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Clinicians' Perceptions of Restorative Justice and Community-Based Intervention Programs for Juvenile Offenders

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Walden University
2025

Abstract

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by

JacQue' Timberlake

MA, Webster University, 2019

BS, Pittsburg State University, 2015

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

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Abstract

The main goals of restorative justice and community-based intervention programs include reducing reoffending behavior, successful reintegration, and yielding greater satisfaction among participants. Although clinicians play a vital role in conducting rehabilitation methods for youth offenders, the problem was a lack of literature that explored clinicians' perceptions of implementing more effective alternatives such as restorative justice and community-based intervention programs. The purpose of this generic qualitative study was to explore clinicians' perceptions of administering rehabilitative interventions for youth offenders, specifically in reducing recidivism, adequately addressing mental health concerns, and evaluating overall program effectiveness. The risk-need responsivity model and the good lives model were used to address how to assess risk, develop appropriate treatment programs, foster engagement, and achieve successful rehabilitation and reintegration for juvenile offenders. Data were collected from semistructured interviews with eight clinicians who had experience working with juvenile offenders in the United States. Findings from Braun and Clarke's thematic analysis indicated that restorative justice and community-based intervention programs are effective alternatives to incarceration. The results also indicated that rehabilitation programs are accessible and provide essential resources for youth offenders and their families. This study contributes to positive social change by offering insight that may help foster effective collaboration and address the current challenges in the juvenile justice system regarding effectively implementing treatment alternatives in place of traditional methods.

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Dedication

I dedicate this study to every Black girl or woman who dares to dream beyond the limits placed on us. We can do anything we set our minds to.

To my brother, Corey Timberlake, thank you for your support and for being my best friend. I'm grateful for the rare and unbreakable bond that we share. Not everyone is as lucky to have a sibling like you. I'm endlessly thankful for the connection we share and for always having you by my side.

To my husband, Elijah Thomas, thank you for your unwavering support and patience. I know it wasn't easy accepting the sacrifices and the moments when I couldn't be fully present while I pursued my higher education and desired career. Thank you for checking in on me during the late nights, reminding me to take breaks, and making sure I managed my stress and anxiety. I love you, and I'm deeply grateful to have had you by my side throughout this journey. I could not have done this without you.

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To my mother, Andrela Timberlake, thank you for showing me the true meaning of strength, sacrifice, and perseverance. You emphasized the value of education not only through your words but also through your example, balancing full-time work, achieving a master's degree, being a devoted wife and mother, and never once missing a single game or track meet. We never went without, and that was because of your tireless dedication to our family. You also ensured that I took my education seriously from Day 1, making me write out every paper by hand, even when I could have typed it. I guess those extra-large pencils and lined practice paper really paid off. Your sacrifices and guidance laid the foundation for everything I've achieved, and I carry your resilience with me in all that I do.

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Chapter 1: Introduction to the Study

Between 2000 and 2020, the number of youth offenders held in juvenile justice facilities fell from 109,000 to 25,000, indicating a 77% decline (Rovner, 2023). Both policy and practice reforms in the United States have contributed to the reduction of youth incarceration, which has ensured that juvenile justice systems execute improved decisions and effective responses to youth crime. Based on the enduring ramifications of traditional methods in the juvenile justice system, it was imperative to explore the adoption of restorative justice and community-based intervention programs for youth offenders. Such exploration was essential for effectively integrating treatment alternatives and ensuring clinicians are adequately equipped to address the developmental and criminogenic needs of this vulnerable population (Youth Justice, n.d.). This current study explored the most common treatment alternatives due to their emphasis on therapeutic, educational, behavioral, and supervisory components and practices. These treatment approaches are effectively administered by local clinicians, which enhances their potential impact on juvenile offenders, criminal court systems, and the community.

Based on the informal nature of restorative justice practices, its effectiveness relies on the quality of the program and the professional skills of the facilitators. Restorative justice programs require well-trained and experienced facilitators due to the time-consuming, highly individualized, and extensive preparation to conduct effective encounters with the participants (Green & Bazelon, 2019). In comparison, community-based intervention programs addressing the emotional and behavioral difficulties among youth offenders are largely unavailable due to an ongoing shortage of trained mental

health professionals (Valentine et al., 2019). However, despite the limitations, community-based intervention programs such as multisystemic therapy have resulted in reduced recidivistic behavior and improvements in family relationships, social support, and association with prosocial peers among youth offenders (Blankestein et al., 2019). The current study on clinicians' perceptions of restorative justice and community-based intervention programs for juvenile offenders had social implications, including the potential to reduce the adverse effects of traditional methods utilized in the juvenile justice system. This may be achieved by implementing effective restorative justice and community-based intervention programs by qualified clinicians within the community.

Chapter 1 includes a brief overview of restorative justice and community-based intervention programs as an effective alternative to traditional methods implemented by the juvenile justice system in the United States. Chapter 1 outlines the purpose of the study, problem statement, research question, conceptual frameworks, and the nature of the study. This chapter also includes definitions of key terms and presents the assumptions, scope, limitations, and significance of the study. This chapter concludes with a summary that highlights the main points and provides a transition to the next chapter.

Background

From the beginning of the colonial period to the early 1800s, youth offenders were subject to the same criminal justice process as adults. Over time, legal and social reforms have resulted in the justice process being divided into two structures known as the juvenile and criminal justice systems. In relation to youth offenders, the two main

purposes of the Western juvenile justice system are to protect the best interests of children and to protect the community (Elrod & Ryder, 2020). Both restorative justice and community-based intervention programs are presumed to yield positive developmental and behavioral outcomes for juvenile offenders by diverging from the traditional methods of the juvenile justice system. In the past 30 years, restorative justice programs have been on the rise in the United States and other countries in response to all types or levels of juvenile and adult offenders (Bazemore & Umbreit, 2001; Okada, 2013). Restorative justice programs typically involve a nonadversarial interaction between the offender, victim, and other individuals impacted by the criminal act. The main goal of restorative justice programs is to repair the harm caused by the offense and encourage offender accountability (Bergseth & Bouffard, 2007).

Restorative justice practitioners may include probation department staff, law enforcement officers, and trained volunteers from the community. McCold (2003) examined 64 restorative justice conferences involving juvenile offenders that were conducted by trained law enforcement officers from the Bethlehem (Pennsylvania) Police Department. In the Bethlehem experiment, McCold discovered that law enforcement officers were found to be highly capable of conducting effective conferences that were consistent with due process and restorative justice principles. The study also found that the youth offenders, victims, and other participants were accepting of a police-based restorative justice program, and each of the involved parties indicated high rates (79%–97%) of program satisfaction and perception of fairness. In addition, the police-based restorative justice program motivated the youth offenders (94%) to complete the

reparation agreement, which may have included monetary compensation, community service, apology, and so on. Most importantly, these results may be influential for policymakers in the juvenile justice system who are considering the use of alternative interventions for youth offenders (Bouffard et al., 2017).

In the last decade, community-based intervention programs have expanded as an effective alternative to costly residential placements for youth offenders (Butler et al., 2011; Ryon et al., 2017). Community-based intervention programs are implemented in settings within the youth's community and conducted by case managers, paraprofessionals, or master's-level licensed mental health clinicians (Henggeler, 2016; Littell et al., 2005; Valentine et al., 2019). In the United States, most community-based intervention programs are based on theoretical and therapeutic frameworks that aim to address the youth offender's risks and needs within an ecological context (Bronfenbrenner, 1979; Gorman-Smith et al., 2000). According to Littell et al.'s (2021) study, multisystemic therapy (MST) reduced the rates of out-of-home placements and rearrests and had a positive impact on delinquent behavior, parent–child relationships, and family functioning. In addition, MST is a highly validated community-based intervention program for treating youth offenders with chronic offending, substance abuse concerns, conduct disorder, and sexual offending (Henggeler & Schaeffer, 2019). Community-based intervention programs that embody therapeutic and theoretical philosophies, such as restorative practices and counseling, are more effective than traditional methods that embrace control, coercion, and discipline (Lipsey et al., 2010).

The current study addressed a significant gap in the literature by exploring clinicians' perceptions of restorative justice and community-based intervention programs for juvenile offenders. Clinicians have an immediate and long-term impact on youth offenders relative to mentoring, education, mental and behavioral health treatment, and recidivism rates (Seigle et al., 2014). Depending on the service or program, clinicians need to achieve adequate education, training, and experience to effectively conduct restorative and community-based intervention programs for the youth-offending population. However, there are also relative rehabilitation programs that do not require strict educational qualifications, training prerequisites, or prior experience (Greenwood, 2008; Valentine et al., 2019). Although there was existing literature on the correlation between restorative justice, community-based intervention programs, and youth reoffending, there was a vital gap in the research regarding clinicians' perceptions of these programs for youth offenders, as well as their effectiveness in decreasing recidivism rates from a professional standpoint.

Problem Statement

Clinicians can play a significant role in mental health promotion, reduction of recidivistic behavior, prevention of contact with the justice system, and treatment or rehabilitation of juvenile offenders (Snehil & Sagar, 2020). In the United States, there are several restorative justice and community-based intervention programs that have been developed to address the emotional and behavioral needs or difficulties of juvenile offenders, their victims, families, and the community. Restorative justice and community-based intervention programs are typically conducted by trained mediators, community

volunteers, paraprofessionals, juvenile justice personnel (e.g., case manager, police officer), and licensed mental health providers (Kimbrell et al., 2023; Valentine et al., 2019). Although there are a variety of clinicians who play an essential role in the positive change among the youth offending population, the problem was that there was minimal research on clinicians' perceptions of restorative justice and community-based intervention programs for juvenile offenders. The current study contributed to the existing literature and to the education of pertinent professionals within the juvenile justice system regarding the perceptions of implementing more effective alternatives for juvenile offenders, thereby reducing the excessive reliance on the inefficiency of traditional methods or harsh punishments.

Clinicians who conduct restorative justice and community-based intervention programs for juvenile offenders are faced with an array of demanding roles and responsibilities related to effectively addressing mental health issues, substance abuse, educational barriers, family and social functioning, behavioral concerns, and more. However, mental health professionals who evaluate and address the mental health needs of juvenile offenders are crucial in reducing recidivistic behavior and poor functional outcomes (Snehil & Sagar, 2020). Juvenile probation officers act as gateway providers who play a management and supervisory role and connect youth offenders with necessary services (Dir et al., 2019). Valentine et al. (2019) piloted a cognitive behavioral therapy program developed for high-risk male youth offenders and implemented by trained paraprofessionals. The study provided guidance on how to develop and tailor alternative community-based intervention programs that can be carried out by paraprofessionals who

can deliver successful findings despite lacking extensive educational and professional qualifications. As a result, the youth offenders reported program satisfaction and the ability to apply skills relative to employment, education, and relationships. Clinicians' perceptions of restorative justice and community-based intervention programs are essential in contributing to the lack of existing research and in understanding the implementation and effectiveness of these programs among juvenile offenders.

Purpose of the Study

The purpose of this qualitative study was to explore clinicians' perceptions of restorative justice and community-based intervention programs for juvenile offenders. The semistructured in-depth interviews explored the perceptions of clinicians who administer these intervention programs regarding their effectiveness and impact on recidivism rates among juvenile offenders. Addressing these factors was expected to enhance the application of restorative justice and community-based intervention programs for the youths involved in the juvenile justice system. The findings of this study may equip juvenile justice professionals with improved knowledge and understanding of how to implement treatment alternatives effectively for the youth offending population, as compared to the traditional methods employed by the court system.

Research Question

What are clinicians' perceptions of restorative justice and community-based intervention programs for juvenile offenders?

Conceptual Framework for the Study

Risk-Need Responsivity Model

The risk-need responsivity (RNR) model is a conceptual framework designed to assess the criminal offending population and provide applicable interventions based on their individual risks and treatment needs (Looman & Abracen, 2013). According to Taxman and Smith (2021), the RNR framework identifies principles for effectively assigning offenders to appropriate treatment programs by evaluating the static and dynamic risk factors that influence criminal behavior. In the current study, I employed Donald A. Andrews and colleagues (2011) RNR model to address the lack of research on clinicians' perceptions of restorative justice and community-based intervention programs for youth offenders. Decades ago, the goals of rehabilitation of youth offenders and protecting society came into conflict, as the rising crime rates were primarily attributed to the rehabilitative approaches applied within the juvenile justice system (Thorson, 1999). During this time frame, the concept of rehabilitation was replaced with a one-size-fits-all punitive approach that increased youth offending, incarceration, transfers to adult court, and harsher sentences (Clarke, 2005). The RNR model implies that the juvenile and criminal justice systems have failed to reduce recidivism rates or improve public safety, emphasizing the return to individualized assessment and treatment of offenders (Andrews & Bonta, 2010a).

The application of punitive methods such as incarceration has been found to have negative effects on youth offenders. For example, based on the literature, incarceration fails to address the developmental and criminogenic needs of youth offenders, and it

places limitations on the juvenile justice system's ability to provide rehabilitation effectively (Lambie & Randell, 2013). Additionally, incarceration is often associated with poor lifetime health, increased mortality risk, reduced social functioning, increased mental health concerns, negative behavioral consequences, and ongoing recidivistic behaviors (Barnert et al., 2017). However, other research suggested that (a) criminal behavior can be appropriately assessed, (b) criminogenic needs are a crucial component in the design of treatment interventions, and (c) the treatment interventions should be tailored around evidenced-based theories and techniques (Andrews & Bonta, 2010a; Brown et al., 2023). The RNR model has resulted in significantly reducing criminogenic needs (e.g., antisocial attitudes, deviant peer associations) and recidivistic behavior among juvenile and adult offenders (Andrews & Bonta, 2010a; Vitopoulos et al., 2019).

Good Lives Model

In addition to this, the Good Lives Model (GLM) is an alternative to traditional risk-based approaches, such as the RNR model. The GLM framework, created by Professor Tony Ward, is a conceptual framework designed to foster a dual focus between good promotion (approach goals) and risk management (avoidance goals) (Fortune, 2018). The main concept of utilizing the GLM is to build psychological and social capacities among the individuals involved. However, offender management's central aim is to monitor risk, foster engagement, and promote primary goods to enhance their psychological well-being (Ward & Brown, 2004). Furthermore, the GLM assumes that people use secondary goods (therapy) to pursue primary goods (offending behavior) in order to achieve a fulfilling life (Purvis et al., 2013). Ultimately, the GLM proposes that

offenders have similar needs and aspirations to nonoffending community members in which their motivation for treatment is crucial to overcoming the problems associated with their offending behavior (Walgrave et al., 2021; Ward et al., 2024).

The GLM serves as a broad rehabilitation framework for all types of individuals who have engaged in a wide range of offenses, including youth offenders. From the GLM perspective, rehabilitation is an evaluative and capability-building process that targets individual issues and the holistic transformation of the offender. The GLM can incorporate specific components into treatment that are not addressed in the RNR model, including building a strong therapeutic relationship, role of agency (self-direction), motivation to commit to treatment, and abstinence from recidivistic behavior (Ward, 2010). During the course of treatment, the GLM gives clinicians the flexibility to utilize evidence-based interventions such as cognitive behavioral therapy and family therapies to develop an effective treatment plan that will allow the youth and their families to achieve personally desired goals (Prescott, 2013). In addition, the GLM can assist clinicians in identifying the youth offender's needs, formulating realistic goals, ensuring life balance, and acquiring competencies to achieve the treatment plan (Fortune, 2018). Overall, research findings indicate that the GLM is an effective framework found to improve the participant's motivation to change, boost engagement, enhance optimism, build confidence and trust in others, and reduce both dynamic risk and likelihood of reoffending (Mallion et al., 2020; Zeccola et al., 2021).

Nature of the Study

The purpose of this generic qualitative study was to gain an understanding of clinician perceptions of restorative justice and community-based intervention programs for juvenile offenders. A generic qualitative inquiry explores the participant's subjective opinions, attitudes, beliefs, and experiences concerning a phenomenon beyond themselves (Percy et al., 2015). In this study, the research problem and question required a qualitative methodology. The primary focus of this study was deemed unsuitable for additional qualitative approaches such as ethnography, case study, grounded theory, and phenomenology. A generic qualitative approach allows the researcher to fully explore, obtain, and comprehensively describe the clinicians' perceptions relative to how each participant makes meaning of restorative justice and community-based intervention programs for juvenile offenders. Semi-structured and in-depth interviews was conducted with each participant to discuss their perceptions relative to the research topic. The research participants were required to be clinicians who currently work with or have had experience in treating juvenile offenders as well.

Definitions

Clinician (often used in clinical psychology): A psychological specialty that provides comprehensive mental and behavioral health treatment interventions for individuals, couples, and families (American Psychological Association, n.d.).

Community-based: The location where the intervention is implemented (McLeroy et al., 2003).

Community-based interventions: Engagement of community advisory committees or coalitions to help tailor interventions to specific target populations and adapt programs to local community characteristics (McLeroy et al., 2003).

Juvenile delinquency: An integral systemic set of negative, socially dangerous, and criminally punishable acts committed by minors in a certain territory (Kolesnikov, 2022).

Juvenile justice professional: Facilitates mediation, manages juvenile offender's behavior, ensures restoration/restitution, and engages community members in the restorative process (Guide for Implementing the Balanced and Restorative Justice Model, n.d.).

Mental-level clinician: An individual with a master's degree in psychology and has clinical training or specialties (Perlman, 1985).

Paraprofessional: A non-clinician who has access to hard-to-reach populations with a diverse range of educational and lived experiences. They are known for teaching coping skills and focusing on promoting the well-being of individuals rather than psychopathology (Valentine et al., 2019).

Recidivism: Any subsequent rearrest after being released from the juvenile justice system (Miller et al., 2019).

Restorative justice: A set of procedures based upon Indigenous peacemaking practices to reduce recidivism and provide guidance toward effective harm reparation (Pavlacic et al., 2022).

Restorative justice practitioner: Animate and prioritize the values of restorative justice to align with program goals (Crocker, 2016).

Youth offender: A troubled child who presents with unmet needs and whose problems have manifested into offending behavior (Drakeford, 2010).

Assumptions

According to Walters (2001), assumptions in qualitative research studies involve the researchers consciously or unconsciously focusing on information that supports their existing beliefs or expectations. For this qualitative study, I identified five assumptions before collecting data. First, I assumed all participants had experience working with juvenile offenders. Secondly, I assumed that I would obtain truthful or forthcoming data from the participants. Thirdly, I assumed that the data collection process would allow me to thoroughly explore clinician perceptions and provide readers with a good understanding of the study. In addition, I presumed that the participants would have a clear comprehension of rehabilitation methods for youth offenders, such as restorative justice and community-based intervention programs. Lastly, as the researcher, I hypothesized that the research findings would also support the effectiveness of relative programs.

Scope and Delimitations

This qualitative study conducted in-depth semi-structured interviews to analyze the responses of clinicians. As the researcher, I focused on exploring the perceptions of clinicians due to their significant role in mental health promotion and expertise in conducting rehabilitation approaches for juvenile offenders (Snehil & Sagar, 2020). The

participants of this study were limited to clinicians in the United States who have prior or current professional experience working with juvenile offenders. Clinicians who did not meet this specific criterion were excluded from the study. In addition, discovering that there was minimal research that had explored and addressed clinician perceptions of restorative justice and community-based intervention programs for juvenile offenders made the risk-need responsivity and good lives model the most suitable for this qualitative study. Therefore, to address potential transferability, providing detailed descriptions of the participant's perceptions would enable interested parties to assess how relevant or useful the research findings are to their situations, settings, or contexts.

