year time frame that included juveniles who were initially admitted in the juvenile unit who had aged out of the juvenile facility but were readmitted into the program's adult unit. In addition, participants included juveniles assigned by the courts and those who were not assigned by the courts to the intervention program and were in the program by their own choice or their parents' choice. Conducting this comparative study using archival data provided enough data to deliver a more authentic and accurate depiction of the effectiveness of the services within the program, with both short-term (i.e., less than 3 years) and long-term (i.e., 3 or more years) analysis.

Previous researchers have reviewed the effects of intervention programs with juvenile offenders but neglected to provide more information on what made the programs effective or ineffective (Bogestad et al., 2010; Florsheim et al., 2004; Molidor et al., 2002). For example, Bogestad et al. (2010) evaluated a cognitive intervention for juvenile offenders using the How I Think questionnaire. Their study focused primarily on the fiscal benefits of the intended reduction of recidivism; however, they did not provide any information about the types of cognitive interventions or how they were facilitated. While a systematic approach to determine the association between juvenile and adult correction programs, Florsheim et al. (2004) also recognized the challenges of determining program efficacy due to the underdeveloped frameworks of the programs. Lastly, Molidor et al. (2002) focused more on female offenders, stating how little is known about their specific needs. They emphasized the differences between male and female development rather

than describing the services being provided or the details of how such services would be helpful. The gap in this literature led to the need for more robust research to determine such answers.

### **Methodology**

I gathered the data for this study through the archives of a juvenile intervention program. In this section, I provide a description of the procedures used to retrieve this data and the permissions received to gain access to the targeted population's data. Furthermore, this section also includes a discussion of the software used for the analysis, including the procedures related to the study's appropriateness and the ethical considerations made throughout the study.

### **Population**

The target population was male and female juveniles whose initial program admission began from 12 years old through the age of 18 who had engaged in delinquent behaviors. Juvenile delinquents are juveniles, ages 10 to 18, who have been charged with any act that violates the law (FindLaw.com, 2019). If intervention programs are to be used to reduce recidivism and overpopulation in jails and prisons, the program's effectiveness must continue into adulthood. According to the National Council on Crime and Delinquency (2015), children exposed to maltreatment are more likely to be arrested or referred to delinquent offenses and are more likely to commit offenses as adults. The National Council on Crime and Delinquency (2015) also discovered that the lack of consistency with data recording contributed to a misclassification of the juvenile. Classifications included low, medium, and high risk. According to the State of California

Department of Justice (2018), the long-term efficacy of deterring juveniles from continued delinquent behaviors must go beyond the legal standard of 3 years. In this study, I sought long-term outcomes (i.e., past 3 years) and the 10-year time frame of the target population to allow for thorough perspectives to develop in a future study.

### **Sampling and Sampling Procedures**

Since a quantitative approach was used for this research, I decided that convenience samples would be most appropriate. The convenience sample was the records of juveniles of various ages and cultures who participated in the program under study.

I requested the archival through the research department of the study site juvenile intervention treatment facility. The requested time frame of the data was from 2009 to 2019. This time frame ensured the least probability of any participants who had been readmitted into the program being current patients in the facility. Any participant currently being treated by the facility, though a former patient during previous years, was excluded.

To obtaining data for the convenience sample, I first met with the director of the study site juvenile intervention treatment facility in Southern California and obtained their consent to access archived records. Client information was reviewed to collect the information relevant to the study questions. Upon reviewing the client data, I broke the sample down into groups: male juveniles with a criminal record history, female juveniles with a criminal record history, males with no criminal record, females with no criminal record, individuals were court ordered into the intervention program, and voluntary

admissions into the intervention program. The information collected included types and length of involvement with interventions and recidivism recorded.

The inclusion criteria for this study were juveniles who were admitted into the intervention program under the age of 18 years old. There were no limitations regarding culture and/or ethnicity. Intake procedures and biopsychosocial interviews were conducted with juveniles upon entering treatment; therefore, I assumed that there was an appropriate diagnosis and the criteria for intervention treatment were met.

### **Power Analysis**

To calculate the power analysis to determine this study's sample size, I drew on two studies of juvenile intervention treatment (i.e., Lipsey et al., 2000; Taylor et al., 2009) and used the G\* Power software (Faul et al., 2009). Taylor et al. (2009), whose study was most similar to the present study, computed an ANOVA from the inputting the mean and standard deviation into an effect size calculator for the *t* test. The mean for the average number of juvenile recidivists of participants was 0.33, with a standard deviation of 1.14. Taylor et al. used a dichotomous recidivism variable that was examined with a chi-square omnibus with follow-up tests. Taylor et al.'s number of charges after release was examined using ANOVA. Taylor et al. calculated effect sizes for significant contrasts to test predictive validity, and alpha was set to 0.05 for all tests. I used the same method to establish a sample size in the current study. An effect size of Cohen's  $d = 0.33$  with an 85% power (alpha = .05, one-tailed), G\*Power suggested that I needed a sample size of 266. This sample size was possible to obtain from the 360-bed study site facility.

## **Procedures for Using Archival Data**

### ***Participants***

Using actuarial records, I obtained the data for this study representing a sample of male and female juveniles who were placed in an intervention treatment facility.

Actuarial records provided the descriptive data and explanations needed for this research.

I received permission from the study site juvenile intervention treatment facility before gathering and analyzing the archival data. Records were selected for the following reasons: (a) they were accessible without risk to vulnerable individuals, (b) the records were accessible through archival data and did not require informed consent, (c) they were presumed to represent the experience of the same levels of treatment, and (d) these program records represented a diversity of juveniles from varying ethnic and age backgrounds.

### ***Permissions***

Upon approval from Walden University Institutional Review Board, I contacted the clinical director from the study site treatment center, explained the purpose and scope of the study, and was granted permission to access the necessary archival data. The research staff then provided me with permission to access the appropriate files. The data source was provided by the treatment facility founded in 1972. This treatment program has been a member of the National Institute of Drug Abuse's Clinical Trials Network since 2000. Other permission included receiving approval from the Walden University Institutional Review Board (IRB). I obtained this permission by providing a letter of approval from the treatment center.



The software used analysis was Statistical Package for Social Sciences (SPSS), Version 25. Data cleaning was needed to screen for any missing data. The analysis used for the study was a combination of logistic regression and multiple regression. According to Frankfort-Nachmias and Nachmias (2008), previous researchers have used transfer sheets, but in this study I used archival data that required proper coding. This means that the details found within the data were classified into meaningful categories to ensure that the numbers assigned would make sense. I used both theory and deductive coding in this study (see Frankfort-Nachmias & Nachmias, 2008). Theory coding allowed the data to be transformed for a more suitable computer-aided analysis. Deductive coding was based on the research strategy, utilizing the predefined set of codes from variables.

Once the coding strategy was established, the next step was to clean the data. I cleaned the data cleaning to provide the most accurate information (see Frankfort-Nachmias & Nachmias, 2008). In order to ensure proper cleaning, it was necessary to edit and check for any errors and omissions and make sure that all data sets were included. Additionally, I proofread the data to prevent any errors or inconsistencies. This occurred both during and after the coding phase.

### **Data Analysis Plan**

I used SPSS, Version 25 to analyze the data because this software provided logical consistency during the coding specifications required to address the following research question:

Research Question: Do the types of service treatment provided within the program affect or predict the outcome to juveniles related to postprogram

delinquency?

$H_0$ : The type of service treatment provided within the program will have no significant relationship to postprogram delinquency.

$H_1$ : The type of service treatment provided with the program will have a significant association correlated with the postprogram commission of delinquent behavior.

It is common to use multiple linear regression to explain the relationship between one continuous dependent variable and two or more independent variables. The independent variables included the different types of services being provided, age of juveniles, gender of juveniles, number of times each juvenile had been placed in treatment, and those who completed and uncompleted their program. The dependent variable were juveniles who were patients within the treatment facility. Logistic regression was used along with multiple regression. The logistic regression discriminately analyzed and classified individuals based on multiple measures. Multiple regression analysis scored each data set on multiple independent variables and on a dependent variable. The predicted dependent variable was then formed and created a linear combination of the multiple independent variables.

The research used the SPSS software to run a logistical regression and a multiple regression for a discriminant analysis to distinguish the significance of outcome differences between those who completed the intervention programs from those who did not complete the intervention programs. The plan included the use of a univariate ANOVA for the use of logistical regression. In addition, the research used the SPSS

software for the multiple regression to differentiate the independent variables into different sets of variables. First, an underlying significance test was conducted for the multiple correlation coefficient, using the random-effects model. This model evaluated the existence of nonlinear relationships between the predictors and criteria.

Using both regressions then provided an analysis in different ways. One way evaluated the relative impact of the services provided upon the sample. The other distinguished the longevity of the efficacy of the services provided and the prevention of further delinquency. Therefore, the use of both a logistical and multiple regression provided an analysis of the parameter estimates and probabilities of the reduction of recidivism.

### **Threats to Validity**

The importance of any research validity is for the researcher to provide supporting evidence of what a measuring instrument does, to measure the variable it is stated to measure (Frankfort-Nachmias & Nachmias, 2008). The consideration of reliability and validity is critical when planning research methods and the composition of the results. Effective research must demonstrate consistency in its application to be defined as reliable.