Limitations

In this study, one of the main limitations included clinicians in the United States who have prior or current experience working with juvenile offenders. This qualitative research study did include clinicians who do not meet this criterion. Since juvenile offenders are classified as a vulnerable population, clinicians may have been hesitant to provide truthful and detailed information about their experiences. The clinicians might have also attempted to modify their responses to align with what they believe I wanted to hear or to conform to the standards of their colleagues. In addition, based on having a small sample of participants, the amount of data obtained was limited as well. Most importantly, to help address some of these limitations, I built rapport with the participants, provided a non-judgmental interviewing environment, asked open-ended questions, ensured that this study will include strict confidentiality measures, and

emphasized the importance of honesty in responses to enhance the reliability and validity of the research findings.

Significance

This study's significance was to fill the gap in the literature regarding clinician perceptions of restorative justice and community-based intervention programs for juvenile offenders. Based on the literature, several clinicians administer these intervention programs for this vulnerable population (Gottfredson et al., 2018; Henggeler, 2016; Valentine et al., 2019). Exploring clinician perceptions offered valuable insights into their professional roles, the program's effectiveness, and its impact on recidivism rates. Clinicians can help equip other juvenile justice officials with improved knowledge and a thorough understanding of the utilization and implementation of effective intervention programs when considering the rehabilitation of youth offenders. In addition, this qualitative study contributes to current research by providing firsthand insight into the challenges, successes, and areas of improvement that are not evident in other qualitative or quantitative studies. Altogether, this study contributes to positive social change by reducing the application of traditional methods implemented by the court systems and improving evidence-based intervention programs for juvenile offenders, which can validate or even challenge existing literature.

Summary

Exploring clinician perceptions plays a vital role in understanding the adoption and appropriate implementation of rehabilitation methods for juvenile offenders. Clinicians have both the educational and professional background to address issues

present in youth offenders, such as mental health and recidivistic behaviors. Obtaining clinician perceptions was essential in evaluating the program's effectiveness and impact on recidivism. With that being said, there was a lack of research that addressed clinician perceptions relative to restorative justice and community-based intervention programs for juvenile offenders. Therefore, I utilized a qualitative approach to further explore this phenomenon. Chapter 2 provides a detailed review of past and current literature relative to the research topic and question.

Chapter 2: Literature Review

In this study, I explored clinicians' perceptions of restorative justice and community-based intervention programs for juvenile offenders. Restorative justice and community-based intervention programs are viable alternatives to traditional methods applied among youth offenders within the juvenile justice system (Bazemore, 2001; Bontrager et al., 2013). However, integrating restorative justice and community-based intervention programs into juvenile and criminal justice systems has raised many concerns, including costly expenses and a shortage of adequately trained clinicians. The court systems often fail to address the treatment needs of youth offenders and their ability to deliver effective rehabilitation (Skinner-Osei et al., 2019). The incarceration of youth offenders poses lifelong consequences evidenced by severing ties with family, disrupting social relationships, hindering educational opportunities, and exposing offenders to abuse or neglect (Hancock, 2017). In addition, incarceration of youth offenders has also been associated with poor lifetime health, increased mortality risk, and issues with social functioning, and it exacerbates severe behavioral problems that typically go unaddressed (Barnert et al., 2021; Hull & Samuels, 2020).

Public officials who have facilitated restorative justice programs with youth offenders, victims, and their families have reported participant motivation, satisfaction, and perceptions of fairness (Nascimento et al., 2023). Mental health clinicians who have conducted community-based intervention programs such as MST have also been found to improve youth symptomology and decrease rates of rearrests, incarceration, and recidivism (McCold, 2003; Sheerin et al., 2021). There was a lack of literature on

clinicians' perceptions and their roles in enhancing the contributing factors to the success of youth restorative justice and community-based intervention programs. This chapter provides the literature search strategies and a brief review of the RNR model and GLM model. Chapter 2 also addresses the historical context of restorative justice and community-based intervention programs. The literature reviewed addressed the perspectives and experiences of clinicians, juvenile offenders, victims, and their families relative to their engagement in restorative justice and community-based intervention programs.

Literature Search Strategy

I retrieved published books, peer-reviewed articles, and journals from the Walden University Library and Google Scholar. In the Walden Library, I used the following databases: Criminal Justice Database, Counseling Database, Psychology Database, Social Work Database, SAGE Journals, SocINDEX with Full Text, and APA PsychInfo. These search engines were restricted to scholarly peer-reviewed and full-text articles or journals. In the Walden databases and Google Scholar, I used the following keywords: *restorative justice programs/practices*, *juvenile/youth offenders*, *juvenile justice*, *juvenile delinquency*, *clinician*, *opinions* or *attitudes* or *beliefs* or *viewpoints* or *perspectives* or *perceptions*, *multisystemic therapy*, *victim-offender mediation*, *family group conferencing*, *community-based intervention programs*, and *risk-need responsivity model.* The selection of search engine keywords varied based on the results or outcomes yielded. Overall, these keywords helped me ensure an adequate selection of full-text, peer-reviewed articles that were published in the past 5 years or more.

Conceptual Framework

Over the past three decades, criminal justice and psychology researchers have continued to explore the implementation and effectiveness of treatment interventions for the offending population. This current research study has resulted in validating sufficient results associated with the core rehabilitation practices as they relate to correctional and community-based settings for youth offenders. Based upon evidence-based research, the Good Lives Model and the Risk-Need Responsivity Model serve as a supportive theoretical framework that provides principles to help guide forensic intervention for clinicians relative to this study (Andrews et al., 2011).

Risk-Need Responsivity Model

The implementation of restorative justice and community-based intervention programs amongst youth offenders serves as a relevant factor in improving public safety and the costly expenses relative to incarceration and court system fees. To improve correctional intervention, public safety, and rates of recidivism, it is crucial to identify the potential factors that increase risk factors and then those that would enhance protective factors. For the past three decades, the Risk-Need Responsivity (RNR) Model has been classified as the most prominent theoretical framework regarding the treatment of offenders, widely applied across various regions worldwide (Andrews & Bonta, 2010a). In the 1990s, the RNR model was created by Donald A. Andrews and colleagues. The RNR model was developed as an evidence-based theoretical framework for the assessment and interventions for offenders. The main goal of the RNR model is to determine the most effective interventions for offenders based on an accurate assessment

of the presenting risk factors that contribute to their criminal behavior and address the need to reduce recidivistic behavior (Andrews et al., 2011).

The RNR model was initially intended for community-based interventions; however, the model eventually extended to other institutions (Andrews & Dowden, 2006). The RNR model serves as a theoretical representation of effective correctional and therapeutic interventions that can be used amongst both youth and adult offenders. The RNR model highlights that criminal behavior is multifactorial in that several factors, such as biological issues, neurological issues, and social or cultural concerns, should be considered within all comprehensive theories of criminal behavior. In the field of criminal justice, the RNR model emphasizes that decreasing recidivism requires a process that involves determining the offender's risk level and considering the distinct factors related to responsivity to accurately match the treatment interventions to their individual needs (Andrews & Bonta, 2010a). There are three core principles of effective corrections within the RNR model known as risk, need, and responsivity (Looman & Abracen, 2013).

Risk Principle

The risk principle asserts that treatment and intervention resources should be assigned according to the offender's likelihood to recidivate. Using these determinations of risk allows clinicians to classify offenders into low-, moderate, and high-risk treatment groups. The risk principle affirms that more treatment resources should be devoted to high-risk offending groups while fewer treatment resources should be provided to lower-risk offending groups (Andrews et al., 1990; Bonta & Andrews, 2007). The risk principle

consists of two components: determining the offender's level of treatment and their risk of reoffending. Application of the risk principle is found to play a significant role in the reduction of recidivism because it directs appropriate treatment interventions to offenders who have the potential to make a significant change, as opposed to those who are unlikely to re-offend (Brogan et al., 2015).

In relation to, the risk principle is considered to be an approach that is common in other professional fields. For example, in the medical field, hospital emergency rooms are known for allocating individuals who need the highest level of medical attention while deprioritizing those who present to have less severe or non-life-threatening conditions. In this instance, the risk principle within the RNR model aims to apply similar methods within correctional settings (Brown et al., 2023). In general, research findings support the risk principle within the RNR model (VanBenschoten et al., 2016). According to a study by Cohen et al. (2016), the findings indicate that law enforcement officers can spend less time and resources on low-risk offenders without a concurrent increase in recidivistic behavior (3.8% rearrest rate). Altogether, acceptance of the risk principle protects the clinician's professional time and potentially costly expenses of treatment interventions for higher-risk offenders.

In Pederson and Miller's (2022) study, the authors focused directly on the risk principle of the RNR model relative to the effects of oversupervision of low and moderate to high-risk sexual offenders. As a result, the study discovered that offenders who are oversupervised would be less compliant in treatment as compared to offenders who are supervised at the appropriate risk level. In a meta-analysis of eighty studies,

Andrews and Bonta (2010) found that treatment interventions delivered to high-risk offenders were five times more effective in reducing rates of recidivism than treatment interventions applied to low-risk offenders. Additionally, in Bonta et al.'s (2000) study, it was also reported that low-risk offenders who were placed in minimal treatment programs had a recidivism rate of 15%, while high-risk offenders who were placed in intensive treatment programs had a rate of 32%. Overall, the cumulative body of prior and existing literature highlights the significance of adhering to the risk principle as it relates to targeting suitable offenders for correctional treatment interventions (Viglione, 2019).

Need Principle

The need principle proposes that each offender has a unique range of risk factors (substance use and deviant peers) that contribute to their offending behavior. The need principle also postulates that these observed risk factors should be identified, managed, and targeted by appropriate interventions to reduce offending behavior and recidivism rates (Bourgon et al., 2018; Brown et al., 2023). In Andrews and Bonta's (2010) study, the authors identified eight risk factors for the development and maintenance of criminal behavior. The eight criminogenic needs include history of antisocial behavior, personality patterns, cognition, associates, problematic circumstances at home, problematic circumstances at school or work, lack of positive leisure, and substance abuse.

The need principle argues that treatment interventions should primarily address criminogenic needs rather than the noncriminogenic needs of offenders (Andrews & Bonta, 2006). Criminogenic needs are viewed as "drivers of crime" (Brown et al., 2023).

Noncriminogenic needs (e.g., low self-esteem) fail to reduce recidivism rates. The need principle also emphasizes the difference between dynamic and static risk factors. First, static risk factors are viewed as factors that cannot be modified through deliberate intervention, such as prior criminal offenses or childhood trauma. Dynamic risk factors are defined as potential changeable factors with appropriate intervention, such as substance abuse or association with defiant peers (Eisenberg et al., 2019).

According to Luong and Wormith's (2011) study, the authors divided a total of 192 juvenile offenders into two groups known as over-identified (providing treatment for needs with low scores) and under-identified (providing treatment for needs with high scores). As a result, the authors discovered that the juveniles within the under-identified group had an 81.7% increase in recidivistic behavior as compared to those accurately matched to treatment. In Gearhart and Tucker's (2020) study, offender-level factors are strong predictors of recidivism. The findings highlight that it is crucial to accurately address the needs of youth offenders to ensure optimal alignment of treatment interventions and resources. Most importantly, practitioners employing the RNR model would contend that primarily targeting noncriminogenic needs would lead to an inaccurate form of assessment and potentially increase the risk of recidivism for the offender as well (Brown et al., 2023).

Responsivity Principle

The responsivity principle consists of two components known as general and specific. The general responsivity component states that effective treatment interventions should be based on cognitive, behavioral, and social learning theories and techniques

(Smith et al., 2009). The specific responsivity component states that interventions should be tailored to address the offender's criminogenic needs and unique individual circumstances, which increases their likelihood of engaging in and benefiting from the treatment. About the RNR model, practitioners who avoid utilizing the responsivity principle would fail to provide the appropriate cognitive behavioral treatment interventions that would effectively resonate with the offender's learning style or cultural needs (Andrews et al., 1990; Bonta et al., 2011).

Good Lives Model

Despite the strong evidence that supports the use of the RNR model, recent criticisms have developed within the past two decades regarding its de-motivating nature, high attrition rates, poor therapeutic alliance, and one-size-fits-all approach (Ward et al., 2007). In light of this, Ward and his colleagues developed the Good Lives Model (GLM), a rapidly favored and strength-based conceptual framework for offender rehabilitation. The GLM focuses on good promotion (approach goals) and risk management (avoidance goals). The main purpose of utilizing the GLM is to equip offenders with the necessary resources and skills to achieve a desired "good life" and guide them toward becoming socially acceptable in society (Fortune, 2018). Most importantly, the GLM has been applied across various offending typologies, populations, and settings, including sexual and violent offenses, adult and juvenile offenders, as well as correctional, forensic, and community environments (Gannon et al., 2011; Taylor, 2017; Van Damme et al., 2016).

The application of the GLM starts with the premise that offenders are human beings with needs and aspirations similar to those of the nonoffending population.

Clinicians who utilize the GLM accept that there is no guaranteed treatment to successfully rehabilitate an offender (Ward et al., 2007). According to the GLM, the offender's motivation is crucial because without developing a realistic hope for their future, they are less likely to commit to the enduring effort required to overcome the issues related to their offending behavior (Walgrave et al., 2021). The GLM is rooted in the ethical principles of human dignity and universal human rights, strongly emphasizing human agency (Ward and Syversen, 2009). Therefore, the GLM is centered on the offender's ability to formulate goals, construct plans, and implement a course of action within the treatment approach.

Primary Versus Secondary Goods

Like all humans, the GLM model assumes that offenders develop personal values, characteristics, and experiences known as primary goods. According to Walgrave et al. (2021) study, primary human goods (PHGs) are defined as "actions, states of affairs, characteristics, experiences and states of mind that are intrinsically beneficial to human beings and are sought for their own sake rather than as a means to a more fundamental end" (pg. 448). In simpler terms, primary human goods are ultimately variables (experiences, values) within an individual's life that enhance their level of well-being. Primary human goods have an intrinsic value that reflects the offender's fundamental purposes behind their human behavior. In addition, secondary human goods provide an effective means of acquiring primary goods and pursuing the desired goals. In crime-related contexts, offenders seek primary human goods through inappropriate means such as intimacy through sexual contact with a minor. Overall, from a GLM perspective, the

primary goal of treatment is to assist the offender with the skills and resources necessary for them to develop appropriate primary goods through prosocial methods while avoiding harm to themselves and others (Fortune, 2018).

Good Lives Model and Youth Rehabilitation

When treating the offending population, clinicians are required to utilize and apply rehabilitation theories or conceptual maps to help navigate the various challenges that emerge when working with this population (Ward et al., 2007). The theories or maps guide the selection of interventions, what constitutes risk, and the general causes of criminal behavior. The theories or maps also guide how best to manage, treat, and balance the offender's needs and desires while including the community's interests. Compared to risk management approaches like the RNR model, the primary focus revolves around detecting and modifying offenders' dynamic risk factors or criminogenic needs (Walgrave et al., 2021). In contrast, strength-based approaches like the GLM assume that in order to achieve long-term change, the offender needs to be presented with the opportunity to obtain a better life that is socially acceptable and personally meaningful to them (Ward and Fortune, 2016). That said, the offender will be more likely to change their harmful behaviors if they are equipped to live differently, which includes identifying their own risk factors and practicing prosocial ways to avoid engaging in further antisocial behaviors.

Ultimately, clinicians often struggle to engage young individuals in the rehabilitation process (Fortune, 2018). The primary goal of rehabilitation is the reduction of offending behavior by improving the individual's social and psychological functioning

through skill development and providing effective resources. Providing effective rehabilitation plays a vital role in successfully addressing the issues of youth offending (Ward & Salmon, 2009). Historically, approaches to offender rehabilitation have evolved around the principles of the RNR model (Bonta & Andrews, 2017). However, in recent decades, the GLM has increased interest in the use of strength-based approaches to complement established risk management models. The GLM is a rehabilitation framework that aims to encourage the offender to identify and formulate ways to achieve their personally meaningful treatment goals in a prosocial way. Most importantly, in relation to youth offenders, the GLM provides the flexibility and breadth to address the diverse risk factors and complex needs of youth offenders, while integrating dynamic systems (family or education) and evidence-based interventions.

Literature Review

Origin of Restorative Justice Practices

During the past three decades, restorative justice has emerged globally as an acceptable approach to responding to crime (Hill, 2008). According to Richard (2009), restorative justice can be traced back to earlier writings published in the 1950s (pg. 109). However, the term restorative justice appears to be attributed to a well-known psychologist named Dr. Albert Eglash. In Eglash's (1958) study, the term "restitution" was defined as a financial obligation that is limited, court-determined, and an individual act (pg. 619). Moreover, Eglash aimed to creatively distinguish the term restitution from its primary labels of punishment, reparations, or indemnity. Eglash classified his view of restitution as a process that demands improvement of the situation from when the offense

was committed. Ultimately, concerning criminal behavior, Eglash viewed the goal of restitution as a way to strengthen an individual's ego, build self-control and judgment, and discover constructive self-expression. Eglash also believed that the reconciliation between the victim and the offender created healthy relationships as well.

The early legal systems of Western law had emphasized the process of reconciliation between the offender, victim, and their families. During this time, the offense was distinguished as a violation against the victim and their family rather than the state. When criminal offenses were committed, the community would come together to address the wrongdoing and determine a punishment for the offender. For example, based upon the earlier laws and codes (occurring in B.C. and A.D.), the main punishment for offenders required some form of compensation for the victim (Van Ness, 1986; Wilkinson, 1997). Concerning restorative justice, these laws and codes initially demonstrated an existing relationship between the offender and victim. In addition, the laws and codes also exhibited that the victim and their family are key components to the reconciliation process in response to criminal offending.

Based on the literature, it is apparent that some form of restitution and restorative justice has been used uniquely since human existence (Van Ness, 1986; Wilkinson, 1997). For approximately 30,000 years, the acephalous societies were the earliest form of human community that did not include rulers or lords. Acephalous societies were classified as small, basic, and tightly connected groups, which helped promote conformity and prevent the likelihood of deviance or criminal behavior. However, if a

crime were to occur, acephalous societies would utilize resolutions that enabled a swift resumption back to daily life without the use of formal legal systems (Weitekamp, 1989).

In acephalous societies, restitution was the most common method used to resolve conflict. In criminal cases, the offender, victim, and their families (also known as clans) had some form of control within the process of restitution, which promoted a conjoint compromise that satisfied the parties involved (Mulligan, 2009). The main purpose of restitution within acephalous societies includes aiming to prevent serious conflicts, rehabilitation of the offender, avoidance of negative stigmas, deterrence, maintaining societal norms and values, and equally addressing the needs of both parties involved. During this process, a "monkalun" was selected as a mediator between the involved parties until the conflict was fully resolved. In most cases, the nature of the offense and the victim's socioeconomic status typically determined the amount of restitution that was granted (mainly of monetary value). Acephalous societies were known as egalitarian communities that demonstrated the ability to resolve criminal matters without a legal system or state government. In the end, the members within acephalous societies developed strong bonds and provided equal opportunities, which contributed to relational restitution and the reduction of criminal behavior (Weitekamp, 1989).

According to Immarigeon & Daly (1997), the term and concept of "restorative justice" began during the civil rights and women's movement in the 1960s (pg. 2). The civil rights movement mainly involved issues centered around racism within law enforcement agencies, courts, correctional facilities, and even society. During this time, the civil rights movement played a significant role regarding the rights of prisoners and

alternatives to incarceration both in and outside of the United States. About a decade later, feminist and social movement activists also became one of the first groups to bring attention to the over-incarceration of offenders and the devaluation of victims involved in the criminal justice process.