A possible threat to validity in this research was the misspecification of functional form. More specifically, this refers to errors in the variables or measurement errors in the regressors. These included omitted variable bias, wrong functional form, errors in variables bias, sample selection, and simultaneous causality bias. The solutions to such threats included measuring the variable as a regressor in multiple regression, using panel

data, using instrumental variables regression, and running a randomized controlled experiment. Other options included the use of the appropriate nonlinear specifications or an extension of multiple regression methods.

The study addressed the validity by addressing any variable bias found. The sample selection was anonymous and randomly selected to omit any ethical violations. No multiple treatment interference was found. Selection maturation was addressed with additional background found by each sample as necessary. Lastly, the research ensured a measurement error process and cross checking to eliminate any threats to validity, as this is also appropriate for ethical procedures. There were no threats to construct validity found. The research ensured such validity by using ten years of data history.

### **Ethical Procedures**

First and foremost, before beginning the research, my study acquired Institutional Review Board (IRB) approval number 08-10-21-0382742. When facilitating research, it was my responsibility to protect all participants from any harm. Therefore, it was necessary to obtain the proper permissions and follow all codes of conduct. The research utilized archival data.

The agreements gained access to the data included the following process. The intended facility for this research required that all requests be made in writing, and Walden University IRB requires partner organization letters of agreement to research. The submission included the purpose and scope of the study (i.e., research hypothesis, related research/literature support), primary investigator's affiliation, description of the methodology with a timeline: (a) who were the study subjects and procedures for sample

selection; (b) what data are collected and how; (c) what human subject protocols were followed; (d) what data analyses were planned and how the study results will be used, and the value of the study (i.e., how it will advance knowledge or practices in the criminal justice or related fields, and specifically contribute to probation). Once my study was approved by university IRB, the treatment facility then provided permission to access to the data, and I began the file retrieval process.

The data remained anonymous and confidential. All electronic data are stored with a required password to access. Following research completion, the collected raw data are stored in an appropriate password-protected electronic files for the next 5-years and then destroyed.

### **Summary**

In summary, this study used quantitative logistical regression. I studied the relationship between the services provided within the intervention programs and whether those services prevented future criminal behaviors, both short-term under 3-years and long-term, over 3-years. The use of logistical regression and multiple regression addressed the research questions and hypotheses. The logistical regression provided an analysis of the efficacy of long-term prevention and short-term prevention. The multiple regression provided an analysis of the comparative approach between the long-term and short-term outcomes. The results of the study are presented in Chapter 4.

## Chapter 4: Results

The purpose of this quantitative study was to examine the long-term efficacy of services provided within juvenile intervention treatment facilities. This study was conducted to answer the following research question: Do the types of service treatment provided within the program affect or predict the outcome to juveniles related to post program delinquency? In this chapter, I discuss the data collection process, the characteristics of the sample, the data findings and analysis, and the study results.

### **Data Collection**

The participants from this study included those who were enrolled in service treatment for substance use between 2009 and 2015. The data included the longevity between each treatment episode from 2009 through 2019. After I received Walden University IRB approval, I began the data collection process, which lasted 10 days. Organization and cleaning of the data were completed in 30 days. A total of 266 patients aged 18 years old and under (186 male and 80 female patients) from a juvenile substance use disorder treatment center in Southern California were the sample for this study. The data were archival; demographic data were collected except for gender, which was not available and, thus, not included in this study. Any juvenile patient who had been treated in the substance abuse treatment facility qualified for inclusion in this study. The data collection process went as proposed.

### **Characteristics of Sample**

All participants in the study site treatment facility had a diagnosis of a SUD and had been approved for treatment by the juvenile court, private insurance, or Medi-Cal

insurance. Criteria for inclusion in the study was as follows: gender, age, number of readmits, dates of each readmission, length of time in treatment, discharge code(s), types of services rendered (i.e., groups, education, psychiatry, individual therapy, individual counseling), criminal history (i.e., court or jail referral, if any), voluntary admission, aftercare plan (i.e., referral, outpatient, etc.), and case management services rendered.

All archival records reviewed and included in this study were deidentified and for participants who met the inclusion criteria. All participants had the appropriate diagnosis of SUD as listed for approval of treatment from the participant's funding source(s). Of the total participant sample ( $N = 266$ ), there were 186 male participants and 80 female participants with 116 participants not having any criminal justice involvement and 150 who did have criminal justice involvement.

Verification of all participants was made for inclusion of the dependent variables of program services, gender, and age with equal distribution for each risk level of the independent variables (i.e., low, moderate, or high) and population variances (i.e., individuals found with multiple readmissions, no readmissions, and the length of time in between readmissions). In this study, I defined a reoffense as readmission. The cases represented a random sample from the service population, and the data outcomes were independent of each other from one individual to the next.