In the 1970s, restorative justice practices began to resurface, which marked a pivotal shift in alternative approaches to conflict resolution (Gavrielides, 2011; Richards, 2009). As stated before, the early restorative justice practices mainly focused on conducting regulated meetings between the offender and victim. Restorative justice practices progressively expanded due to the relative advocates who emphasized social justice and change. For example, during this time, many scholars believed that the offenders were victims of societal neglect, disadvantaged communities, discrimination, and a variety more. Restorative justice advocates brought attention to victims' interests (including offenders) within the criminal justice system (Immarigeon & Daly, 1997; Gavrielides, 2011). In 1978, Dutch criminologist Herman Bianchi was one of Europe's most prominent critics of imprisonment for criminal offenders. Bianchi declared that there were more effective ways to address individuals who engage in criminal behavior as compared to placing them behind bars. In addition, scholar Martin Wright (1977) also proposed that conflict resolutions within criminal justice systems should involve (a) the offender and society addressing the victim's harm and (b) the offender making amends with both the victim and society. Altogether, these scholars and many others have played a significant role in the reduction of the strict adherence to legal principles and gave precedence to restorative justice programs and practices.

Definition of Restorative Justice

According to Daly (2016), "restorative justice is a contemporary justice mechanism to address crime, disputes, and bounded community conflict" (pg. 21). Currently, the concept of restorative justice continues to grow as an alternative approach to juvenile justice. The principles of restorative justice practices involve a combination of theory, research, and practice from diverse fields such as counseling, criminal justice, social work, and among other fields. Restorative justice also encompasses various approaches to tackling the traditional methods of the juvenile and criminal justice systems concerning deterrence, rehabilitation, and prevention of crime (Braithwaite, 1998; Kim, 2018; Kirkwood & Hamad, 2019). The fundamental principles of restorative justice originate from contrasting beliefs that the traditional practices of the justice systems are found to be ineffective in the rehabilitation of the offender, restitution to the victim, and reducing or deterring crime within society. Restorative justice creates an understanding that crime violates both people and relationships. Ultimately, restorative justice stresses that fairness or equity is served when individuals who were impacted by the offense are given a sense of expression in the process (April et al., 2023; Moss et al., 2019; Pavelka & Thomas, 2019).

Restorative justice consists of a facilitated meeting(s) that can be conducted in any phase of the court process (Daly, 2016). The facilitated meeting includes a face-to-face conference involving the offender, victim, and community in which all concerned parties come together to decide the healing response to the wrongful act (Kimbrell et al., 2023). Victims' restoration process encompasses reinstating the lost property, addressing

personal injuries, and fostering a sense of harmony and social support. Individuals who are victims of criminal behavior may experience a loss of dignity when physically violated by others or when their personal belongings that hold value to them are disrespected. When the victim experiences a lack of control or disempowerment, this may also trigger a sense of shame and rage that could result in seeking revenge or even engaging in criminal acts themselves. In contrast, the offender dimension of the restorative justice process includes holding the wrongdoer accountable for fulfilling their responsibilities to help repair the damage inflicted. Overall, restorative justice is a three-dimensional collaborative process that aims to (a) provide restitution to the victim(s), (b) rehabilitate the offender, and (c) provide a sense of security and safety within the community (O'Brien, 2007).

Restorative justice is uniquely described as a social science that explores how to construct social capital and attain social discipline through participatory learning and productive decision-making skills (Wachtel, 2013). Restorative justice is implemented upon a set of principles that were formulated to help guide how a justice agency and community respond to crime. The three main principles of restorative justice are to repair harm, reduce risk, and empower the community. First, repairing harm involves attaining restoration for the victims, offenders, and communities following the harm that resulted from the criminal act. Reducing risk encompasses the juvenile and criminal justice systems to prevent future harm and provide the utmost protection for the community. Lastly, empowering the community encourages individuals to collectively take an active role in the restorative justice process (Fronius et al., 2019; O'Brien, 2007). Altogether,

the social practices of restorative justice can play a crucial role in the victim's sense of healing, the offender's effective reintegration into the community, and even helping to prevent harsh punishments for criminal behavior (Juvenile Justice and Delinquency Prevention Act of 1974, 2018; Kimbrell et al., 2023; Kirkwood & Hamad, 2019).

According to Green and Bazelon (2019), restorative justice programs would need to be immensely expanded to have a significant impact on recidivism rates. In the United States, the existing restorative justice programs typically only handle a minuscule portion of the criminal offending population. For example, in the cities of Brooklyn and Bronx, New York, restorative justice programs are mainly assigned to violent felony cases, which are found to only serve less than fifty offenders yearly. However, in Kennedy et al.'s (2019) study, the authors investigated the effectiveness of brief restorative justice intervention (RJI) amongst a total of 513 probationary offenders residing in a Plains state in the US. In this study, the authors compared probationers who received an RJI and probationers who underwent the standard probation procedures (did not receive an RJI). As a result, the RJI participants demonstrated a significant reduction in recidivism (66%) compared to their counterparts. By the sixth year of posttreatment, approximately 70% of the probationers who were required to abide by standard probation procedures had engaged in recidivistic behavior, while the RJI participants displayed a 35% recidivism rate. In addition, approximately 50% of the RJI probationers also developed a sense of empathy in response to treatment participation.

Emergence of Restorative Justice With Youth Offenders

Canada is classified as the birthplace of restorative justice practices in North America. In 1974, the first restorative justice program was created in Kitchener, Ontario, Canada (Katz & Bonham Jr., 2006). According to Bonta et al. (1998), the program was sponsored by the Mennonite Church, and an in-person meeting was conducted between the offender and victim with the hope of gaining understanding and reconciliation amongst both parties. In the United States, victim-offender mediation meetings and victim-offender reconciliation programs were found to be the earliest forms of restorative justice within the juvenile and criminal justice systems. Based upon the model of the victim-offender program in Canada, the first restorative justice program in the United States was conjointly developed by the Mennonite Central Committee and the Prisoner and Community Together (PACT) in Elkhart, Indiana, in 1978.

The juvenile justice system initially conducted informal proceedings in which lawyers, strict rules of evidence, juries, and public hearings were non-existent. At this time, the juvenile court judge would engage the youth offender, their parents, and the assigned probation officer to simply deliberate on the next steps to achieve rehabilitation and reintegration back into their community (Streib, 1976). Before the end of the 1960s, in addressing youth crime, the juvenile justice system mainly operated with an instrumentalist mindset. An instrumentalist approach considers responses (rehabilitation and reintegration) that emphasize the best interests of the child. During this timeframe, juvenile courts believed that having a treatment-oriented approach to responding to youth crime would aid in transforming youth offenders into productive members of society. The

juvenile justice system was predominantly viewed as a laboratory where clinical research, treatment, and programs were utilized to help explain the potential causes of youth offending and how to appropriately rehabilitate this population (Cavanagh, 2022; Walgrave, 2004).

Concepts like restorative justice were developed because both children and adolescents were viewed as a vulnerable population that was unable to fully comprehend the wrongfulness of their actions. Secondly, youth offenders were also seen as indicators of adverse socialization that could be improved (Crowell et al., 2001). For example, youth offenders were viewed as a population that would be the most responsive to treatment or rehabilitation and fundamentally different than adult offenders (Cavanagh, 2022). Initially, the main purpose of the juvenile justice system was to successfully reintegrate the youth offender back into society. Attempting to meet the needs of the youth offender and analyzing the underlying causes of their behavior was the primary response of the juvenile justice system, not conventional punishment.

In the 1970s, restorative justice emerged as a practice that aimed to correct the weaknesses of the Western legal systems. Western legal systems initially directed their focus primarily on the punishment of offenders (Zehr, 2015). In 1990, the Convention on the Rights of the Child emphasized alternative measures from traditional methods for youth offenders. The emergence of restorative justice began to coincide with other advancements and changes in the juvenile and criminal justice system. For example, restorative justice practices have played a significant role in altering the vision of justice systems and strengthening the role of victims in criminal proceedings (United Nations

Office on Drugs and Crime, 2019). Currently, there are thousands of restorative justice programs worldwide that include both the youth offender and their victims. Increasing in popularity, modern-day restorative justice programs for youth offenders have been developed to facilitate meetings of individuals impacted by the crime to allow them to share their perspectives, express their concerns, and collaboratively determine solutions to the problem (Blankley & Jimenez, 2019; Umbreit, 2023).

In 1999, the United States law enforcement departments reported a total of 218,300 arrests of juvenile offenders under the age of 13 (Puzzanchera et al., 2000). According to the Office of Juvenile Justice and Delinquency Prevention (2020), approximately 700,000 youth offenders are arrested and processed through the juvenile justice system annually. In 2020, the number of juvenile arrests has doubled to a total of 425,300, including all offenses. Unfortunately, chronic juvenile offenders have been observed to initiate engaging in delinquent behaviors as early as age 10 or younger and often persist in this pattern through adolescence and into adulthood (Kennedy et al., 2019). Subsequently, due to the drastic increase in youth arrests, the prior image of children being viewed as dependent and vulnerable had completely shifted to young individuals who are autonomous and should be held accountable for their misbehavior (Meeus et al., 2020). In this case, the shift sparks heightened debates regarding placing less of an emphasis on rehabilitation methods while favoring increased referrals to adult courts and the implementation of stricter and longer sentences of incarceration for youth offenders.

There is a growing body of literature concluding that there are numerous negative psychological and behavioral consequences of youth offenders who are incarcerated (Kelly et al., 2019; Livanou et al., 2019). According to Ashkar and Kenny (2008), it is possible to achieve positive rehabilitative effects within confined settings; however, the efficacy of rehabilitation methods can be significantly restricted. For example, incarcerated youth offenders are subject to victimization, social isolation, untreated mental health concerns, and unaddressed educational and medical health needs.

Moreover, approximately 12% of youth offenders confined in juvenile facilities reported experiencing one or more incidents of victimization (verbal, physical, sexual, or emotional abuse) perpetrated by another youth or staff member during the first year of incarceration (Beck et al., 2010). While imprisoned, the literature also suggests that approximately 70% of youth offenders are diagnosed with a mental health problem. The most common disorders include conduct disorder, attention deficit hyperactivity disorder (ADHD), substance use, anxiety, and mood disorders (Snehil & Sagar, 2020). Overall, these specific risk factors can limit the potential use of effective treatment interventions within confined settings and contribute to the increasing rates of recidivism upon release.

At the beginning of the 21st century, due to developmental research, the juvenile justice system gradually began to shift its focus back to its original goal of rehabilitation for youth offenders. The juvenile justice system acknowledged that there are clear developmental differences between juvenile and adult offenders. The findings of developmental research contributed to current legislative changes relative to the youth-offending population. For example, the improved legislative changes include a reduction

in the number of transfers to adult courts, incarceration, and being held in solitary confinement. In addition, there has also been an increase in the use of mental health screenings, risk assessments, and community-based corrections such as restorative justice programs for youth offenders (Cavanagh, 2022). Overall, the emergence of restorative justice programs has produced an array of outcomes for both the youth offender and victim participants. These outcomes include having a positive impact on juvenile delinquency, reductions in recidivism, restitution compliance, offender reparations, program satisfaction, perceptions of fairness and even decreased costs within the juvenile justice system (Kimbrell et al., 2023).

Restorative Justice Programs for Youth Offenders

Victim-Offender Mediation

In 1974, victim-offender mediation (VOM) programs were first implemented in Ontario, Canada (Presser & Van Voorhis, 2002). At first, VOM was initially called the Victim Offender Reconciliation Program (VORP). In 1978, the VORP program was duplicated in Elkhart, Indiana. The VORP transitioned to VOM when the restorative justice process began to focus solely on assisting both offenders and victims in engaging in a collaborative and solution-focused discussion. Victim-offender mediation can also be referred to as victim-offender conferencing and victim-offender dialogue as well (Umbreit & Armour, 2011). Victim-offender mediation programs provide both the victim and offender the opportunity to ask and answer questions and express their personal experiences and reactions to the criminal offense. Ultimately, the main goal of VOM is to hold the offender accountable for their actions while having both parties come together to

determine how the wrongdoer can make amends through a resolution (Jonas et al., 2022; Kimbrell et al., 2023).

Currently, thousands of VOM programs are utilized throughout North America and Europe (Presser & Van Voorhis, 2002). Victim-offender mediation is classified as the most popular restorative justice program in the United States and even internationally. Modern-day VOM typically involves a face-to-face conference between the victim(s), offender(s), and mediator (Kimbrell et al., 2023). In the United States, most VOM meetings follow a humanistic approach to mediation. For example, a humanistic philosophy aims to facilitate a journey of healing through a process of dialogue and collaborative support between individuals in conflict. The focus relies on the mediator who seeks to enable each party to take ownership of the conflict that occurred, conduct a comprehensive discussion regarding its impact, conjointly determine the most appropriate resolution, and recognize the common humanity in one another despite the severity of the crime (Umbreit 2023). In addition, if the involved parties do not want to meet face-to-face, the mediator will utilize other means of communication, such as exchanging letters or shuttle mediation (exchanging messages through the mediator) (Claessen & Roelofs, 2020; Umbreit & Hansen, 2017). Altogether, there are four phases of VOM known as: (a) case referral and intake, (b) preparation, (c) mediation session, and (d) follow-up (Umbreit & Armour, 2011).

Juvenile cases will not be considered for mediation in VOM programs unless the offender acknowledges responsibility and admits guilt (Umbreit, 2023). The most popular resolutions in VOM programs include restitution, community service, or apologies

(Kimbrell et al., 2023). However, in most cases, restitution is deemed the most likely resolution to emerge from VOM programs. For example, based on six VOM programs conducted in California, the juvenile offender participants had paid their victims an average of 95% or more in the restitution agreements as compared to those who went through traditional court processes (Evje & Cushman, 2000); Hansen & Umbreit, 2018). In addition, in Umbreit et al.'s (2004) study, the authors identified that 80 to 90% of VOM programs conducted in Minneapolis, Minnesota, resulted in full completion of restitution in both juvenile and adult criminal cases. However, the resolution(s) in VOM programs are ultimately determined amongst the involved parties. Moreover, VOM programs attempt to hold the offender(s) accountable for their actions and resolve the harm inflicted upon the victim(s) by facilitating a constructive dialogue to achieve the desired treatment goals, such as restitution and rehabilitation (Claessen & Roelofs, 2020).

Globally, victim-offender mediation is currently classified as the most common, researched, and empirically supported restorative justice program in both the juvenile and criminal justice systems (Umbreit & Armour, 2011). According to Larsen's (2014) study, the research of VOM consistently demonstrates that this restorative justice program can be equally or even more effective than traditional methods of crime. Based upon multiple studies, it was discovered that VOM programs have been found to lower recidivism rates and have high levels of satisfaction for both the offenders and victims (Jonas-van Dijk et al., 2020). In 2006, Bradshaw et al. conducted a meta-analysis on fifteen research studies relative to the effectiveness of VOM programs in the United States consisting of 9,172 juvenile offenders. The authors concluded a 34% reduction in youth recidivism as

compared to a 10% reduction in traditional methods. As a complete entity, in this study, the data demonstrates that the utilization of VOM programs as an empirically supported intervention for youth offenders does produce efficient results regarding the reduction of recidivistic behaviors and higher levels of offender and victim experiences of satisfaction and fairness. As a result of lower recidivism rates amongst juvenile offenders, VOM programs also serve as a cost-effective alternative in comparison to the punitive court systems (Hansen & Umbreit, 2018; Kimbrell et al., 2023).

In Strauss et al.'s (2023) study, the authors found that individuals who participate in VOM programs for juvenile crime experience a sense of closure and empowerment and an improvement in their emotions, mental health, and wellness. First, according to Umbreit et al.'s (2004) study, approximately 40 to 60% of victims choose to participate in VOM programs. Primarily, the victim participants aim to share their personal experiences of victimization, achieve answers, and receive an apology from the offender. However, in some cases, the victims reported a sense of disappointment in the mediation process due to unmet expectations, experiencing an increase in intense emotions (anger, pain), and feeling unprepared, rushed, and pressured to accept an apology or agreement (Hansen & Umbreit, 2018; Jonas et al., 2022). In contrast, victim participants reported a reduction in post-traumatic stress symptoms (PTSD) and higher levels of perceived positive attitudes and forgiveness as compared to those who did not participate in VOM programs (Lloyd & Borrill, 2019; Tapp et al., 2020; Wilson et al., 2018). In the end, over 80% of the results in various studies have found that it is significantly clear that most

victim participants report overall satisfaction and fairness in multiple components of the VOM process (Hansen & Umbreit, 2018; Kimbrell et al., 2023; Nascimento et al., 2023).

Youth offenders who have participated in VOM reported the program to be more satisfying than the traditional methods of the juvenile justice system (Bradshaw et al., 2006; Latimer et al., 2005). Interestingly, in two separate studies, Gerkin (2009) and Jacobsson et al. (2012) discovered that the offender participants felt impeded by the victims, pressured to approve agreements, and a lack of understanding of the mediation process. However, in other studies, the youth offender participants were ultimately satisfied with the mediation encounters, outcomes, and process as compared to their counterparts who chose to attend traditional court proceedings (Kimbrell et al., 2023; Umbreit, 1993). The youth offender participants also reported the ability to be more empathetic and restore feelings of dignity after having the opportunity to verbalize an apology (Hansen & Umbreit, 2018; Melendez, 2021; Suzuki & Yuan, 2021). Overall, VOM provided the youth offender participants with the opportunity to address other psychosocial needs, which included the ability to process their feelings, correct their mistakes, possibly avoid incarceration, develop a sense of empowerment, and achieve positive interactions with the victim.

To conclude, the clinicians who conduct VOM may be regular program employees, outside professionals, probation department staff, or trained volunteers from the community (Hughes, 1990). Depending on the state, some mediators are required to achieve a certification, relative educational (college degree) or professional background (probation officer, experience working with youth), an adequate score on a written exam,

or onsite job training. Interestingly, there are very few empirical studies that have addressed the roles, skills, and even the experiences of mediators within restorative justice programs. However, in relation to VOM, the mediators are required to conduct multiple roles and skills such as (a) facilitating effective dialogue, (b) making the parties involved feel comfortable and safe, (c) applying efficient listening skills, (d) empathizing, and d) aiding the parties in negotiating an appropriate resolution (Choi & Gilbert, 2010). According to the U.S. Department of Justice, the mediator participants reported an average score of 7.9 out of a 10-point scale regarding program effectiveness. The mediator participants would have had a higher average score if the relative organizations provided more funding to the VOM program. Altogether, the mediators revealed that the VOM program demonstrated effectiveness and satisfaction with the individual components (if provided in training), and they believed that both the victim's and offender's interests were equally served.

Family Group Counseling

In 1989, after the passing of the Children, Young Persons and Families Act, the new restorative justice program known as family group conferencing (FGC) began in New Zealand. The Children, Young Persons and Families Act introduced new procedures of state interventions for the youth and their families (Maxwell & Morris, 2001). However, FGC originated in New Zealand and Australia as a restorative justice practice developed to address the shortcomings of the juvenile justice system and emphasize the crucial role of the community in managing criminal behavior amongst youth offenders (Umbreit, 2000). Family group conferencing is firmly rooted in the theory of

"reintegrative shaming" created by the Australian criminologist Dr. John Braithwaite. Family group conferencing utilizes reintegrative shaming, as evidenced by aiming to improve the youth offender's inappropriate behavior, discard stigmas, encourage effective reintegration, and foster positive social change.

Family group conferencing, an expansion of VOM, is a restorative justice practice that involves a community of individuals who are most affected by the crime. For example, the FGC process includes the offender, victim, and the people who are strongly connected to both parties. Family group conferencing is conducted by a trained facilitator to effectively discuss the harm caused by the offense and how it can be repaired (Kimbrell et al., 2023). Family group conferencing is most used as a diversion from the traditional court process of juvenile offenders. However, FGC can also be used after the adjudication process to address unresolved emotional issues and to determine restitution. The main goals of FGC include providing the victim(s) direct involvement in the restitution process, increasing offender accountability, engaging the supporters, and encouraging reconnection to key community support systems (Umbreit, 2000). Moreover, the active participation of the individuals who are affected by the crime allows them to become direct stakeholders in the juvenile justice process. Ultimately, FGC provides a wider range of participants to become involved and assist with the reintegration of the youth offender and empowerment of the victim.