### **Data Screening**

Prior to data analysis, I screened the data to confirm the participants of the SUD facility met the study criteria. Participants had to have a diagnosis of a SUD, had to have been enrolled in a juvenile SUD treatment program, and had to be 18 years of age or

younger. The consulting SUD facility provided a Microsoft Excel spreadsheet of the relevant participant data.

Once the data were reviewed and organized, I completed a multiple linear regression between the variables involving time in between each treatment episode and the services provided. All methods of treatment had been administered as planned.

### **Results**

I addressed the research question using a multiple linear regression analysis. The independent variables were the services provided (i.e., outpatient, probation, rehabilitation, rehabilitation Juvenile Detention Center (JDC), drug court, residential, detox, crime prevention, wraparound, Department of Child and Family Services (DCFS), and inpatient psychiatric). The dependent variable was the time between each episode of treatment (i.e., over or under 3 years).

I conducted a multiple regression analysis to evaluate how well the services provided in the juvenile treatment program predicted the outcome of juvenile recidivism. In the model summary, the A predictors represent the 11 services that were provided within the treatment facility. In the ANOVA, the A criterion dependent variable represented the time between each treatment episode, and the B predictors represented the 11 services provided. The linear combination of post program delinquency was found to be significantly related to the level of services being provided,  $F(11, 254) = 8.22, p < .01$ . The sample multiple correlation coefficient was .26, indicating that approximately 23% of the variance of the post program delinquency index in the sample can be accounted for by the linear combination services measure. The regression analysis is



shown in Table 1. This analysis did not take into account the program differentials. In other words, the services represented in Table 1 do not represent the individual instruction that would be tailored to meet the individual needs of each juvenile. The ANOVA results are provided in Table 2.

**Table 1**

*Model Summary*

Model	<i>R</i>	<i>R</i> Square	Adjusted <i>R</i> Square	Std. Error of the Estimate	Change Statistics				
					<i>R</i> Square Change	<i>F</i> Change	<i>df</i> 1	<i>df</i> 2	Sig. <i>F</i> Change
1	.512 <sup>a</sup>	.262	.231	.3510	.262	8.217	11	254	.000

<sup>a</sup> Predictors: (Constant), Inpatient Psych, DCFS, Crime Prevention, Drug Court, Probation, Detox, Residential, Rehab JDC, Rehab, Outpatient, WRAP Around.

**Table 2***ANOVA<sup>a</sup>*

	Model	Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
1	Regression	11.139	11	1.013	8.217	.000 <sup>b</sup>
	Residual	31.301	254	.123		
	Total	42.440	265			

<sup>a</sup>. Dependent variable: Time between episodes.

<sup>b</sup>. Predictors: (Constant), Inpatient Psych, DCFS, Crime Prevention, Drug Court, Probation, Detox, Residential, Rehab JDC, Rehab, Outpatient, WRAP Around

Eight of the 11 indices with the bivariate correlations between the time between each treatment episode and the services provided index were significant ( $p \leq .05$ ).

Outcomes for eight of the programs proved significant in relation to predicting recidivism: outpatient, rehabilitation (no legal), drug court, residential, detox, crime prevention, wraparound, and inpatient services. Three of the 11 indices were not significant ( $p > .05$ ). Three of the services showed outcomes predictive of nonrecidivism. The services that showed the most meaningful effect in the reduction of juvenile recidivism were probation, rehabilitation JDC, and DCFS. I noticed that most of the services with no legal impact were found to be significant towards the prediction of recidivism, whereas the services with a legal impact (i.e., probation, rehabilitation JDC, and DCFS) demonstrated no significance and established a meaningful effect towards the prediction of juvenile nonrecidivism.

The Bs, as labeled in the output in Table 2, are the services associated with the regression equation. The Bs represent the specific services being provided within the treatment program. According to these B services, the regression equation is as follows:

predicted post program delinquency = .26 outpatient + .08 probation + .31 rehabilitation + .20 rehabilitation JDC + .57 drug court + .10 residential + .38 detox + .61 crime prevention + .82 wraparound + .08 DCFS + .41 inpatient psychiatric. The mean scores for the independent variables are shown in Table 3. Table 4 displays the descriptive statistics.

**Table 3**

*Coefficients<sup>a</sup>*

Model	Unstandardized Coefficients		Standardized Coefficients	<i>T</i>	Sig.	95.0% Confidence Interval for B		Correlations		
	<i>B</i>	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part
1 (Constant)	.822	.070		11.717	.000	.684	.960			
Outpatient	.265	.068	.232	3.900	.000	.131	.399	.096	.238	.210
Probation	.087	.120	.042	.731	.465	-.148	.323	.050	.046	.039
Rehab	.310	.058	.303	5.328	.000	.195	.425	.194	.317	.287
Rehab JDC	.202	.126	.092	1.603	.110	-.046	.451	.011	.100	.086
Drug Court	.579	.146	.215	3.968	.000	.292	.867	.178	.242	.214
Residential	.108	.032	.185	3.359	.001	.044	.171	.102	.206	.181
Detox	.381	.086	.246	4.445	.000	.212	.549	.191	.269	.240
Crime Prevention	.612	.180	.186	3.405	.001	.258	.966	.170	.209	.183
WRAP Around	.825	.370	.178	2.229	.027	.096	1.554	.174	.138	.120
DCFS	.087	.511	.013	.171	.864	-.918	1.093	.123	.011	.009
Inpatient Psych	.419	.161	.142	2.598	.010	.101	.736	.070	.161	.140

<sup>a</sup> Dependent variable: Time between episodes.

**Table 4***Descriptive Statistics*

	<i>M</i>	<i>SD</i>
Time between episodes	1.199	.4002
Outpatient	.8571	.35059
Probation	.0376	.19057
Rehabilitation	.1880	.39142
Rehabilitation JDC	.0338	.18114
Drug Court	.0226	.14876
Residential	.1617	.68968
Detox	.0714	.25802
Crime prevention	.0150	.12193
Wraparound	.0075	.08655
DCFS	.0038	.06131
Inpatient psychiatric	.0188	.13606

*Note.*  $N = 266$ .

There is a significant relationship between the time between each treatment episode and postprogram delinquency. The mean and standard deviation for time between each episode were 1.20 and .40, respectively, while the mean for services provided ranged between .02 to .86 and standard deviation ranged between .06 to .69.

The research question addressed the types of service treatment provided within the program and the effect of the predicted outcome to juveniles related to postprogram delinquency.

$H_0$ : The type of service treatment provided within the program will have no significant relationship to postprogram delinquency.

$H_1$ : The type of service treatment provided within the program will have a significant association correlated with the postprogram commission of delinquent behavior.

When completing the multiple regression analysis, I found the least significance for meaningful effect with eight of the 11 services provided as they related to post-program delinquency  $F = 8.217$ ,  $df = (11)$ ,  $p = < .001$ ,  $R^2$  adjusted = .262. After a review of the statistical findings, I rejected the null hypothesis. The findings confirmed that the services provided within the treatment program impacted postprogram delinquent behaviors.

### **Summary**

Based on the findings of the analysis, I rejected the null hypothesis for the research question. This study examined the relationship between the time in between treatment episodes and the services provided. There was a statistically significant finding involving postprogram delinquency and the services provided within the programs.

Chapter 5 will include a summary of this study and an explanation of why and how the study was conducted. In addition, I will present my conclusions based on the results and the impacts of those conclusions. The implications of this study will be provided along with my recommendations for future research in this area.

## Chapter 5: Discussion, Conclusions, and Recommendations

In developing this study, I was motivated by curiosity about why there has been an increased level of overcrowding in adult jails. I noted inconsistencies in the connections between juvenile recidivism, adult crime, and adult jail overcrowding. Males (2019) credited California's juvenile justice system for juvenile arrests having had a continuous decline from 408,000 in 1974, to 277,000 in 1997 to 56,000 in 2017. If juvenile intervention programs are as effective as has been reported, then there should be a decrease in adult crime and adult jail overcrowding should be reduced or eliminated. The overcrowding in adult jails, however, demonstrates a lack of long-term efficacy (i.e., beyond 3 years) of the services provided within current intervention programs. In this study, I examined the long-term efficacy of the services provided within juvenile intervention programs.

A limited number of studies have examined the associations between recidivism, reoccurring delinquent behaviors, and the services provided within juvenile intervention programs. Azad and Hau (2018) studied the risk behaviors in adolescent females and noted the limited research available, while Hunt et al. (2015) recognized the lack of behavioral health service utilization within juvenile rehabilitation services. The U.S. Surgeon General's Office (2001) referred to intervention programs as a means of reducing the risk of violence among youths who display one or more areas of risk for violence. Holloway et al. (2022) stated that peer deviancy and substance-related consequences are dynamic criminogenic needs associated with an increased risk of recidivism for justice-involved youth. Young et al. (2007) discovered that most juvenile

detainees had been diagnosed with a SUD. Blanckstein et al. (2019) conducted a study that assessed posttreatment outcomes at 6 months, 12 months, and 18 months on children with intellectual disabilities and their engagement in delinquent behaviors. Blanckstein et al. concluded that the success achieved at the end of treatment was not maintained posttreatment. Though treatment created a decline in rule-breaking behaviors in adolescents during treatment, this effect only lasted up to 18 months posttreatment. As the legal standard for recidivism ends at 3 years, no research had been conducted to evaluate the efficacy of the services being provided beyond 3 years. The purpose of this study was to determine how well an intervention program worked in preventing future delinquent behavior.