In comparison to VOM, the offender(s) are required to verbalize admission of responsibility before conducting further proceedings of FGC. After admission, the offender(s), the victim(s), and their supporters (friends, family, community) are brought

together by a trained facilitator to process the incident, the harm inflicted, and potential resolutions. During FGC, the victim can ask the offender questions and fully express how they were harmed by the offense. The supporters also are allowed to share how they were affected by the situation as well. In the end, all participants in the conference come together to discuss how the offender(s) can make amends with the victim(s). As a result, instead of one person (judge, court) deciding on the ultimate consequence, FGC provides those affected by the offender's actions to have a conjoint role and responsibility in making the decisions toward the final reparation agreement (McGarrell & Hipple, 2007). According to the Indianapolis experiment, the majority of the reparation agreements included an apology, monetary payback, personal services, and community service (McGarrel et al., 2000).

Based on McGarrell and Hipple's (2007) study, most of the literature reviewed concluded that the participants in FGC generated a sense of satisfaction, inclusion, respect, and procedural fairness compared to conventional court practices. Family group conferencing is also more likely to generate reintegrative shaming, a sense of procedural justice, and reduce recidivism. According to Braithwaite's (2002) study, restorative justice practices like FGC have produced strong evidence suggesting that these approaches are perceived to be fairer to those involved-which enhances compliance with the law (pg. 79). For example, it has been observed that FGC holds the offender accountable for their actions and it increases their likelihood to fully understand the harm that their behavior has caused others. In addition, FGC provides a social support system

for the offender in which increases their ability to reintegrate within a prosocial community (Braithwaite & Mugford, 1994).

In contrast, the traditional approaches of the juvenile justice system demonstrate that the court processes are less likely to effectively communicate an understanding of the harm caused to the offender, and it is more likely to conduct stigmatizing procedures that may further weaken the connections within the supportive community that is emphasized in FGC (Braithwaite & Mugford, 1994). Family group conferencing is a meaningful factor in reducing reoffending amongst youth offenders, even when other aspects, such as aversive childhood experiences, are considered. Currently, in the United States, family group conferencing is continuing to expand significantly within the justice system, and a great body of research has been collected regarding evaluating, shaping, and refining the process. Based upon the past twenty-five years of empirical research on FGC, it appears justifiable to confirm that this specific restorative justice practice also contributes to the increased involvement of victims, offender accountability, and alternative responses to criminal offending (Umbreit et al., 2002).

Per the findings of Fercello and Umbreit's (1998) study, over 90% of the victim participants were satisfied with their FGC experience and indicated that the process and outcome were fair. In a Minnesota study, the victim participants reported that having the opportunity to conversate with the offender, explain the harm of the crime, and listen to the offender's explanation were the most helpful components of their FGC experience. The victim participants also reported the least aspect of their FGC experience was receiving negative attitudes from some of the offender's loved ones. However, in an

Indianapolis-based study, nearly all the victim participants reported that they would recommend the FGC restorative justice program to others involved in similar cases (McGarrel et al., 2000).

According to Maxwell & Morris's (2001) study, the juvenile offenders and their parents reported remorse, participation, and acceptance of the resolutions to be the most critical factors in the FGC process. In FGC, remorse encompasses an individual's sense of regret, a recognition that the harm inflicted has been repaired through the fulfillment of the resolutions outlined in the reparation agreement, and even a verbal acknowledgment that the conference was memorable. In relation to this, the collective expression of verbal acknowledgments by several individuals involved in FGC indicates the conference's emotional nature, which contributes to a progressive shift in the offender's mindset. Most importantly, in this study, it was discovered that when remorse was expressed by the youth offender and it was recognized as authentic by the victim and supporters, recidivistic behavior was less likely to occur.

Youth offenders who participate in FGC have been found to have significantly lower incidence rates as compared to those who are processed by the courts (McGarrell & Hipple, 2007). In an Indianapolis-based study, during the six-month follow-up after the completion of FGC, 79.6% of the youth offenders had no further court contact as compared to 58.8% of the control group. For the twelve-month follow-up of FGC, 69.2% of youth offenders had no further court contact. In addition, there are subsequent studies that also conclude a 90% or higher level of satisfaction with the FGC process amongst youth offending participants. Approximately 89% of youth offenders reported the

reparations agreement to be fair, and about 85% would recommend the FGC process to their counterparts in similar situations as well (Fercello & Umbreit, 1998; McGarrel et al., 2000).

Unlike VOM, both public officials and trained volunteers are utilized to conduct FGC. The public officials include police officers, probation officers, and school officials. Although the roles may appear similar to VOM, the responsibilities of FGC are more broadly defined in which the professionals perform a combination of mediation, more directed facilitation, and other methods of interaction amongst the larger group of participants (Umbreit, 2000). In McGarrell and Hipple's (2008) study, the authors utilized the REAL JUSTICE curriculum that is grounded in the Wagga Wagga model of FGC in Australia. The REAL JUSTICE curriculum educates the trainees on the origin and philosophy of FGC, the sociological and psychological theories behind FGC, and Braithwaite's principles of reintegrative shaming. However, additional studies and related organizations have also developed their curriculum and training based on the original FGC model from New Zealand. Moreover, the remainder of the training involves putting into practice the various aspects of FGC, including carrying out the initial, facilitating, and concluding phases of the process.

To conclude, it appears that conferences facilitated by public officials and civilian volunteers are procedurally similar (McGarrell & Hipple, 2007). However, observations also indicate that public officials and civilian volunteers have different perspectives and experiences when conducting FGC. First, volunteer facilitators expressed displaying more empathy for the participants and finding the FGC process to be more rewarding

because they have a personal (not professional) choice to provide this service. The volunteer facilitators perceived that the public officials were more likely to experience burnout, desensitization, and mechanical engagement with the FGC process (Saunders, 2016). Secondly, it seemed that the public officials took on a lecturing approach with the youth offenders and offered more suggestions as to what should be included in the reparation agreement. The public officials also appeared to lean more toward a victim-focused approach. Altogether, as a result, the civilian facilitators revealed that the participants became more relaxed due to their authenticity, which enhanced their openness, productivity, and meaningfulness throughout the FGC process. The public officials believed that they developed more respect and trust from the participants due to their expertise and professional experience. There were no statistically significant differences between the two facilitators regarding recidivism rates of youth offenders.

Origin of Community-Based Intervention Programs

In the early stages, community-based interventions were developed based upon two distinct levels known as rational and grassroots. The rational level focused on creating and maintaining more efficient social services within the community. The grassroots level involved fostering the collaboration of groups and organizations to strengthen natural helping networks and engage individuals in critical decision-making processes (Reisch, 2012). During the progressive era, community-based interventions mainly took place through settlement houses like the YMCA, Boys and Girls Scouts, churches, and self-help organizations. The settlement houses offered a combination of recreational, educational, and cultural programs that prioritized methods that focused on

non-confrontational approaches and community building (Fisher, 1994). Furthermore, at the end of the twentieth century, critics of traditional models of community-based interventions observed a deficiency in methodology and a lack of crucial theoretical frameworks that they believed could help guide relative practitioners and programs more effectively (Glugoski et al., 1994). Most importantly, alternative models of community-based intervention programs were developed in response to these criticisms, sparking a greater awareness of how to address these specific issues and populations better.

Emergence of Community-Based Intervention Programs and Youth Offenders

The initial methods espoused by the United States justice system have been found to be crucial against children. The "tough on crime" approach may keep youth offenders from committing criminal acts for a short period. However, it also increases their risk of becoming victims of crime themselves (Ryon et al., 2017). Juvenile offenders face a great deal of victimization from correctional staff and their peers when incarcerated in correctional facilities. For example, from the years 2013 to 2018, approximately 28.3% of sexually harassed, abused, or assaulted cases involved the correctional staff, and 71.6% were perpetrated by their youth counterparts (Staff, 2023). According to the Survey of Sexual Victimization (SSV), during the same 6-year period (2013-2018), the majority of the reported youth sexual victimization cases had occurred in an area that was under surveillance within the juvenile correctional facility (Buehler, 2023). Given the significant negative outcomes and the costly expenses associated with incarceration, it becomes evident that addressing these specific issues forms a strong and compelling

foundation for introducing community-based treatment alternatives in response to youth offending, contrasting with the traditional methods of the juvenile justice system.

In comparison, Dierkhising et al. (2014) discovered that approximately 77% of youth offenders experienced direct abuse or neglect, and 95% had witnessed at least one relative incident during incarceration. Exposure to abuse or neglect within correctional facilities significantly impacts a juvenile's post-release functioning. For example, juvenile offenders may experience increased post-traumatic stress, anxiety and depressive-related symptoms, suicidal ideations, reoffending behaviors, and a variety more (Livanou et al. 2019). In addition, juvenile offenders who encounter adverse childhood experiences (ACEs) are also more prone to engage in recidivistic behaviors as well (DeLisi et al., 2010). Due to the impact of COVID-19, addressing the mental health issues of youth offenders has fallen significantly on the juvenile justice system. Contrary to traditional methods, community-based intervention programs, particularly those emphasizing familial relations, have produced higher success rates relative to recidivism, increased parental involvement, and improved academic and mental health concerns (Griller Clark & Mathur, 2021; Lipsey, 2020).

In 2010, about 1,642,600 juvenile offenders were arrested in the United States (Puzzanchera, 2013). In 2019, approximately 684,230 juvenile offenders were arrested, showcasing a 58% decrease in the number of arrests in 2010 (Office of Juvenile Justice and Delinquency Prevention, 2019). However, after arrest, stakeholders within the juvenile justice system have the authority to decide the placement of the youth offender. Such placements can include being processed through the court system, restorative justice

programs, community-based intervention programs, or being released without a referral to rehabilitation services. Regrettably, roughly 423,077 juvenile cases are adjudicated and disposed of in juvenile courts each year, not including waivers to adult court (Youth.gov, n.d.).

Altogether, economic constraints and the growing body of research on effective treatment methods for juvenile offenders have led to a stronger demand for accountability and the implementation of evidence-based practices. In other words, the juvenile justice system has emphasized utilizing treatment programs or approaches that have been found to provide solid empirical evidence that supports its effectiveness with the youth offending population (Elliott et al., 2020; Lipsey, 2020). In adopting this approach, the juvenile justice system has begun to employ community-based intervention programs that were discovered to reduce recidivism rates and appropriately address the risks and needs of the youth offender and their families (NeMoyer et al., 2020). Most importantly, nationwide, several states are currently attempting to transition from costly traditional methods to more cost-effective community-based intervention programs for youth offenders who pose a threat to public safety (Ryon et al., 2017).

Community-Based Intervention Programs and Principles

Community-based often denotes the use of the community as the setting for which the interventions are implemented. The interventions may take place within community institutions such as neighborhoods, schools, churches, and other organizations (Bureau of Justice Assistance, 2023). The community-based interventions can also involve an individual's family, social networks, public policy, and so on. Community-based

interventions can also be tailored to specific target populations and treatment concerns. Ultimately, community-based intervention programs primarily aim to change an individual's behavior as a method for reducing the population's risk of regression (Henggeler, 2016; McLeroy et al., 2003).

Community-based intervention programs are emerging as effective substitutes for the incarceration of youth offenders. Instead of harsh confinement, community-based intervention programs utilize community resources and social networks to implement therapeutic and educational approaches to rehabilitation (Dillard et al., 2019; Henggeler, 2016). Since incarceration of juvenile offenders produces high financial costs for the court systems, policymakers have resorted to community-based intervention programs to address youth crime. To avoid the adverse effects of incarceration, community-based intervention programs allow youth offenders to have conventional lifestyles while participating in practices that provide a sense of empowerment, improve their harmful behaviors, and reduce recidivism (Pennington, 2019).

Community-based interventions can vary by design and focus and produce mixed results in the reduction of youth offending. Based upon two empirical reviews, community-based intervention programs for youth offenders have been found to be more effective at reducing recidivism and residential placements as compared to the traditional methods within the juvenile justice system (DeLisi et al., 2010; Wilson & Lipsey, 2000). Community-based intervention programs have also improved familial relations and the functioning of the youth offender outside of incarceration, such as a reduction in the

association with deviant peers and increased academic performance as well (Gan et al., 2019; Gearhart & Tucker, 2020).

In 2015, on average, approximately 48,000 youth offenders reside within detention facilities throughout the United States. In 2019, about 186,000 juvenile offenders were placed in detention facilities alone (Sickmund et al., 2017; 2021). According to Sawyer (2019), the non-profit organization estimated that at least one out of three juvenile offenders could be released from incarceration without being a substantial risk to public safety. However, one of the greatest challenges for the juvenile justice system involves equipping youth offenders for reintegration into their communities. To deter recidivism, many research studies have emphasized the need for community-based collaboration, resources, and supervision for youth offenders (Aazami et al., 2023; Development Services Group, Inc., 2017; NeMoyer et al., 2020). Ultimately, community-based intervention programs seek to rehabilitate youth offenders by removing the traditional method of incarceration and implementing rehabilitation practices that teach them important life skills and provide appropriate support within their community (Nicklin, 2017).

Community-Based Family Intervention Programs

Community-based intervention programs also authorize a family-focused approach to treatment for youth offenders. Community-based family intervention programs provide the opportunity to target the potential risk factors within the youth's home, community settings, and interpersonal relationships (Aazami et al., 2023; Ryon et al., 2017). Interestingly, negative parent-child relationships and poor parenting

approaches are considerably associated with juvenile delinquency. Fostering healthy familial relationships can act as a protective factor for youth offenders (Anderson & Walerych, 2019; Anderson et al., 2021). According to Greenwood (2008), “the most successful community-based programs are those that emphasize family interactions, probably because they focus on providing skills to the adults who are in the best position to supervise and train the child” (pg.193).

The most used community-based family treatment modalities for this population are multisystemic therapy (MST), functional family therapy (FFT), and multidimensional treatment foster care, also currently known as Treatment Foster Care Oregon (TFCO) (Lipsey, 2020). Unfortunately, these specific treatment models continue to remain underutilized with the youth offending population. However, despite the underutilization, these programs are sufficient and produce macro-level impacts when implemented within juvenile justice agencies. Globally, these programs have been established to be effective treatments for any criminogenic need presented by juvenile offenders (Elliott et al., 2020). Increasing awareness of community-based family intervention programs within relative service systems is imperative to mitigate the social and economic ramifications of youth crime (Aazami et al., 2023). Most importantly, such treatment interventions have been found to produce positive effects on mental health concerns and reductions in externalizing problems amongst youth offenders.

Community-based family intervention programs are based on a therapeutic and theoretical framework such as Family Systems Theory, Social Systems Theory, and Ecological Systems Theory (Bronfenbrenner, 1979). Briefly, community-based

interventions that apply ecological contexts consider underlying factors like the youth's history, environment, familial relations, trauma, abuse, and neglect, which demonstrate crucial elements that impact a child's emotional and behavioral well-being. Due to the increasing effects of juvenile crime on society and the ineffective traditional methods of treatment for youth offenders, many researchers are currently advocating for the utilization of more systemic approaches that address issues embedded within multiple levels. In other words, systemic interventions involve examining all the key factors that influence the young offender's behaviors, such as school, family, peers, culture, socioeconomic status, and a variety more.

In relation to this, the removal of loved ones can trigger emotional and instrumental hardships for both the youth offender and their family members. While in confinement, the youth offender experiences a loss of freedom in accessing regular emotional support from their parents, siblings, and extended family. Regrettably, many young offenders also shoulder significant responsibilities in caring for their younger siblings and contributing to the family's economic stability. Altogether, these crucial contributions to the youth offender's family system are disrupted by the traditional placements of the juvenile justice system (Henggeler, 2016). The traditional methods of treating youth offenders have shown minimal to no success in alleviating mental health symptoms and recidivistic behaviors. Consequently, without the implementation of community-based and family intervention programs, justice-involved youth will continue to engage in persistent criminal behavior and face a high risk of reincarceration as adults (Amani et al., 2018; Barnert et al., 2017; Livanou et al., 2019).

Community-based family interventions have been found to employ both direct and indirect client and community services, exhibit action-oriented approaches, and be preventative, culturally sensitive, systemic, and comprehensive (Hinton, 2003). Relative community-based interventions that address family functioning can produce positive results amongst anti-social and delinquent youth (Anderson et al., 2021). These types of programs aim to ultimately focus on improving parent-child communication, relationships, and parental skills. Parental skills may include effective monitoring, limit setting, and discipline to apply to troubled youth and reduce familial conflict (Ryon et al., 2017; Scott, 2022). The strength-based approach of community-based family intervention programs also aims to help the youth offender develop constructive employment practices and academic skills as well. Altogether, each of these functions can collectively impact the youth offender, their family, and community relationships (Gearhart & Tucker, 2020).

CASASTART

The CASASTART program is classified as an intensive case management model that includes a small caseload of approximately 15 children and their families. The treatment participants develop a working partnership with the case manager, school, law enforcement, and community-based health or social service organizations. Overall, the CASASTART program aims to prevent substance abuse, promote academic success, integrate program components in the participating institutions, create improved service networks to help better understand and address at-risk youth, reduce delinquent behavior, and improve community policing techniques (Miller, 2020).

The CASASTART program integrates three prominent theoretical frameworks: social strain theory, social control theory, and social learning theory (Akers et al., 1979; Bandura, 1977). In collaboration with national foundations, academic institutions, and the U.S. Department of Justice, the CASA developers studied youth development and the crucial components that contribute to deteriorating families and communities. As a result, to promote effective integration into the CASASTART program, it was necessary to incorporate essential elements like social support systems, sustained services, comprehensive evidenced-based programs, and life skills development (Carnegie Council, 1994; 1996).

The CASASTART program primarily functions with case managers who have received training from the project leaders. The CASASTART program requires case managers to have at least some experience in the social work field (Savignac, 2009). In the CASASTART program, the youth participants are paired with a dedicated case manager who collaborates with them and their families daily. The case managers also work closely with the school personnel, community law enforcement officers, social service agencies, and neighborhood residents. The case managers and additional CASASTART staff conduct case review conferences along with quarterly administrative and advisory council meetings that occur on a biweekly basis. The frequency of conferences and meetings ultimately helps the case managers and program staff to thoroughly address the youth's family, social, educational, and psychological risk factors that contribute to their engagement in substance abuse and delinquent behavior (Murray & Belenko, 2005; *Program Profile: CASASTART*, 2012).

All involved staff and agencies, including the case managers, receive training in each of the program modules within the first four months of operation. The key areas of the CASASTART curriculum include case management, collaboration, community development, youth development, evidenced-based cognitive and behavioral treatment methods, mental health assessment, crisis management, and internal agency service delivery strategies (Savignac, 2009). In the first 12-24 months, at each of the initial program sites, the main CASASTART staff (program director, site coordinator, case managers) are each assigned distinct and active roles throughout all phases of the program. During this process, the case managers expressed that effective communication amongst the program staff was an integral factor in the program's success. Most importantly, the CASASTART curriculum continues to be regularly developed to meet the needs of the service providers in order to efficiently treat the youth and additional program participants (Murray & Belenko, 2005).

Multisystemic Therapy

The conceptual framework of MST is based on Bronfenbrenner's (1979) theory of social ecology. Bronfenbrenner's theory views human development as a reciprocal exchange that involves the individual and interconnected systems. For example, problem behaviors like youth offending are found to be linked within multiple systems in which the juvenile and their families are embedded. Furthermore, the interventions of MST also include treatment concerns within other mesosystems such as educational settings, peer relations, extra-curricular activities, and a variety more. Therefore, integrating both the

individual and their interlinked systems establishes the foundation of MST and facilitates a holistic approach to treatment (Henggeler & Schaeffer, 2019).