In 2020, there was a plunge in the prison population due to the COVID-19 pandemic (Harris, 2021). However, Harris (2021) reported that California state prisons held 33% more prisoners than they were designed to hold regardless of the drop in population. Moreover, it is known that many adult prisoners have a juvenile record, so a reduction in juvenile convictions could lead to a reduction in the prison population. Hockenberry and Puzanchera (2020) provided a statistical review showing a 48% decline in juvenile cases. Nevertheless, overcrowding in adult prisons continues to be a problem.

This quantitative study was justified by the lack of previous research regarding the impact and long-term effectiveness of services provided within juvenile intervention programs. The findings of this study provide insight into the efficacy of such intervention programs related to the services that impact long-term postprogram delinquencies. This

chapter includes a discussion of the purpose of this study, the research question, and the interpretation of the findings. In this chapter, I also describe the study's limitations, provide recommendations for further research, and present implications for social change.

### **Interpretation of Findings**

The participants in this study included individuals who were admitted into a juvenile dual-diagnosis drug treatment facility between 2009 and 2015. The participants were referred through the facility's Drug Court Program, transferred from a juvenile detention facility, or referred by their parent or guardian. The data included the length of time between treatment episodes from 2009 through 2019, providing the opportunity to evaluate beyond 3 years posttreatment. In addition, the data included the types of services rendered within the program, including outpatient treatment, probation, inpatient rehabilitation, rehabilitation mandated by the JDC, drug court, inpatient residential treatment, detox, crime prevention, wraparound, DCFS, and inpatient psychiatric services.

I addressed the research question using multiple linear regression analysis. The results of this study led me to reject the null hypothesis. The hypotheses addressed whether the type of service within the treatment program had a significant association correlated with the postprogram commission of delinquent behavior. The data analysis indicated that outcomes for eight of the programs proved significant in relation to predicting recidivism: outpatient, rehabilitation, drug court, residential, detox, crime prevention, wraparound, and inpatient psychiatric. Three of the programs showed outcomes predictive of nonrecidivism: probation, rehabilitation from JDC, and DCFS.



The ages of the male and female participants ranged from 12 to 18 years old at the time of admission into the intervention program. Out of the 266 participants, 52 began treatment when they were between 12 and 15 years of age, and 214 were between the ages of 16 and 18 years. In this study, I evaluated the records beyond 3 years within the same facility, unlike previous research. I was able to follow the same juvenile records within one facility over the span of 10 years in the study.

The results of this study indicated that postprogram juveniles could be associated with placement disruption. Placement disruption occurs when an individual exits a current placement for a negative reason (Sherman et al., 1998). For example, juveniles can leave treatment by no longer attending or participating, leaving the facility AMA, absenting themselves without official leave, being administratively discharged, or being transferred to receive higher level of care (i.e., hospitalization).

Eight of the 11 services proved significant in relation to predicting recidivism, and juveniles who received these services continued to engage in posttreatment delinquent behavior and had more returning episodes into treatment. Therefore, the outcomes of those services proved to have no meaningful impact in the reduction of recidivism. In contrast, those who were on probation and received rehabilitation services from JDC or DCFS, along with the eight other services, showed fewer returning episodes into treatment and longer periods between episodes. These three services showed outcomes predictive of nonrecidivism.

SCT contains a description of how external factors impact the length of time juveniles are taught, given their developmental ability to understand (Kempth-Leonard &

Morris, 2012). Services such as wraparound, outpatient, rehabilitation, and residential treatment include the participation of family and consideration of the home environment as relevant external factors. For example, in these services, juveniles learn what behaviors are either acceptable or unacceptable from their environment. If the parents or guardians of the juveniles are unwilling to make necessary changes and do not continue to reinforce the new behavioral strategies that juveniles have learned through intervention services, the likelihood of the juvenile continuing the newly learned behaviors diminishes. It must be noted that discontinuing the new behavioral strategies learned through intervention services has no major legal consequences for the parents, guardians, or juveniles involved. Juveniles who received rehabilitation services from JDC or DCFS continued with legal observations. The family unit were required to continue with the behavior modification strategies posttreatment if they wanted to fulfill the demands of the system.

According to SCT, juvenile delinquency occurs because of inadequate limitations within the home environment. Such limitations can include the unwillingness of the parent or guardian to set and maintain healthy boundaries, unhealthy communication, and living in neighborhoods with high crime rates. Juveniles who participated in services that were shown to have a meaningful effect on the prediction of nonrecidivism (i.e., probation, rehabilitation JDC, and DCFS) had a longer amount of time between episodes and fewer returning episodes in treatment. These services had restrictions in place, imposed consequences for continuing to engage in delinquent behaviors, and offered a longer duration of continued provisions.