Multisystemic therapy has a family-driven approach, rather than therapist-driven, where both the juvenile and their family have equal involvement in the treatment process (Henggeler et al., 2009). The short-term services of MST are typically conducted within a 4-to-6-month timeframe with the youth offender and their family (Hayden, 2023). The professional staff of MST consists of licensed therapists and caseworkers who are supervised by psychologists or psychiatrists. The professional staff of MST creates individualized treatment plans to address the unique needs of the participants, which may include engagement with other social systems. The treatment interventions of MST may include improving communication skills, parenting skills, issues within interpersonal relationships, academic performance, and so on (Henggeler & Schaeffer, 2019).

To summarize, several characteristics have been found to differentiate MST from other empirically based treatment approaches for youth offenders. Uniquely, MST targets the various determinants that contribute to antisocial behavior, such as individual, family, peer, school, and community factors (Henggeler & Schaeffer, 2019). Multisystemic therapy also involves identifying the treatment problems and applying a natural ecology with the youth offenders and their families. Having the opportunity to provide MST within the youth's home, school, and other community locations reduces the barriers to service accessibility within court systems. Ultimately, MST aims to restructure the youth offender's ecological system to support prosocial development and reduce future delinquent behavior (Timmons-Mitchell et al., 2006).

According to the Washington State Institute for Public Policy (1998), MST was ranked the most effective and cost-efficient community-based intervention program for youth offenders and their families. Multisystemic therapy has been found to reduce criminal activity, institutionalization, and substance abuse. Multisystemic therapy has also been found to be successful at improving familial relations, functioning, and cohesion (Henggeler & Schaeffer, 2019; Littell et al., 2021). Moreover, MST has been identified to be effective in inner-city urban areas, amongst chronic youth offenders, economically disadvantaged families, and those who have a long history of unsuccessful treatment interventions (Leschied & Cunningham, 1998).

Multisystemic therapy requires a rigorous level of clinical training for aspiring MST therapists to conduct this type of treatment within community settings. The training includes four critical components such as orientation on MST principles, quarterly booster training, weekly on-site supervision, and weekly consultations with an MST expert (Schoenwald, 2016). Interestingly, the specific training of MST expands on the education and experience from the chosen fields of the therapists. For example, after completion of training, the clinical process of MST includes conducting consultations, a comprehensive assessment, and thorough interviews (usually in the participant's home). During the MST treatment process, the therapists develop and assign well-defined treatment goals to the youth offenders and their families (Henggeler & Schaeffer, 2019; Littell et al., 2021). The participant's treatment goals are also monitored during the regularly scheduled family sessions that occur weekly (sometimes daily). Ultimately, since juvenile cases may vary by severity, MST therapists are required to develop

expertise in the application of empirically-based therapeutic approaches and interventions that are tailored to meet the unique needs of the offender and their family (Henggeler, 1995).

The MST therapists are classified as mental health professionals with master's or doctoral degrees. The MST therapists typically have small caseloads, which provides an opportunity to be available to the youth offenders and their families 24 hours a day, seven days a week (Henggeler & Schaeffer, 2019). Interestingly, therapists who adhere to the MST treatment principles emerged as a significant predictor of treatment outcomes regarding the youth offender's engagement in future criminal activity and incarceration (Connell et al., 2016). The MST therapists who emphasized improving intra and extrafamilial relations discovered an association with reduced rates of rearrests, incarceration, and adolescent emotional distress. However, in contrast, such therapeutic emphasis was also associated with an increase in parental emotional distress. The findings most likely reflect the implementation of relative interventions of MST, such as setting firm boundaries or expectations and attempting to disengage the youth offender from deviant peers. This process can potentially trigger several adjustments in which the MST therapist may demand that parents depart from their accustomed behaviors (Henggeler et al., 1997).

Role of Clinicians

In community-based and family intervention programs for youth offenders, the treatment team consists of bachelor, master, or doctoral-level clinicians and non-clinical staff members (administration). Clinician positions may include therapists, social

workers, psychiatrists, psychologists, registered nurses, physician assistants, and physicians (Scott et al., 2019). The treatment team members work for external organizations and establish contracts with public juvenile justice, child welfare, and mental health agencies. In Urban et al.'s (2020) study, clinicians may have distinct differences in education, training, and evidence-based treatment modalities with juvenile offenders. However, regardless of their educational background and training, it is recommended that all clinicians possess the same core beliefs and competencies, such as understanding how people function and recognizing that offenders are unique individuals who are capable of change (Masters, 2021).

The concept of restorative justice programs has received growing public attention. However, there is only a limited body of research that has been conducted within the fields of psychology and counseling psychology. These particular fields are pivotal in the concept of restorative justice because they are dedicated to social justice, advocacy, activism, and the promotion of the human rights of all individuals (DeBlaere et al., 2019; Taylor & Bailey, 2022). Social workers and other clinicians are trained to equip themselves with relevant context and trauma-informed practices that directly align with the ideals of restorative justice (Logan-Green et al., 2020; Riley, 2018). Since counseling psychologists engage in research and practice that disrupts oppressive systems, current literature argues a need for these professionals to accrue the work of restorative justice programs (DeBlaere et al., 2019; Taylor & Bailey, 2022).

Justice reform advocates have highlighted how retributive responses do not promote opportunities for growth amongst criminal offenders. Justice reform advocates

also emphasized how retributive responses ignore the needs of offenders and victims and fail to acknowledge harm's profound impact on communities (Wilson et al., 2018). According to Lacey and Pickard (2015), traditional methods have been found to be ineffective for both juvenile and adult offenders. Given the cost barrier in the United States, clinician perceptions could aid in thoroughly communicating to the juvenile justice system how they can enhance their understanding of effective treatment interventions, make informed decisions, and emphasize the benefits of implementing evidenced-based approaches for youth offenders and their families. The perceptions of clinicians could also reinforce the necessity for further research on identifying the precise factors contributing to the efficacy of treatment interventions for youth offenders as well (Urban et al., 2020).

Unlike juvenile justice officials (judges, lawyers), clinicians are trained to conduct treatment assessments, strength-based, empirically supported rehabilitative methods such as cognitive behavioral therapy to promote positive social change amongst the youth offending population, their families, and the neighboring community (Henggeler & Schaeffer, 2019). In addition, doctoral-level clinicians (psychologists, psychiatrists) can apply psychopharmacological interventions to help address potential biological and neurological contributors to the identified treatment concerns as well. Applying these skills showcases the clinician's capacity to build upon strategies already utilized by their clients, target well-defined problems, identify protective factors, enhance confidence, promote responsibility and accountability, monitor treatment progress, develop action-oriented goals, mitigate behavioral concerns, and achieve long-term success.

Additionally, clinicians can steer clear of assigning blame and develop appropriate and corrective interventions that best fit the youth offender's developmental needs.

Community-based intervention programs, such as multisystemic therapy (MST) are highly individualized, allowing clinicians the flexibility to deviate from standardized treatment plans (Henggeler & Schaeffer, 2019). In this case, the clinician can build treatment interventions that emphasize optimism and strength-based approaches within the context of the youth offender, their families, and the community. For example, the clinician may assess their hobbies, interests, academic skills, employment, problem-solving abilities, involved community members, or active clubs. After identifying the strengths, the clinician would tailor the treatment interventions to leverage them. From their unique position, clinicians who conduct community-based intervention programs help promote prosocial norms, develop healthier relationships, and actively facilitate positive experiences by employing the values, skills, and competencies inherent in the program. Clinicians who involve additional community members can also help the youth offender in developing a sense of belonging (Dillard et al., 2019).

In community-based family intervention programs, the clinician aims to guide the juvenile's parent or caregiver in addressing specific factors that are contributing to the clinical problem. One clinical problem may involve the youth's association with deviant peers. In this instance, the clinician's role is to create a treatment goal that adapts to the youth and parent's ability to develop prosocial relationships and effective parenting skills. The clinician would also aim to surround the youth and their caregivers with support from family, friends, and members of the community to help facilitate change

and maintain treatment progress (Henggeler & Schaeffer, 2019). With the guidance of clinicians, caregivers also develop healthier strategies to monitor and promote the youth's academic performance, improved communication skills, belief systems, and attitudes that have led to engagement in criminal activities (Sheerin et al., 2021).

Clinicians play a crucial role in facilitating referrals and fostering effective communication practices among community supervision agencies for youth offenders. For example, the juvenile justice system can utilize clinicians in contacting the youth offender and caregivers, ensuring treatment attendance, monitoring treatment progress, and providing case management services such as coordinating with other professionals and agencies (Scott et al., 2019). Based on the literature, community supervision agencies, and clinicians can play a vital role in the effective rehabilitation of youth offenders. Both community supervision agencies and clinicians can strengthen collaboration practices and improve treatment service delivery across relative systems. Therefore, exploring clinician perceptions is a critical component that will help create opportunities for public policy change, and inform future research and interventions of both restorative justice and community-based intervention programs for juvenile offenders (Taylor & Bailey, 2022).

Recent research indicates that clinicians who conduct restorative justice and community-based intervention programs for youth offenders rarely provide rehabilitation services within correctional facilities, despite the pressing need for relative interventions during incarceration (Tadros et al., 2021; Tadros & Ogden, 2020). In Amani et al.'s (2018) study, the participants expressed how treatment for youth offenders and their

family's needs to be conducted in a noncriminalizing environment. Implementing both restorative justice and community-based intervention programs outside of the juvenile justice system minimizes the economic impact on both the youth offender and their families. The caregivers and families of incarcerated youth experience difficulty staying connected due to the costs associated with travel for visitations and receiving phone calls. Therefore, the perceptions of clinicians highlights the complex interplay of legal, racial, and economic issues in communities that are heavily affected by youth incarceration.

Involvement in Juvenile Rehabilitation Programs

Children and adolescents are known to be susceptible to environmental risk factors and stressors and can be influenced by key adult figures. Clinicians who are trained in the program's theory of change and are educated in youth development should be the key stakeholders in the effective delivery of community-based intervention programs for youth offenders. In this case, clinicians are best suited to represent both the best interests of the youth and their community. Clinician perceptions would advocate for individuals or populations that feel underrepresented or whose needs are not seriously considered in the process of restorative justice and community-based intervention programs. The perceptions of clinicians in juvenile justice settings and youth-serving community-based organizations could also contribute to a collaborative partnership with juvenile justice officials in order to effectively rehabilitate youth offenders and redirect their path toward community engagement (Dillard et al., 2019; Urban et al., 2020).

According to Cunningham et al.'s (2019) study, many of the challenges that clinicians encounter may derive specifically from the types of interventions and processes

that are embedded in their treatment methods. Therefore, it is recommended that juvenile justice officials acknowledge and understand the theoretical frameworks and evidenced-based interventions that clinicians implement with youth offenders. It is also essential to perceive the specific problems that arise in rehabilitation programs and where they direct their attention during treatment. The perceptions of clinicians could provide valuable information that is associated with clinical outcomes and potential improvements in treatment interventions (Urban et al., 2020). This type of information helps to enhance the training and implementation of evidence-based treatments and their effectiveness. The perceptions of clinicians contributes to ongoing research and helps forensic professionals learn how to manage the issues that are apparent in restorative justice and community-based intervention programs for youth offenders.

Summary

Incarceration fails to address and meet juvenile offenders' developmental and criminogenic needs (Lambie & Randell, 2013). The traditional methods have also been found to be ineffective in providing efficient rehabilitation practices for the youth offender, providing restitution to the victims, and reducing recidivism (Moss et al., 2019; Skinner-Osei et al., 2019). In contrast, both restorative justice and community-based intervention programs have been established as viable alternatives to traditional methods (Bontrager et al., 2013). The literature determined that these types of programs vary based on the severity of the offense, the offender's willingness to admit guilt and take accountability, the type of offender, and other variables (Jonas-van Dijk et al., 2020; Kimbrell et al., 2023; Umbreit, 2023). However, both restorative justice and community-

based intervention programs have been found to be cost-effective alternatives for reducing recidivism, facilitating successful reintegration of the youth into society, and producing higher levels of satisfaction among the involved parties.

This qualitative study explored a literature gap regarding clinician perceptions of restorative justice and community-based intervention programs for juvenile offenders. The literature demonstrated that clinicians play a vital role in implementing evidenced-based rehabilitation programs for youth offenders and enhancing juvenile justice official's understanding of effective treatment interventions for this vulnerable population (Lacey & Pickard, 2015). Past research addresses these types of programs within the field of psychology and counseling psychology. The diverse field of psychology embodies the work of advocacy, activism, and social justice (DeBlaere et al., 2019; Taylor & Bailey, 2022). However, current literature suggests a need for further justice-oriented research within the field of psychology. Therefore, clinician perceptions of restorative justice and community-based intervention programs contributed to providing a deeper insight into their beliefs and attitudes as well as how to effectively intervene and prevent harm toward juvenile offenders, their families, victims, and the community.

Chapter 3: Research Method

The purpose of this qualitative study was to explore clinicians' perceptions of restorative justice and community-based intervention programs for juvenile offenders. Given their education and experience in conducting rehabilitation programs, clinicians could take a leading role in communicating the effectiveness, benefits, and impact of recidivism rates for juvenile offenders to the juvenile justice system (Henggeler & Schaeffer, 2019; Urban et al., 2020). Recent literature suggested a need for further justice-oriented research studies in the field of psychology and counseling psychology regarding the perceptions and experiences of clinicians who provide relative treatment interventions for the youth-offending population (Pappas & Dent, 2023; Valentine et al., 2019). Chapter 3 addresses the research design, role of the researcher, methodology, issues of trustworthiness, and a summary.

Research Design and Rationale

Research Question

In this generic qualitative study, one research question was addressed: What are clinicians' perceptions of restorative justice and community-based intervention programs for juvenile offenders?

Research Rationale

I used qualitative methods to explore clinicians' perceptions of restorative justice and community-based intervention programs for juvenile offenders. Qualitative research is defined as the study of the nature of a phenomenon. Qualitative research is used to answer research questions about why a phenomenon is not observed, analyze

multicomponent interventions, and improve interventions. Qualitative research methods typically include data in words rather than numbers (Busetto et al., 2020). In the current qualitative study, I addressed the phenomenon that rehabilitation programs for youth offenders have led to a wide range of positive outcomes, such as increased use of evidence-based methods, community engagement, and reduced rates of incarceration and recidivism (Hay et al., 2017). Clinicians who conduct restorative justice and community-based intervention programs have played an essential role in positive change among youth offenders; however, minimal research has explored clinicians' perceptions of the effectiveness, benefits, and impact on recidivistic behavior.

Qualitative research involves an interpretive and naturalistic approach to the studied phenomenon. In other words, qualitative researchers aim to study the subjects in their natural settings to understand and interpret a phenomenon according to the meaning individuals attribute to it (Denzin & Lincoln, 2008). In the current study, a qualitative approach was needed to uncover the underlying reasons behind observed patterns, especially those that are unseen or unexpected (Busetto et al., 2020). I explored multicomponent interventions and systems of change, such as restorative justice programs, community-based intervention programs, and court systems for juvenile offenders. By exploring clinicians' perceptions, I identified effective practices and provided a deeper insight into clinicians' professional experiences and expertise in conducting evidence-based rehabilitation approaches for the youth offending population.

Research Design

A generic qualitative inquiry was selected for this research study. A generic qualitative inquiry investigates individual's descriptions of their personal opinions, attitudes, beliefs, or reflections on the experiences relative to the phenomenon being studied. A generic qualitative research design was best suited for this study because approaches like ethnography, case study, narrative, grounded theory, or phenomenology were found to be inappropriate (Percy et al., 2015). In this study, the researcher presented an extensive body of research about restorative justice and community-based intervention programs for juvenile offenders. In addition, prior research has shown that clinicians who conduct these programs play an essential role in their effectiveness and production of positive outcomes for juvenile offenders, their families, and the community (Urban et al., 2020). However, few current research studies explored clinician perceptions of restorative justice and community-based intervention programs for this vulnerable population.

In relation to this study, some psychological matters cannot be measured statistically and require a qualitative approach (Maxwell, 2021). A qualitative research method was selected to gather empirical data without prepared responses. Using a generic qualitative research design, semi-structured and in-depth interviews with open-ended questions was conducted to obtain comprehensive and detailed responses from the participants. The main objective was to interpret the meaning clinicians perceive of evidence-based treatment interventions for juvenile offenders. According to Daher et al.'s (2017) study, all types of qualitative research methods utilize words as data to express the

information from human experience. Ultimately, a generic qualitative research design was shown to be the most appropriate in order to understand the perceived experiences of clinicians involved in this study.

Role of the Researcher

My role as the researcher was to conduct semi-structured interviews with the participants in order to obtain data regarding their perceptions and experiences. As the researcher, the interviews were conducted by utilizing a virtual platform (Zoom, Google Meet) or by phone call. In a qualitative study, semi-structured interviews allow the researcher to develop predefined questions and probe further into the participant's responses. Semi-structured interviews have been found to produce strong data that provides insight into the participant's experiences, opinions, or perceptions (Peters & Halcomb, 2015). During the data collection process, I utilized the concept of "bracketing" to avoid bias. Bracketing requires the researcher to separate their preconceptions or beliefs about the studied phenomenon.

As the researcher, I have achieved both a bachelor's degree in criminal justice and a master's in counseling psychology. I also have an extensive background in working in both the criminal justice and mental health field for various populations, including juvenile offenders. The educational and professional background of a clinician provides a comprehensive understanding of various perspectives, terminology, and experiences. However, as the researcher, my role was to remain focused and obtain clinician perceptions on the studied phenomenon. To avoid bias, I discussed potential biases with my dissertation chair or committee and eliminated personal views, beliefs, values, or

experiences during the data collection process to accurately capture each participant's perception. In addition, I avoided ethical issues by searching for participants outside of my clinical private practice or daily work environment (close colleagues, employees). The purpose of this study intends to identify relative clinicians throughout the United States.

Methodology

Participant Selection Logic

The desired population for this study included clinicians who currently work or have previous experience working with juvenile offenders in the United States. This qualitative study utilized snowball sampling to obtain an in-depth understanding of clinician's perceptions regarding the effectiveness of restorative justice and community-based intervention programs for juvenile offenders. Snowball sampling is considered to be one of the most popular methods utilized in qualitative research studies. Snowball sampling typically involves identifying a few initial participants who meet the research criteria and reaching out to them to invite their participation in the study. The researcher would then ask the agreeable participants for recommendations of relative contacts who fit the research criteria as well. Altogether, the snowball sampling process would be repetitive until the target sample size or saturation point has been reached (Parker et al., 2019).

As the researcher, I utilized the recommendations and social networks to gather an expanding group of desired participants for this study. Snowball sampling is characterized as a method that makes use of networking and referrals, especially for

populations that are not easily accessible or willing to participate in a research study (Reagan et al., 2019). For example, in this case, clinicians are geographically dispersed and may desire anonymity due to their experience working with a vulnerable population like juvenile offenders. The social networks included applications such as Facebook, Instagram, LinkedIn, Psychology Today, and more. Ultimately, snowball sampling broadened the sample size to participants or resources that were unknown to me as the researcher. The sample size concluded to be 8 participants and the point of data saturation was reached.

Instrumentation

This qualitative study utilized the data collection tool of interviewing to explore clinician perceptions of restorative justice and community-based intervention programs for juvenile offenders. A guide of predetermined interview questions was created to help answer the central research question within this study. My dissertation committee reviewed and revised the interview guide for accuracy. Upon approval, the interviews were conducted through videoconferencing platforms such as Zoom and Google Meet and by phone call. In addition, the interviews were semi-structured in order to obtain adequate information on clinician perceptions of rehabilitation programs for juvenile offenders. In the end, the interviews were transcribed and analyzed for relative themes.

In qualitative research, the most common methods of gathering data in psychological research include interviews, observations, diaries, and focus groups. In utilizing interview techniques, as the researcher, I obtained clinicians' perceptions by interpreting the meanings of their responses. Conducting interviews allowed both the

researcher and interviewee to elaborate on the research topic in greater detail. Moreover, a semi-structured approach helped to define the research domains that are being explored in the study. Most importantly, semi-structured interviews allow the flexibility to add or omit any element of the pre-formulated interview questions to obtain open-ended data and collectively present information (Alamri, 2019).

Additionally, the participants could also engage more naturally in a setting such as their home or workplace (Irvine et al., 2013). Conducting semi-structured interviews through virtual platforms also provided a calmer and more private environment for the participants. Above all, since clinicians encounter unusual time demands, offering a virtual option provided flexibility for scheduling interviews, be cost-effective, and reduce travel costs as well. Overall, offering virtual interviews for the participants has been observed to be equally effective in gathering valid data in qualitative research studies (Rahman, 2023).

Procedures for Recruitment, Participation, and Data Collection

Upon the approval of the IRB, I contacted clinicians through social media platforms or groups, professional directories, and their websites. In relation to social media platforms, I requested to join existing groups of relative clinicians in the field. When approved, I created social media posts that will communicate the purpose of the study, participant eligibility requirements, and methods of contact. A detailed explanation of the study's procedures, along with an emphasis on the voluntary and confidential nature of participation, was thoroughly communicated as well. In addition, I reviewed the potential participants' professional biographies in the directories and websites. An

invitation to participate was sent primarily by email. Most importantly, in utilizing the snowballing approach, I asked the clinicians at the time of contact or participation if they were willing to share the social media posts and invitations with additional clinicians who were eligible to participate in the qualitative research study, too.

Data Analysis Plan

As the researcher, I reviewed the research data and consulted with my dissertation chair to determine the best coding strategy for this study. As a result, thematic analysis was selected to help identify, analyze, and report the patterns within the data collected. In qualitative research, thematic analysis can be utilized within different theoretical frameworks and methods to accomplish various tasks (Braun & Clarke, 2006). In this study, the six phases of thematic analysis was applied within an essentialist or realist method in which the clinicians' experiences, meanings, and reality were reported. During the data collection process, the information was transcribed and organized through manual hand-coding and premier software for qualitative data analysis to support the trustworthiness of the study.

Issues of Trustworthiness

The concepts of trustworthiness in qualitative studies, such as credibility, transferability, dependability, and confirmability, are crucial to the usefulness and integrity of the research findings (Cope, 2014). Trustworthiness is defined as the degree of confidence in data, interpretation, and methods utilized to help guarantee the quality of a research study (Polit & Beck, 2014). First, in this study, I established and addressed all biases and experiences relative to my professional relationship with clinicians and

rehabilitation programs for juvenile offenders to develop trustworthiness. In addition, I also thoroughly communicated both the rules and expectations of the interview process with each participant to maintain consistency and reliability until saturation had been reached. Obtaining the desired saturation involved utilizing social media platforms, professional directories, and websites to reach applicable clinicians. Snowball sampling was employed to exhaust all recruitment options as well.

Credibility

Credibility is considered to be the most important criterion for trustworthiness (Polit & Beck, 2014). In a research study, credibility displays the truth of data, the respondent's views, and their interpretation of the phenomenon (Hanson et al., 2019). A researcher can demonstrate credibility by explaining the possible reality they intend to measure, including testing findings amongst various groups or experts regarding the occurrence (Guba, 1982). In this case, the strategy known as "member checking" was applied to establish and maintain credibility. For example, in this qualitative research study, I explored and gathered the perceptions of clinicians through their lived experience with juvenile offenders relative to restorative justice and community-based intervention programs. In the end, each interview was transcribed, and the interview transcripts were only provided to the participants upon request, as stated in the consent form. As a result, member checking would allow the participants to review their responses, add additional information, and confirm accuracy for the researcher.

Transferability

Transferability is similar to the concept of generalization in quantitative research. Transferability is defined as the extent to which the findings of the research study can apply to other settings or contexts that go beyond the participants and phenomenon studied (Polit & Beck, 2014). For this qualitative study, I achieved transferability by utilizing snowball sampling and providing detailed descriptions and explanations of the research context, participants, and methods. I also provided a vivid picture, such as providing verbatim quotes from the participants to help inform and resonate with the readers. Ultimately, this approach enables others to assess how applicable the research findings are to their situations or similar contexts.

Dependability

Dependability is similar to the concept of reliability in quantitative research. Dependability refers to the stability and consistency of the data over time (Hanson et al., 2019; Polit & Beck, 2014). For example, a study would be dependable if replicated using similar methods, participants, and contexts, resulting in equivalent findings for the studied phenomenon (Haq et al., 2023). In qualitative research, some of the procedures for dependability include audit trails of process logs and peer debriefings. For this study, I conducted audit trails that involve creating a detailed record of the research process from start to finish. This process included thorough documentation of the data collection and analysis procedures, reflective journaling, record of peer debriefings, interview transcripts, and so on. Overall, audit trails helped to ensure transparency and allow the readers to follow and understand how the study was conducted.

Confirmability

Confirmability is known as the degree of unbiasedness of research during the data collection and interpretation process (Haq et al., 2023). For this qualitative study, I maintained the audit trails to achieve adequate confirmability. The maintenance of audit trails included keeping detailed notes regarding all my decisions and analyses as each progress throughout the research process. In addition, I engaged in peer debriefings and member checking with respective qualitative researchers to help prevent potential biases. In the end, the results were derived directly from the data collected.

Ethical Procedures

I conducted this qualitative study per Walden University's IRB regulations to ensure the protection and confidentiality of the participants. The data collection process began after receiving approval from Walden University's IRB committee. Upon approval, the data collection process entailed contacting clinicians who have prior or current experience working with juvenile offenders through social media platforms, professional directories, and websites. During the data collection process, an informed consent method was drafted and verbalized to each participant. The informed consent document included the purpose of the study, the research process, declaration of privacy, emphasis on the voluntary nature of the study, contact information, and other sections required by the IRB. Before the commencement of the interviews, I reviewed and obtained informed consent from each participant. In addition, once consent was obtained, each of the participants were assigned a designated ID or anonymized identifier during the data interpretation process to ensure confidentiality as well.

Summary

Chapter 3 addressed the study's purpose, research design and rationale, the role of the researcher, methodologies, and issues of trustworthiness. The methodology section of this chapter also confronted the logic of the participant selection, instrumentation, procedures for recruitment, and data analysis plan. The issues of trustworthiness describe the concepts of credibility, transferability, dependability, confirmability, and ethical procedures. A generic qualitative approach was selected to explore and obtain clinicians' perceptions of restorative justice and community-based intervention programs for juvenile offenders. Chapter 4 includes the research setting, demographics, data collection process, data analysis, evidence of trustworthiness, results, and summary.

Chapter 4: Results

The purpose of this generic qualitative study was to explore clinicians' perceptions of restorative justice and community-based intervention programs for juvenile offenders. I conducted semistructured interviews with clinicians in the United States to fill the gap in the recent literature regarding this research problem. Chapter 4 presents the research question, the setting of the interviews, participant demographics, data collection methods, data analysis, evidence of trustworthiness, the results of data analysis, and a summary of the research findings.

Research Question

What are clinicians' perceptions of restorative justice and community-based intervention programs for juvenile offenders?

Setting

The setting for the data collection process was in-depth semistructured virtual interviews. The interviews were conducted via a videoconferencing application called Zoom, where each participant was assigned a unique meeting ID and password to participate in the interview. The interviews were conducted during the months of March, April, and May of 2025. An invitation that described the study was used to recruit participants on professional social networks such as Facebook and Psychology Today. The participants responded to the invitation via email or by expressing their interest in participating in the study. In response to the outreach, I emailed each potential participant a consent form with instructions that read "if you feel you understand the study and wish to volunteer, please indicate your consent by replying to this email with the words, 'I

consent.'" After receiving their consent via email, I scheduled a Zoom interview. In addition, the participants received a $10 Visa e-gift card after completion of the interview. The participants were also encouraged to share the invitation with relevant colleagues or clinicians who may have been interested in participating in the study.

Demographics

A total of eight participants were interviewed to reach data saturation in this qualitative study. The study required the participants to be at least 18 years of age and have experience working with juvenile offenders in the United States. Each of the participants completed a nine-question demographic questionnaire before conducting the interview. The demographic questionnaire asked the participants for their age, gender, race or ethnicity, education, state of practice, professional licenses or certifications, current job title or role, primary work setting, and whether their work setting was in an urban, suburban, or rural location.

Tables 1 and 2 illustrate the demographic questionnaire results for each participant. All eight participants identified as female and had completed a master's degree. Of the eight participants, 37.5% (3) identified as Black or African American, 37.5% (3) as White or European American, and 25% (2) as Hispanic. In addition, 87.5% (7) reported an age of 30–40 years, and 12.5% (1) reported an age of 45 or older. Among the eight participants, 50% (4) reported their primary state of practice as being in the Midwest, while the remaining 50% (4) practiced in the South. Moreover, 37.5% (3) indicated their primary work setting location to be urban, 25% (2) as suburban, and 12.5% (1) as rural. Participant six (P6) reported their work setting to be in both an urban

and rural area. Participant eight (P8) indicated that they provide clinical services in all three practice locations due to their role as a traveling licensed social worker. Lastly, each of the eight participants reported possessing an active clinical license or certification. For clarification, the clinical licenses or certifications included a Licensed Professional Counselor-Associate (LPC-A), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Licensed Chemical Dependency Counselor-Intern (LCDC-I), Certified Case Manager II, Licensed Clinical Professional Counselor (LCPC), Licensed Marriage and Family Therapist (LMFT), and Licensed Master Social Worker (LMSW).

Table 1

Demographic Questionnaire Results

Participant	Age	Gender	Race/ethnicity	Education
P1	33	Female	Black/African American	Master's
P2	33	Female	White/European American	Master's
P3	30	Female	Hispanic	Master's
P4	32	Female	Black/African American	Master's
P5	30	Female	White/European American	Master's
P6	35	Female	White/European American	Master's
P7	51	Female	Hispanic	Master's
P8	38	Female	Black/African American	Master's

Table 2

Demographic Questionnaire Results

Participant	State of practice	License/certification
P1	Texas	LPC-A
P2	Kansas/Missouri	LCSW
P3	Texas	LPC/LCDC-I
P4	Oklahoma	CCM-II
P5	Kansas/Missouri	LCPC/LPC
P6	Kansas	LMFT
P7	Texas	LPC
P8	Georgia	LMSW

Data Collection

After receiving approval from Walden University's IRB on March 11, 2025, I began the data collection process. Initially, the data collection process involved posting my invitation on professional directories and social media platforms. Data saturation was achieved after 8 interviews were conducted between March and May of 2025. The interviews consisted of ten open-ended questions, each accompanied by two sub-questions to prompt further elaboration from the participants. The interviews ranged from 25 to 60 minutes in length. The interviews were conducted virtually via Zoom or phone call. At both the beginning and end of the interview, each participant was informed that they could request a copy of their interview transcript by contacting the researcher. If requested, an electronic version would be sent to the email they provided. I did not receive a request from any of the participants regarding a copy of their interview transcript. The interviews were also recorded utilizing the Otter.ai platform. No unusual circumstances were encountered in the data collection process.

Data Analysis

As described in Chapter 3, Braun and Clarke's thematic analysis was utilized to analyze the data. The six steps of thematic analysis consist of (a) familiarization with the data, (b) generating initial codes, (c) theme development, (d) reviewing and refining the themes, (f) redefining the themes, and (g) producing the analysis of the data (Miller, 2024). Participants were labeled P1 through P8 to maintain confidentiality. After thoroughly transcribing each interview in the Otter.ai platform, I proceeded with the data analysis process.

All coding was conducted manually and documented in a data analysis table created in Microsoft Word. The data analysis table consisted of ten columns, including the demographic results. In addition, the data analysis table was also composed of ten tables, each containing with five columns: (a) participant number (P1-P8), (b) interview question, sub-questions, participant responses, and interviewer notes, (c) first cycle coding, (d) second cycle coding, and (e) emerging categories. After entering the main interview question, its two sub-questions, and the participant responses into column 2 of each table, I initiated the first cycle of coding in column 3.

During the first coding cycle, I found 971 codes. After conducting a detailed review of the first coding cycle, I transitioned to the second coding cycle, in which 518 codes were discovered. After the second coding cycle, the codes were grouped into 78 categories. Through the thematic analysis method, I identified 5 emergent themes and 3 subthemes from the categorized data.

Evidence of Trustworthiness

Credibility

In qualitative research, credibility provides the actual data about the studied phenomenon (Haq et al., 2023). To ensure credibility, each interview was thoroughly reviewed and transcribed. At both the beginning and end of the interview, each participant was informed that they could request a copy of their interview transcript by contacting the researcher. If requested, an electronic version would be sent to the email they provided. None of the eight participants requested a review of the interview transcript. In addition, during each interview, I maintained a journal and recorded diary notes in the data analysis table to avoid the influence of personal opinions and biases regarding rehabilitation programs for juvenile offenders.

Transferability

Transferability reflects how accurately the research findings can be applied to similar contexts, people, groups, and settings (Haq et al., 2023). To ensure transferability, I implemented the snowball sampling method during the data collection process. I also collected relative demographic data and utilized verbatim quotes from the participants to help inform and resonate with the readers.

Dependability

If the results of the research study can be replicated with a similar population or context, the findings are considered dependable (Hanson et al., 2019). In this study, dependability was established by maintaining a detailed and transparent record of the data collection and analysis procedures. This included engaging in thorough documentation of

the data and reflective journaling throughout the research process. Interviews with each participant were conducted via Zoom, while Otter.ai was used to record and manually transcribe the sessions. Additionally, all diary notes were written during the interviews and were recorded in the data analysis table to ensure consistency and transparency.

Confirmability

Confirmability refers to the researcher's ability to remain objective and avoid bias throughout the research and interpretation process (Haq et al., 2023). To ensure confirmability, an audit trail was maintained throughout the research process. During each interview, I used open-ended and probing questions to encourage each participant to freely share their perspectives and experiences. I remained objective by actively listening without leading or influencing responses, and by consistently applying the same interview protocol for all participants. Reflective journaling was also employed to monitor and manage personal biases in which helped to maintain neutrality and minimize researcher influence during both data collection and analysis. Ultimately, the findings of this qualitative study were derived directly from the data provided by the participants.

Results

Five themes and three subthemes emerged from the data analysis table based upon one research question (see Table 3). Eight participants were asked ten open-ended interview questions and twenty sub-questions that assessed their perceptions of restorative justice and community-based intervention programs for juvenile offenders.

Table 3

Emergent Themes

Theme	Subtheme
Mental health and trauma-informed care are essential when conducting juvenile rehabilitation programs.	Offense severity and disengagement from youth and families impact rehabilitation.
Clinicians are familiar with restorative justice and community-based intervention programs as approaches to juvenile rehabilitation.	Community-based intervention programs are accessible, preventive, and safety focused.
Restorative justice and community-based intervention programs are effective alternatives, but underutilized.	Restorative justice and community- based intervention programs increase rehabilitation through increased access to resources.
Collaborative approaches strengthen restorative justice and community-based intervention programs.	
Negative perceptions and bias hinder the success of rehabilitation programs.	

Research Question

What are clinicians' perceptions of restorative justice and community-based intervention programs for juvenile offenders?

Theme 1: Mental Health and Trauma-Informed Care Are Essential When Conducting Juvenile Rehabilitation Programs

All participants reported providing treatment services for juvenile offenders in various clinical settings, such as inpatient hospitals, private practices, schools, non-profit organizations, detention centers, and residential facilities. The majority of the participants reported that juvenile offenders experience diverse mental health issues or concerns. For example, P3 stated, "They had a lot of trauma in their backgrounds and substance use issues." P6 stated,

> I've seen a lot of suicidal ideation, suicidal attempts um from, from kiddos in the wide range of the range that we work in. So, you see a lot of things." P7 also indicated that "could it be uh their own? You know, whether it was bipolar stuff going on, whether there was depression going on, whether uh the ADHD, identifying what it was. We also had to consider the IQ level, right? So, a lot of them, we had to do psychological evaluations on many of our juvenile offenders to determine, uh, what the treatment plan was.

Some participants suggested that clinicians receive education and training on the purpose of rehabilitation programs, multicultural competence, mental health disorders, and psychology-related fields. More than half of the participants expressed the importance of trauma-informed care when conducting restorative justice and community-based intervention programs for juvenile offenders (see Table 4). Participants P2 and P6 declared the necessity for all juvenile justice professionals and service providers to be trained in trauma-informed care. P2 stated,

> I think they're an important part of that team, and we've got to be talking to them about, there needs to be some kind of training, like trauma informed training of what to expect and what a trauma response is, and how do we work around these trauma responses to get the best outcome for these kids, because ultimately, that's why everybody's there, or they wouldn't be there, because it's not for the money.

And P6 stated, "I think they have to be trauma-informed. There has to be some type of um certificate program or, or you know, an online education, something where they can learn about trauma and other disorders related to trauma."

P7 highlighted the widespread prevalence of trauma among juvenile offenders and emphasized that many also experience trauma within correctional facilities. P7 explained,

> There is when working with our juvenile offenders, we do look at the traumatic events that they have themselves experienced in their own lives. Um, I'm not going to be, you know, but I would say maybe 90 to 95% of them had experienced traumatic events in their own life. And even the process of them in the system was traumatic, right? Going through the system was, was a, was an experience for them. So, even getting them to settle, to get their, their, their system to settle down from that experience on an ongoing daily basis, and get them to feel comfortable, so that they can pick up, you know, what they're working on.

Subtheme 1A: Offense Severity and Disengagement From Youth and Families Impact Rehabilitation

Throughout the interviews, half of the participants identified the combined impact of offense severity, youth disengagement, and lack of family involvement as significant barriers to effective rehabilitation and reintegration. In relation to juvenile offenders who have committed violent offenses and successfully completed rehabilitation, P2 shared

> When this young lady got to that point, she didn't have parents to go to. We couldn't get her into any kind of group home, because they were determining her too violent, which just kind of left her in our facility long after she had completed her treatment program and left her to where she just kind of aged out of the Division of Youth Services at 19, which became a huge placement risk, because

> there was no. With most of our kids, you know, they would discharge and then they would go home on some kind of aftercare where they'd have a case manager and therapy services that would follow up. This child that had committed this very severe crime, had almost no aftercare services because we couldn't ever secure safe placement for her…because how are you going to find foster care parents for a child that has committed a crime like that?

Most participants provided a range of descriptors outlining behaviors or challenges that affect the participation of both youth offenders and their families in rehabilitation programs. Some common descriptors for youth offenders included difficulty establishing trust, resistance to change, and lack of family support or engagement. To illustrate, P6 stated

> And so sometimes you do see or that can um make the kiddo hesitate, you know, to talk with us, or they um have their head down on a desk, or, you know, their hoodie up, or, or things like that. So that can be quite challenging when they don't want to speak to you.

Both P7 and P8 emphasized the importance of building trust as a key component in working with juvenile offenders. For example, P7 stated

> Also, the um ability to uh build rapport uh with juvenile offenders is gonna, is, was, also challenging um for, for a lot of providers that works there. Um, building rapport takes time with juvenile offenders. There's a lot of trust that goes into it.

P8 also expressed,

> Distrust in the system, because many youth and families don't trust the legal or social systems due to past harm…So it could be, you know, you have kids like in foster care, so a lack of reliable housing or transportation or lack of family support um can prevent the motivation to participate.

Secondly, the contributing factors to family disengagement were identified as the need to work multiple jobs, financial hardship, inability to supervise the youth, and lack of transportation. P2 asserted that,

> They have challenges because sometimes they've gotten in this mess because mom and dad have to work several jobs, so they're not there to maybe supervise the way we would like. And so, when we release them out to the, when they're in the community, we have some of the same struggles around do they have proper supervision? Do they have proper guidance?