Hogg and Cooper (2012) stated that social influence involves the opinions and attitudes of one person affecting the opinions and attitudes of another. Consequently, it is often the opinions and attitudes of the courts, DCFS case workers, and probation officers that impact the willingness of the juvenile to follow through with new behavioral strategies. When services such as probation, rehabilitation from the JDC, or an open DCFS case are present, the juvenile, along with the parent or guardian, must follow through with the legal requirements to obtain total autonomy from the state. Otherwise, the juvenile risks being incarcerated, the parents or guardian risk losing their rights, and the juvenile may be placed in the foster care system.

The outpatient program services included education related to relapse prevention, regulating emotions, addiction, anger management, creative expression, male and female processing, dialectical behavior therapy (DBT), healthy relationships, life skills, and seeking safety. Residential program services included independent study, living-in-balance group, overcoming obstacles group, recreational activities, prosocial activity group, anger management, addiction education, daily reflections, goal groups, leadership groups, motivational interviewing, counseling, and individual therapy. Wraparound services included reentry education support, health and wellness, and linkage to resources provided by the state. Probation, rehabilitation JDC, and DCFS were shown to have positive impact on reducing juvenile recidivism. This finding is not surprising, given that these three services hold more influence when compared to the consequences of the eight significant services.

The research analysis revealed a connection in the relationships between the services provided within an intervention program and postprogram delinquency. The findings showed a significance with eight of the 11 services provided, proving the relation towards predicting recidivism. The findings show that the time between episodes averaged a little over 1 year. Of the three programs with outcomes predictive of nonrecidivism, the one that held a meaningful effect on the reduction of postprogram delinquency was those whose families had an open case with DCFS. The distinction of this finding is that continuous legal involvement has consequences when families are not in compliance. Individuals with an open DCFS case are under investigation for the safety and care of the juveniles within that family unit (Los Angeles County Department of children and family services, 2019). These investigations require that the parents involved in such a case have to abide by the mandates of the court, such as supervised visits, home inspections, therapeutic interventions, and the follow through on these mandates. If such requirements are not met, the minors involved will be placed in a home that is considered to be a safer environment. Juveniles who are under juvenile probation are also required to adhere to the mandates by the court. If the juvenile does not abide by the court, the juvenile can be sent to a juvenile detention center.

In this research, 214 of the juvenile participants were between 16 and 18 years old at admission. Those juveniles who were unable to abstain from delinquent behaviors beyond 18 years of age were readmitted as adults into the adult treatment facility. At the age of 18, an individual is no longer a juvenile; therefore, when researchers are tracking juvenile delinquency as it relates to recidivism, juveniles who have aged out can no

longer be monitored statistically. The juveniles who age out of juvenile programs are labeled as adults, leading to an inaccurate report of statistical findings concerning juvenile delinquency. For instance, if a 16-year-old juvenile ages out at 18 and is arrested when 18 years and 9 months old, this individual is now an adult and would not be counted as a juvenile case of recidivism because they are 18 years old and is now considered an adult. This means that as a juvenile, they did not recidivate in delinquent behaviors, and thus represented a misleading positive statistical outcome. After looking at the ages of the participants and the time between episodes of treatment, I determined that many of the participants aged out of the program at the juvenile level; therefore, the ability to measure beyond 3 years within the justice system was no longer available.

Miller and Vuolo (2018), Tan and Fajaro (2017), Nissen and Pierce (2011), and Wilson and Hoge (2012) all made conclusions about outcomes of success and reduction in delinquent behaviors without providing the longevity of the outcome or services. The continued increase in numbers and overcrowding in adult jails demonstrate how the services provided on the juvenile level are not effective long term.

### **Limitations of the Study**

This research was limited to a sample drawn from one organization in Southern California, subsequently limiting the generalizability of the results to a broader population. The research data were confined to one standard by treating all participants in the exact same way. I tracked the admission of juveniles up through the age of 18 years old. There was no tracking of juveniles in the study whose initial admission date into the intervention program occurred after 19 years or older.

The sample was drawn from one juvenile SUD intervention treatment center in Southern California and did not adequately represent all juvenile intervention programs across the United States. The juveniles in this study were from a juvenile substance use treatment facility in Southern California in which Medi-Cal, private insurance, court agencies, and private payments were all funding sources. The population of one individual facility within one state is not a complete representation of the entire juvenile population statewide or nationwide. According to the juvenile probation initiatives in California, there are 193 intervention programs in California in over 56 counties (Turner & Fain, 2005). The Council on Criminal Justice and Behavioral Health (2020) reported that there are 35,000 juveniles under supervised probation. The 266 participants in this study equate to less than 1% of the juvenile population in California.