Table 4

Effective Juvenile Rehabilitation

Theme/subtheme	Number	Percentage
Mental health and trauma-informed care are essential when conducting juvenile rehabilitation programs.	7	87.5%
Offense severity and disengagement from youth and families impact rehabilitation.	4	50%

Theme 2: Clinicians Are Familiar With Restorative Justice and Community-Based Intervention Programs as Approaches to Juvenile Rehabilitation

All participants reported being familiar with both restorative justice and community-based intervention programs for juvenile offenders. A few participants reported having only theoretical familiarity with the two rehabilitation programs. For example, P3 shared, "I'm pretty experienced with it theoretically. I haven't necessarily seen it in practice or action, but I know exactly what it is from a theoretical standpoint." In contrast, more than half of the participants disclosed having direct professional experience conducting these programs, primarily in community-based settings. P8 added,

> So, I'm pretty familiar with it. Um, I think that restorative justice and community-based interventions are widely recognized and implemented. As a social worker, um we often engage directly with these models to support the youth development and repair harm.

Subtheme 2A: Community-Based Intervention Programs Are Accessible, Preventive, and Safety Focused

Majority of the participants described the primary goals of community-based intervention programs for juvenile offenders to be accessible, preventative, and safety focused (see Table 5). Most of the participants cited the juvenile's home and school to be the most accessible community-based setting to conduct rehabilitation programs. For example, P1 stated "meeting the, the individual where they are in the community, uh whether that's at home or school."

Restorative justice and community-based programs aid juvenile offenders with preventative and safety measures, which include modifying their criminal behavior, repairing harm, and accepting accountability. P2 and P5 addressed the need to balance the safety of the youth and the community. P5 stated, “How can we, like, safety plan both like, whether it’s like safety concerns to themselves or others.” In addition, more than half of the participants emphasized the importance of juvenile offenders engaging in prosocial behaviors outside of correctional facilities and within community-based settings. If juvenile offenders are placed in community-based environments, P8 explained

> These programs are designed to address the complex, multi facet issues that affect the juvenile offenders by providing them services where the youth live and attend school. And those goals can include like prevention and early intervention. So, identifying and addressing risk factors before behavior escalates. Skill building, so teaching coping skills, decision making and social skills. Support networks, so strengthening family, peer and community relationships. Um, and then the alternatives to incarceration, so reducing reliance on detention and promotion, promoting rehabilitation. Or even like holistic care, so that could include providing mental health counseling, educational support and family services.

Table 5

Familiarity With Restorative Justice and Community-Based Intervention Programs

Theme/subtheme	Number	Percentage
Clinicians are familiar with restorative justice and community-based intervention programs as approaches to rehabilitation.	8	100%
Community-based intervention programs are accessible, preventive, and safety focused.	6	75%

Theme 3: Restorative Justice and Community-Based Intervention Programs Are Effective Alternatives, but Underutilized

When asked about their perceptions of traditional methods compared to restorative justice and community-based intervention programs for juvenile offenders, all participants described these programs as effective alternatives to incarceration. Despite the overall preference for rehabilitation programs, a few participants noted that traditional methods could be beneficial in cases where the offenders pose a threat to society, demonstrate patterns of reoffending behavior, or have committed a severe offense. P1, P3, and P8 also expressed that traditional approaches can offer routine and structure for juvenile offenders, too. However, most participants highlighted that traditional methods are ineffective primarily because they overlook the trauma youth often face, disregard developmental factors such as brain maturity, and the punitive nature can hinder their treatment growth. P1 shared, **"**Um I think that whether juvenile or adult, incarceration sometimes comes with additional trauma, so the things that may happen to them while they are incarcerated, um it may hinder any, any type of progress um that they have."

With reluctance, P7, a former law enforcement officer and homicide detective, asserted that incarceration negatively impacts the juvenile's developmental growth and noted the lack of available rehabilitation programs within correctional facilities. P7 explained,

> Um, the things that don't make it work is um not allowing offenders' ability to grow in their own mindset. Um I realized that through time, um uh not a lot of programs have uh within the uh incarceration, within the prison system, like not a lot of them have. Oh, I hope this doesn't sound bad, programs that help.

The majority of the participants believed that restorative justice and community-based intervention programs serve as effective alternatives because they offer the youth a second chance, help reduce recidivism, and foster stronger connections to the community (see Table 6). As P4 expressed, "another chance sometimes is necessary." Additionally, all participants agreed that rehabilitation programs contribute to the reduction of reoffending behaviors. P6 disclosed that, through their professional experience, they have observed a decline in recidivism rates among the juveniles who participate in their community-based functional family therapy (FFT) program. P6 reported,

> I think that uh we've seen a lot of a decrease in some of the bigger crimes that we had seen before. So, like I said previously, like, you know, uh maybe possession of a firearm, grand theft auto, um we used to see a lot of destruction of property. Um so we're seeing less of that. Um I have seen more misdemeanor type of behaviors, less of like a felony. Um so yeah, I do believe that the community-based services are having a positive impact.

When questioned about the challenges or limitations of restorative justice and community-based intervention programs, all participants expressed that these programs are underutilized. P4 noted that the underutilization of rehabilitation programs stems from the fact that they are not required for youth offenders. P4 articulated "I think that there should be a way to somehow mandate restorative justice practices in incarceration or in um with youthful offenders." In the end, more than half of the participants indicated that these programs are underutilized due to a shortage of funding, qualified clinicians to effectively facilitate them, as well as a limited awareness or thorough understanding of their intended purpose. P8 also indicated "what doesn't work is lack of consistency in high-quality facilitators, poor community awareness or involvement." Regarding the lack of adequately trained staff in community-based programs, P2 expressed

> As the treatment coordinator, first of all, I was the only licensed therapist on staff. I supervised people who were doing family therapy, but they weren't licensed individuals. They were all working under my license. So first off, I had to manage all these people that had no business doing family therapy.

In relation to, P7 also stated that within correctional facilities,

> They do have therapists in there. But um I, I have evaluated some, I have observed some, and I just don't see um how it is that their, their implementation of methods, you know, therapeutic methods, or whatever isn't working. I didn't see how it was working, right? Um it has, so there, I think there needs to be more training.

Subtheme 3A: Restorative Justice and Community-Based Intervention Programs Increase Rehabilitation Through Increased Access to Resources

A prominent subtheme that emerged from the participants' narratives was the critical role that resources or services play in facilitating the rehabilitation and reintegration of justice-involved youth (see Table 6). All participants emphasized the general importance of supportive resources or services such as mental health or medical care, educational or vocational assistance, and even wraparound support services like childcare, transportation, and positive recreational activities. However, more than half of the participants noted that delivering professional guidance to these resources in a timely and equitable manner is essential to helping the juvenile offenders reintegrate into society and sustain long-term treatment success. P1 shared

> Um, so I remember I was working with a young lady. Um she was 16, she was pregnant. Um she was not in school, so um I helped her get enrolled into… it's a school for pregnant women in [confidential]. Um got her enrolled in school. The school had um a daycare, so the girls had transportation to school. They could drop the babies off. So just kind of giving her a plan after pregnancy, because she thought that life was over. Um I was gonna have my baby, I'm gonna drop out of school. So just letting her know that there were options for her. Um getting her all the community resources that she needed, make sure she was going to [confidential. Um she had an OBGYN, so she was doing her prenatals and going to her appointments.

Table 6

Effective Alternatives

Theme/subtheme	Number	Percentage
Restorative justice and community-based intervention programs are effective alternatives, but underutilized.	8	100%
Restorative justice and community-based intervention programs increase rehabilitation through increased access to resources.	5	62.6%

P2 also disclosed

We had a kid that was on aftercare. Had been on aftercare for like, the third time, and so they were in community-based services. And one of the things I was able…to make time in my day to meet with this kid weekly for individual therapy…I was able to kind of find out in the course of that was some of the trauma this kid had experienced just from all the community violence he had witnessed, and like we were able to come up with a plan. Instead of keeping him downtown in the city, we were able to move him to grandma's, who lived out on a farm somewhere. And so, we got him moved out to the farm with grandma. I got him connected to resources down there, and that kid is wildly successful, like that kid is in nursing school right now, has a 4.0 is headed to graduate nursing school, and that'll be a game changer for that kid.

Theme 4: Collaborative Approaches Strengthen Restorative Justice and Community-Based Intervention Programs

All participants expressed that collaboration among all professionals enhances the effective implementation of rehabilitation programs for juvenile offenders (see Table 7). When questioned about the role of clinicians with varying levels of education, training, and experience in conducting these programs, the majority of the participants expressed strong support. The majority of the participants reported that while clinicians or juvenile justice professionals offer diverse perspectives, they all share a common goal to help the youth offender, whether through punitive or non-punitive methods. P5 shared

> I think it's remembering, you know, and when we're in those meetings, that we all have a common goal. And that common goal is that client, um you know, I could never step up and be half of those positions. So, your like, your part, is just as important as my part as a licensed clinician, and your you know, your comments, the things that you recommend, are just as important because you might see something that I don't see because of the lens that you're looking through.

More than half of the participants also highlighted the need to involve clinicians who specialize in mental health in order to provide a therapeutic and empathetic perspective. P1 expressed "So, I think that it's important to bring in the therapist to offer that um therapeutic view and just that empathetic view that probation officers, I'm not gonna say sometimes, uh oftentimes, but sometimes they don't have."

P3, P7, and P8 asserted the importance of continued education amongst all professionals who are involved in the rehabilitation process with the youth offender. In relation to non-clinical juvenile justice professionals, P8 explained that "with probation officers, they monitor compliance, but they also need skills in positive youth development." P3 also asserted

> I know everybody has their own specific role, um like obviously, counselors and social workers and people like that are going to be more equipped to work with the maybe underlying causes, whereas um teachers or probation officers or school personnel or even bosses, they might be more like we just need to educate you on the restorative justice process so you don't have a bias against this person. And you're not targeting them, and you're not seeing them as a bad person, you know, and so I think for that some of, some of it is just providing psychoeducation to them.

Finally, P2 highlighted that restorative justice and community-based intervention programs influence the role of clinicians by emphasizing the need for collaboration, stating that

> I think it makes it a much more collaborative approach, because instead of just you working on that kid, you're working through that kid, through lots of different agencies and lots of different people, and you're trying to collaborate and coalition build to make a stronger community.

Table 7

Collaboration in Rehabilitation Programs

Theme/subtheme	Number	Percentage
Collaborative approaches strengthen restorative justice and community-based intervention programs.	8	100%

Theme 5: Negative Perceptions and Bias Hinder the Success of Rehabilitation Programs

The majority of the participants believed that negative perceptions and bias from juvenile justice officials and the community impact the successful implementation of rehabilitation programs for youth offenders (see Table 8). Most of the participants expressed that restorative justice and community-based intervention programs conflict with existing juvenile justice policies and practices. More than half of the participants reported that these programs often conflict with traditional methods due to their non-punitive approach. Moreover, P2 expressed that both politics and socioeconomic status (SES) play a significant role in shaping how rehabilitation efforts are applied. P2 stated

> If my voter base just wants these kids locked up and the key thrown away, that's what I'm going to do, because my goal is to get reelected. These kids don't vote. Um a lot of these kid's parents don't go vote. So, if I'm looking at who my voter base is, and my voter base is upper middle class, and their kids, when they get in trouble, they hire a lawyer, they get their kids out of it. Um if that's my voter base

and that's who's showing up to vote, it becomes really difficult to impact policies that my voter base doesn't want.

P3 highlighted how community perceptions can influence program outcomes, stating "If the community isn't on board with the ideas behind restorative justice, they, it's not going to be as successful, because it, it really takes the whole community support system in order to be successful."

P8 added "Supportive attitudes are extremely important because they lead to greater engagement and investment. Stigmatism or misunderstanding of restorative justice can do real efforts or reduce referrals, which I think will affect the community quite significantly."

Table 8

Negative Perception and Bias

Theme/subtheme	Number	Percentage
Negative perceptions and bias hinder the success of rehabilitation programs.	7	87.5%

Summary

The findings from this qualitative study provide insight into clinician perceptions of restorative justice and community-based intervention programs for juvenile offenders. Many of the participants emphasized the importance of mental health and trauma-informed care when conducting these programs. Half of the participants identified that the severity of the offense committed, youth disengagement, and lack of family involvement are significant barriers to achieving successful rehabilitation and

reintegration. In addition, all participants reported familiarity with both types of programs. The majority of the participants described the primary goals of community-based intervention programs as accessible, preventative, and safety focused. All participants described both programs to be effective alternatives to incarceration due to their non-punitive approaches. All participants expressed that the increased access to resources or services such as mental health treatment, educational or vocational assistance, and additional support services plays a significant role in the long-term success of juvenile offenders functioning in the community. Finally, all participants emphasized that collaboration among all clinicians, juvenile justice personnel, and relevant professionals involved contributes to the effective implementation of rehabilitation programs for youth offenders. The majority of the participants expressed that negative perceptions and bias from policymakers, juvenile justice officials, and the community also interfere with the overall growth and maintenance of rehabilitation programs.

Chapter 4 included the study's research question and purpose. In Chapter 4, an overview of the research setting, demographics, data collection, data analysis, evidence of trustworthiness, results, and summary. Chapter 5 also included interpretation of the findings, limitations of the study, recommendations, implications, and a conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this generic qualitative study was to explore clinicians' perceptions of restorative justice and community-based intervention programs for juvenile offenders, specifically related to their effectiveness and impact on recidivism rates. Focusing on these specific elements could enhance the application of restorative justice and community-based intervention programs for juvenile offenders. The findings of this qualitative study could also provide juvenile justice professionals with improved knowledge and understanding of how and why to implement nonpunitive alternatives as compared to the traditional methods executed by the juvenile and criminal justice systems. I explored the perceptions of eight licensed or certified clinicians through semistructured interviews. The participants were required to be at least 18 years of age and have experience working with juvenile offenders in the United States.

The key findings of this study included five emergent themes and three subthemes. The results demonstrated that restorative justice and community-based intervention programs are effective alternatives to incarceration, given their nonpunitive methods. The results also indicated that these rehabilitation programs provide accessibility to essential resources such as mental health treatment and support services to help prevent reoffending behavior and maintain the safety of both the youth offender and the community. In addition, the results indicated that avoiding negative stigma or bias and fostering effective collaboration can improve the implementation and utilization of rehabilitation programs for juvenile offenders.

Chapter 5 includes interpretation of the findings, limitations of the study, implications for social change, and the overall conclusion of the study. The themes and subthemes that emerged from the interviews conducted with the clinicians included the following:

- Theme 1: Mental health and trauma-informed care are essential when conducting juvenile rehabilitation programs.
- Subtheme 1A: Offense severity and disengagement from youths and families impact rehabilitation.
- Theme 2: Clinicians are familiar with restorative justice and community-based intervention programs as approaches to juvenile rehabilitation.
- Subtheme 2A: Community-based intervention programs are accessible, preventive, and safety focused.
- Theme 3: Restorative justice and community-based intervention programs are effective alternatives, but underutilized.
- Subtheme 3A: Restorative justice and community-based intervention programs increase rehabilitation through increased access to resources.
- Theme 4: Collaborative approaches strengthen restorative justice and community-based intervention programs.
- Theme 5: Negative perceptions and bias hinder the success of rehabilitation programs.

Interpretation of the Findings

Chapter 2 provided in-depth information on the punitive traditional methods applied by the justice systems. Previous researchers described that the court systems often fail to address the needs of youth offenders and deliver effective rehabilitation and reintegration (Skinner-Osei et al., 2019). The findings in the current study indicated that restorative justice and community-based intervention programs are effective alternatives to incarceration, and increased access to resources and services could be instrumental in the long-term growth of juvenile offenders functioning within their community. The findings are signified by the themes and subthemes that emerged from the semistructured interviews with the participants.

Theme 1: Mental Health and Trauma-Informed Care Are Essential When Conducting Juvenile Rehabilitation Programs

The first discovered theme was that both mental health and trauma-informed care are essential components to conducting restorative justice and community-based intervention programs for juvenile offenders. The majority of the participants reported that juvenile offenders experience a variety of mental health issues or concerns. Based upon their own professional experience, P3, P6, and P7 disclosed that juvenile offenders presented to have trauma, substance abuse concerns, suicidal ideation, bipolar disorder, ADHD, and depression. P2 and P6 also emphasized the necessity to be educated and trained in trauma-informed care. This theme confirms Snehil and Sagar's (2020) study that addressing mental health issues of juvenile offenders plays a vital role in reducing reoffending behavior and long-term functioning.

Offenders have been found to have similar needs to nonoffending community members, in which their motivation for rehabilitation is a key component to work through the presenting problems associated with their offending behavior (Walgrave et al., 2021; Ward et al., 2024a). The subtheme that supports prior research was that offense severity and disengagement from youth and their families impact rehabilitation. P2 expressed that youth offenders who commit violent offenses encounter difficulty achieving appropriate residential placements and aftercare services. Most of the participants indicated that some factors that contribute to disengagement from youth and their families were distrust, resistance, and lack of support. P8 further explained that distrust in the system can impact the motivation and participation of both the youth and their families in rehabilitation programs.

Theme 2: Clinicians Are Familiar With Restorative Justice and Community-Based Intervention Programs as Approaches to Juvenile Rehabilitation

The second theme was that clinicians are familiar with restorative justice and community-based intervention programs as approaches to juvenile rehabilitation. In this study, all of the participants reported familiarity with these programs. P3 disclosed no professional experience in conducting rehabilitation programs, but theoretical familiarity. However, P8 described both programs as being widely recognized and implemented within their profession to support the youth offender. According to Henggeler's (1995) study, MST therapists are required to obtain expertise in applying evidence-based therapeutic interventions in order to meet the unique needs of the offender and their families.

The subtheme was that community-based intervention programs are accessible, preventative, and safety focused. Most of the participants emphasized that juvenile offenders engage in prosocial behaviors in community-based settings to reduce their reoffending behavior, repair harm, and improve safety concerns within their community. P2 and P5 addressed the need to have a balance of safety for the youth and community. P8 further explained that providing relevant programs within the youth's community can strengthen their support system and promote rehabilitation. Blankestein et al. (2019) asserted that community-based intervention programs have reduced reoffending behavior, promoted prosocial behaviors, and improved the social network of juvenile offenders. O'brien (2007) also described restorative justice to provide a sense of security and safety within the community.

Theme 3: Restorative Justice and Community-Based Intervention Programs Are Effective Alternatives, but Underutilized

The third theme was that restorative justice and community-based intervention programs are effective alternatives, but underutilized. The majority of the participants agreed that these programs are effective alternatives to incarceration. When detailing the reasons why these programs are effective alternatives, the participants reported their contribution to offering the youth a second chance, reducing recidivism, and promoting a stronger sense of community. From their professional experience, P6 described community-based intervention programs that implement functional family therapy (FFT) have reduced the recidivism rates amongst youth offenders, as well as the severity of offenses committed in the future. The findings in this study are consistent with NeMoyer

et al. (2020), who found that when professionals in the juvenile justice system utilize the application of community-based intervention programs, they have discovered a reduction in recidivism rates amongst youth offenders.

In addition, all participants expressed that rehabilitation programs for youth offenders are underutilized. P2, P7, and P8 highlighted the lack of adequately trained clinicians conducting rehabilitation programs in both community-based and correctional settings. The findings confirm Lipsey's (2020) and Elliott et al.'s (2020) findings that community-based programs that apply modalities like multisystemic therapy (MST) and functional family therapy (FFT) remain underutilized, despite their effectiveness with the youth offending population. Logan-Green et al. (2020) and Riley (2018) added that social workers and clinicians have relevant training to implement practices that align with the goals of restorative justice. Existing literature aligns with this study's findings that there is a need for licensed clinicians like Counseling Psychologists to conduct restorative justice and community-based intervention programs for juvenile offenders (DeBlaere et al., 2019; Taylor & Bailey, 2022).