The noninclusion of several variables was a limitation of this study. These variables included race, drug of choice, number of substances used, mental health diagnosis, developmental disabilities, economic status, level of educational training of the staff who implement the services, and the services' curriculum. These variables were not included in this study due to their unavailability in the accessible data. However, analysis of these variables would provide more background on the participants and the facilitation of services within the program to determine any influence of these variables on outcomes. For instance, Blanketstein et al. (2019) stated that SUDs, developmental disabilities, and mental health disorders are often comorbid diseases. Individuals with mental health disorders will often self-medicate instead of seeking out treatment and obtaining a

prescription as needed (Boughner & Frewen, 2016). Further research relating to these specifics is needed.

Potential errors in data collection within this study included the possibility of human error while clinical staff obtained patient information and transferred this information to the data sheet that was provided to me. Errors may include bias and the error of pure chance. Other errors of validity could include the documentation provided by employees within the organization.

### **Recommendations**

The current study broadened and expanded the understanding of the impact of services provided within juvenile intervention programs, it is necessary for additional research in this area to be conducted. I recommend further studies be completed to measure service impacts and longevity outcomes moving beyond the 3-year margin on a national level. The use of qualitative studies would include individual perspectives for specific curricula of the services, surveys from juveniles, and the families of the juvenile, about the services they received or continued to receive posttreatment. A combination of both quantitative and qualitative data would allow the opportunity to research more variables of juvenile intervention and provide an evaluation of the curriculum and educational backgrounds of individuals implementing the services. Statistical findings of juvenile success outcomes and the increasing overcrowding in adult jails seem indicative, given the discrepancy in the current logic underpinning juvenile intervention programs. For juveniles receiving less prosecution attention in the system, up until they reach 18 years of age, additional research is recommended. Ultimately, if juvenile intervention

programs are being recognized for long-term efficacy, then adult jails should not be overcrowded.

This study provided a foundation for future juvenile intervention programs, more research is necessary to deliver an effective impact on social change. For example, additional research on a county level would create an opportunity to strategize for more effective treatment services. If more effective treatment services can be established to reduce long-term juvenile delinquency, then a reduction of overcrowding in adult facilities can begin to be established. Correspondingly, further inquiry into the curriculums of services and required training of staff who facilitate services would contribute further clarification to future studies.

Other juvenile intervention programs that focus outside the realms of alcohol and substance use disorders would also benefit from clinical research. Further research into juvenile detention facilities, wraparound services, and group homes would add to the library of juvenile intervention research. Further research would increase the development of social change within local communities.

### **Implications**

This research impacts social change by providing new information for professionals working with juveniles to prevent future delinquency and providing support needed to aid juveniles. This research suggests that future studies are needed to assess and influence the development of more effective outcomes in preventing juvenile delinquency.



Increasing the efficacy of juvenile intervention programs and reducing post program delinquency may help decrease crime rates and ultimately the overcrowding in adult prisons. The implications of this study provided a more accurate understanding of how current standards of services within juvenile intervention programs affect subsequent delinquency.

This study provided the opportunity to develop a foundational understanding of the relationship between juvenile delinquency and adulthood behavior. Future research should attempt to gain access to juveniles earlier within the legal justice system in order to follow the same individuals into adulthood. This type of study could provide more detail regarding continued delinquent behaviors and a greater accuracy of recidivism rates.

### **Conclusion**

This study focused on a sample of 266 juveniles receiving intervention treatment for juvenile delinquency. The research utilized preexisting data from a juvenile substance use facility in Southern California. The results of the study provided a perspective of the significance on program outcomes for juvenile postprogram delinquency. The findings connected services rendered by the facility to the reduction outcomes of postprogram delinquency.

This research illuminated the discrepancy between the decrease of juvenile cases and recidivism and the continued overcrowding in adult jail and prison facilities. This research was able to follow individuals who were admitted as a juveniles on into adulthood. I discovered that out of 266 participants, 214 were admitted into the program

between the ages of 16 and 18. This means 80% of the juveniles within this study would have aged out and been excluded from a statistical analysis of juvenile recidivism. More clarification is provided as to why overcrowding within the adult facilities continues to increase while juvenile recidivism shows reduction.

This research determined that eight of the 11 services provided proved to be less effective towards the reduction of recidivism, and only three of the 11 services provided were effective towards the reduction of recidivism. This proves the importance of the types of services being provided within juvenile intervention programs. The research showed that the services with legal consequence placed more emphasis on the importance of following through with what is necessary to deter future delinquent behaviors. The research proved that when parents and guardians of these juveniles are required to participate and engage within the treatment modality, the likelihood of recidivism is decreased. This finding substantiates the necessity for more research to explore juvenile delinquency.

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