The subtheme was that restorative justice and community-based intervention programs enhance rehabilitation through increased access to resources. All participants emphasized the importance of delivering professional guidance to access and provide supportive resources for juvenile offenders and their families in rehabilitation programs. The most common resources reported by the participants were mental health treatment, medical care, and support services. P2 described providing effective community-based resources for a female youth offender, such as enrollment into school, locating daycare

services, and healthcare. Providing essential community-based resources would help reduce recidivistic behavior, support prosocial change, empower families, reduce stress, and foster productive rehabilitation and reintegration. P2 presented the opportunity to provide individual therapy, trauma-informed care, and secure stable housing for a male youth offender. As a result, P2 reported the youth offender's ability to enroll in nursing school, obtain a high GPA, and pursue a graduate degree. Gearhart and Tucker (2020) highlighted how crucial it is to address the needs of youth offenders to connect them with the most appropriate resources and services. Henggeler (2016) and Dillard et al. (2019) emphasized the importance of community-based intervention programs utilizing community resources and social networks to facilitate successful rehabilitation.

Theme 4: Collaborative Approaches Strengthen Restorative Justice and Community-Based Intervention Programs

The fourth theme was that collaborative approaches strengthen restorative justice and community-based intervention programs for juvenile offenders. P3, P7, and P8 emphasized the necessity of all clinicians and juvenile justice professionals to obtain continued education or training to effectively support the juvenile offender throughout the rehabilitation process. The majority of the participants indicated that all professionals who are involved share a common goal when working with justice-involved youth, regardless of their education and experience. P8 discussed how the role of probation officers is to monitor compliance; however, receiving training or education in implementing skills relative to positive youth development is crucial as well. More than half of the participants also highlighted the importance of incorporating clinicians who

specialize in mental health or a corresponding field in conducting rehabilitation programs for youth offenders. Ultimately, combining professionals from diverse backgrounds demonstrates collaborative methods to enhance the application of these programs. Taylor and Bailey (2022) described how the collaboration of community supervision agencies and clinicians could improve the treatment service delivery of rehabilitation. Aazami et al. (2023) added that community-based collaboration helps to deter recidivism amongst juvenile offenders as well.

Theme 5: Negative Perceptions and Bias Hinder the Success of Rehabilitation Programs

The fifth theme was that negative perceptions and bias hinder the success of rehabilitation programs for juvenile offenders. More than half of the participants agreed that rehabilitation programs conflict with the traditional methods applied by the juvenile justice system due to their non-punitive framework. P2 expressed that politics and the nature of society are crucial factors to consider when evaluating the effective implementation and maintenance of these programs. P3 and P8 discussed how supportive perceptions and attitudes can contribute to the successful execution of rehabilitation programs for juvenile offenders. Negative perception or bias can lead to disengagement, reduced funding, insufficient program delivery, and challenges with community reintegration. The result of the study confirms Aggarwal and Sundaram's (2021) findings that negative societal attitudes towards reintegration often result in discrimination, difficulties obtaining education or employment, and social isolation. These specific

barriers have been found to make reintegration difficult for juvenile offenders and have increased the risk of reoffending behaviors.

Conceptual Framework

Both the Risk-Need Responsivity and Good Lives Model were selected as the conceptual framework for this study. First, the risk-need responsivity (RNR) model was designed to provide the most appropriate interventions based on the offender's treatment needs (Looman & Abracen, 2013). The risk-need responsivity model implies that the justice systems have failed to reduce recidivism rates or improve public safety (Andrews & Bonta, 2010a). During the semistructured interviews, the participants shared that restorative justice and community-based intervention programs encourage youth offenders to engage in prosocial behaviors, which they observed to be associated with a reduction in reoffending behavior and increased community safety. According to Andrews and Bonta (2010) and Brown et al. (2023), the risk-need responsivity model reinforces that assessing the youth offender's treatment needs is crucial to designing applicable treatment and how rehabilitation should be tailored around evidence-based interventions. The participants in this study supported the claim that rehabilitation for juvenile offenders should include clinicians who are experienced in providing mental health and trauma-informed care. Such care requires specialized education and training, which involves a comprehensive assessment of the juvenile's treatment needs, the application of evidence-based interventions, and the development of individualized treatment plans.

The Good Lives Model (GLM) advocates that youth offenders' motivation for treatment plays a significant role in working through the problems associated with their offending behavior (Walgrave et al., 2021; Ward et al., 2024). Ward (2010) described GLM as a framework that emphasizes the importance of building a strong therapeutic relationship with the offender during treatment. The participants in this study identified youth disengagement to be a barrier to providing effective rehabilitation. The common indicators shared by the participants that contribute to youth disengagement were resistance to treatment, lack of trust, and low involvement or support from family. Most of the participants believed that building rapport and trust with the juvenile offender can be challenging; however, necessary to increase their motivation and participation in rehabilitation programs. In addition, the GLM can be implemented with all types of offenders who have engaged in a wide range of offenses (Ward, 2010). Some of the participants in this study disclosed having trouble providing desired rehabilitation for juvenile offenders who committed severe or violent offenses, including difficulties securing placement in the community, negative bias from staff, and accessing adequate aftercare services to maintain their treatment progress. If juvenile offenders continue to encounter these specific barriers, they are less likely to take advantage of such programs that could contribute to their long-term success.

Limitations of the Study

Even though the data collection process involved conducting in-depth interviews, the participants may have given inaccurate descriptions of their experiences. However, based on the main interview and sub-questions, the participants did provide detailed

responses regarding their perceptions of restorative justice and community-based intervention programs for juvenile offenders. The majority of the participants displayed an enthusiasm to participate in this study and a passion for the research topic. This study had a sample size of 8 participants. While this may be adequate for a generic qualitative study, it still does not necessarily apply to all clinicians' perceptions who have experience working with juvenile offenders in the United States.

Initially, I was limited to the pool of participants who had initially responded to the social media flyer. When I had experienced a decline in responses, I relied on outside professional directories and snowball sampling to obtain the remainder of the participants. The responses of the participants were limited as they only represented clinicians who practice in Midwestern and Southern states. The majority of the participants reported being licensed therapists or social workers as well. Moreover, my semistructured interviews were primarily focused on clinician perceptions of restorative justice and community-based intervention programs for juvenile offenders in the United States. Since the interviews were centered on the perceptions, opinions, and personal experiences of the participants, the truthfulness of their statements could not be tested in this study. The participants could have tailored their answers to align with what they believed I, as a licensed clinician, wanted to hear or considered clinically appropriate. The participants could have also encountered hesitancy to disclose sensitive and confidential information pertaining to a vulnerable population, even if their responses are anonymous. As the researcher, I conducted the semistructured interviews objectively and under the assumption that all responses from the participants were truthful.

Recommendations

I conducted this study to explore clinicians' perceptions of restorative justice and community-based intervention programs for juvenile offenders. The existing literature highlights the vital role that clinicians play when considering the effective implementation of evidence-based rehabilitation programs for this vulnerable population (Lacey & Pickard, 2015; DeBlaere et al., 2019; Taylor & Bailey, 2022). The results of this study expounded upon the existing literature by delving into further juvenile justice research as it relates to the field of psychology. The focus of this study was licensed or certified clinicians who had practiced in Midwestern and Southern states. Future research could explore the perceptions of clinicians who practice in other states or regions within the United States. Continents or countries outside of the United States could be considered as well. Utilizing a larger sample size and demographics would provide a more comprehensive understanding of the perspectives and experiences across diverse clinicians. In relation to this, the majority of the participants were licensed therapists or social workers; exploring the perceptions from other types of clinicians, such as psychiatrists, psychologists, and nurse practitioners, could be beneficial.

In this study, I primarily addressed clinicians' perceptions of rehabilitation programs for juvenile offenders. Restorative justice and community-based intervention programs were developed as an alternative to punitive methods applied by the juvenile justice system. The results of this study provided valuable insight into the perspectives of clinicians regarding the effectiveness of rehabilitation programs. Although juvenile offenders are classified as a vulnerable population, future research could prioritize their

perceptions and lived experiences within rehabilitation programs. Developing an understanding of how youth offenders perceive and navigate these programs is crucial because they are the main participants whose engagement ultimately determines the continuance of these programs. In relation to this, future researchers could further explore the emotional, psychological, and social impact of rehabilitation programs on juvenile offenders. Exploring the youth's impression of clinicians who conduct the treatment for them could be beneficial as well.

Lastly, future research could expand upon the findings of this research study and highlight how different types of professionals from diverse backgrounds perceive their roles in restorative justice and community-based intervention programs for juvenile offenders. This information is valuable for future research because the data discovered that there is an imbalance between professionals who support punitive and non-punitive approaches for this population. For example, clinicians may aim to prioritize mental health care, while a probation officer may focus on treatment compliance. Therefore, future researchers could explore these differing priorities regarding productive collaboration, uncovering barriers, and improving the overall quality of these programs.

Implications

Traditional punitive or the "one-size-fits-all" approach applied by the justice systems has been found to increase youth offending, incarceration, waiver to adult court, and harsher sentences (Clarke, 2005). The incarceration of youth offenders has been shown to disrupt family and social relationships, continued education, and increase their exposure to abuse or neglect (Hancock, 2017; ACLU, 2018). Many existing research

studies support these findings, exploring issues such as the expansion of youth offenders detained in correctional facilities, the poor conditions of incarceration, youth victimization, and even effective treatment alternatives to traditional methods. Unfortunately, there are no research studies that explore clinician perceptions of restorative justice and community-based intervention programs for juvenile offenders.

The information presented in this study has implications for social change by offering insight into addressing the current barriers to conducting restorative justice and community-based intervention programs for juvenile offenders. The perceptions of clinicians explored in this study revealed the need for mental health care, youth and family engagement, interdisciplinary collaboration, an increase in qualified professionals, and a minimization of negative bias to successfully implement rehabilitation programs. The results of this study can educate other clinicians, juvenile justice professionals, and community members on both the strengths and limitations of these programs. The findings of this study can also help policymakers understand the program's purpose and influence their decisions on the necessary funding, education, and training that would facilitate efficient program implementation. In this study, the data may provide additional support for ongoing research advocating for a shift from punitive methods toward effective alternatives for responding to youth offending in the United States.

Conclusion

This generic qualitative study explored clinicians' perceptions of restorative justice and community-based intervention programs for juvenile offenders. I conducted semistructured interviews with 8 participants to reach saturation. The findings in this

study revealed 5 emergent themes and 3 subthemes. The first emergent theme was that mental health and trauma-informed care are essential when conducting juvenile rehabilitation programs. The second emergent theme was that clinicians are familiar with restorative justice and community-based intervention programs as approaches to juvenile rehabilitation. The third emergent theme was that restorative justice and community-based intervention programs are effective alternatives, but underutilized. The fourth emergent theme was that collaborative approaches strengthen restorative justice and community-based intervention programs. The final emergent theme was that negative perceptions and bias hinder the success of rehabilitation programs.

The first subtheme that emerged was that offense severity and disengagement from youth and families impact rehabilitation. The second subtheme included that community-based intervention programs are accessible, preventative, and safety focused. The third subtheme was that restorative justice and community-based intervention programs increase rehabilitation through increased access to resources.

To conclude, the clinicians in this study identified both the benefits and challenges of implementing rehabilitation programs for juvenile offenders. The semistructured interviews revealed that mental health care, trauma-informed care, interdisciplinary collaboration, and minimal bias must be considered when developing and conducting restorative justice and community-based intervention programs. It is noted that the perspectives of clinicians who have experience working with juvenile offenders play an essential role in the positive change for rehabilitation programs and youth offenders. The perspectives shared during the semistructured interviews have the

potential to inspire future research to expand mental health services for this vulnerable population, treatment engagement, collaboration, and public safety. The findings confirmed the need for improved policies advocating for non-punitive approaches for the youth offending population, and this researcher aims to encourage further research that supports their protection and well-being.

References

Aazami, A., Valek, R., Ponce, A. N., & Zare, H. (2023). Risk and protective factors and interventions for reducing juvenile delinquency: A systematic review. *Social Sciences*, *12*(9), 474. https://doi.org/10.3390/socsci12090474.

Aggarwal, M., & Sundaram, P. M. S. (2021). *Juveniles in conflict with the law: Obstacles to reintegration and the impact of social stigma. Rigeo*, *11*(11), 34–50. https://neuroquantology.com/media/article_pdfs/20626_Neuroquantology_02-53-44_1.pdf.

Akers, R. L., Krohn, M. D., Lanza-Kaduce, L., Radosevich, M. (1979). Social learning and behavior: A specific test of a general theory. *American Sociological Review*, *44*, 635–655. https://doi.org/10.1007/978-1-4757-9829-6_12.

Alamri, W. A. (2019). Effectiveness of qualitative research methods: Interviews and diaries. *International Journal of English and Cultural Studies*, *2*(1), 65–70. https://doi.org/10.11114/ijecs.v2i1.4302.

Amani, B., Milburn, N. G., Lopez, S., Young-Brinn, A., Castro, L., Lee, A., & Bath, E. (2018). Families and the juvenile justice system: Considerations for family-based interventions. *Family & Community Health*, *41*(1), 55–63. https://doi.org/10.1097/FCH.0000000000000172.

American Psychological Association. (n.d.). *Clinical psychology.* https://www.apa.org/ed/graduate/specialize/clinical.

Anderson, V. R., Rubino, L. L., & McKenna, N. C. (2021). Family-based intervention for legal system-involved girls: A mixed methods evaluation. *American Journal of*

Community Psychology, *67*(1–2), 35–49. https://doi.org/10.1002/ajcp.12475.

Anderson, V. R., & Walerych, B. M. (2019). Contextualizing the nature of trauma in the juvenile justice trajectories of girls. *Journal of Prevention & Intervention in the Community*, *47*(2), 138–153. https://doi.org/10.1080/10852352.2019.1582141.

Andrews, D. A., & Bonta, J. (2010a). Rehabilitating criminal justice policy and practice. *Psychology, Public Policy, and Law*, *16*(1), 39–55. https://doi.org/10.1037/a0018362.

Andrews, D. A., & Bonta, J. (2010b). *The psychology of criminal conduct* (5th ed.). LexisNexis Matthew Bender.

Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior*, *17*, 19–52. https://doi.org/10.1177/0093854890017001004.

Andrews, D. A., Bonta, J., & Wormith, J. (2011). The risk-need-responsivity (RNR) model. *Criminal Justice and Behavior*, *38*, 735–755. https://doi.org/10.1177/0093854811406356.

Andrews, D. A., & Dowden, C. (2006). Risk principle of case classification in correctional treatment: A meta-analytic investigation. International Journal of Offender Therapy and Comparative Criminology, 50, 88–100. https://doi.org/10.1177/0306624X05282556.

April, K., Schrader, S. W., Walker, T. E., Francis, R. M., Glynn, H., & Gordon, D. M. (2023). Conceptualizing juvenile justice reform: Integrating the public health, social-ecological, and restorative justice models. *Children and Youth Services*

Review, *148*, 106887. https://doi.org/10.1016/j.childyouth.2023.106887.

Aronson, J. (1994). A pragmatic view of thematic analysis. The Qualitative Report, 2(1), 1- 3. https://doi.org/10.46743/2160-3715/1995.2069

Ashkar, P. J., & Kenny, D. T. (2008). Young offenders' subjective experiences of incarceration. International Journal of Offender Therapy and Comparative Criminology, 52(5), 584–597. https://doi.org/10.1177/0306624X08314181.

Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioral change. *Psychological Review* 84:191–215. https://doi.org/10.1037/0033-295X.84.2.191.

Barnert, E. S., Perry, R., Shetgiri, R., Steers, N., Dudovitz, R., Heard-Garris, N. J., ... & Chung, P. J. (2021). Adolescent protective and risk factors for incarceration through early adulthood. *Journal of Child and Family Studies*, *30*, 1428-1440. https://doi.org/10.1007/s10826-021-01954-y.

Barnert, E. S., Dudovitz, R., Nelson, B. B., Coker, T. R., Biely, C., Li, N., & Chung, P. J. (2017). How does incarcerating young people affect their adult health outcomes? *Pediatrics*, *139*(2). https://doi.org/10.1542/peds.2016-2624.

Bazemore, G. (2001). Young people, trouble, and crime: restorative justice as a normative theory of informal social control and social support. Youth & Society,33(2), 199–226. https://doi.org/10.1177/0044118X01033002004.

Bazemore, G., & Umbreit, M. (2001). A comparison of four restorative conferencing models. *Juvenile Justice Bulletin.* Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Beck, A. J., Harrison, P. M., & Guerino, P. (2010). Special report: Sexual victimization

in juvenile facilities reported by youth, 2008–09. Washington, DC: Bureau of Justice Statistics.

Blankley, K. M., & Jimenez, A. C. (2019). Restorative Justice and Youth Offenders in Nebraska. *Nebraska Law Review*, *98*(1), 1–55.

Bergseth, K. J., & Bouffard, J. A. (2007). The long-term impact of restorative justice programming for juvenile offenders. *Journal of Criminal Justice*, *35*(4), 433–451 https://doi.org/10.1016/j.jcrimjus.2007.05.006.

Blankestein, A., Rijken, R., Eeren, H. V., Lange, A., Scholte, R., Moonen, X., De Vuyst, K., Leunissen, J., & Didden, R. (2019). Evaluating the Effects of Multisystemic Therapy for Adolescents with Intellectual Disabilities and Antisocial or Delinquent Behaviour and Their Parents. *Journal of Applied Research in Intellectual Disabilities*, *32*(3), 575–590. https://doi.org/10.1111/jar.12551.

Bonta, J., Rooney, J., & Wallace-Capretta, S. M. (1998). *Restorative justice: An evaluation of the restorative resolutions project*. Ottawa: Solicitor General Canada.

Bonta, J., Wallace-Capretta, S., & Rooney, J. (2000). Can electronic monitoring make a difference? An evaluation of three Canadian programs. *Crime & Delinquency*, *46*(1), 61-75. https://doi.org/10.1177/0011128700046001004.

Bonta, J., & Andrews, D. A. (2017). The psychology of criminal conduct (6th ed). New York, NY: Routledge.

Bonta, J., & Andrews, D. A. (2007). *Risk-need-responsivity model for offender assessment and treatment* (No. 2007-06). User Report.

Bonta, J., Bourgon, G., Rugge, T., Scott, T.-L., Yessine, A. K., Gutierrez, L., et al. (2011). An experimental demonstration of training probation officers in evidence-based community supervision. *Crim. Justice Behav.* 38, 1127–1148. https://doi.org/10.1177/0093854811420678.

Bontrager Ryon, S., Winokur Early, K., Hand, G., & Chapman, S. (2013). Juvenile Justice Interventions: System Escalation and Effective Alternatives to Residential Placement. *Journal of Offender Rehabilitation*, *52*(5), 358–375. https://doi.org/10.1080/10509674.2013.801385.

Bouffard, J., Cooper, M., & Bergseth, K. (2017). The effectiveness of various restorative justice interventions on recidivism outcomes among juvenile offenders. *Youth violence and juvenile justice*, *15*(4), 465-480. https://doi.org/10.1177/1541204016647428.

Bourgon, G., Rugge, T., Chadwick, N., & Bonta, J. (2018). The living laboratory studies: Providing insights into community supervision practices. Federal Probation Journal, 82, 3-12.

Bradshaw, W., Roseborough, D., & Umbreit, M. S. (2006). The effect of victim-offender mediation on juvenile offender recidivism: A meta-analysis. Conflict Resolution Quarterly, 24(1), 87-98. https://doi.org/10.1002/crq.159.

Braithwaite, J. (1998). Restorative justice. *The handbook of crime and punishment*, 323-344.

Braithwaite, J. (2002). *Restorative justice and responsive regulation.* Oxford: Oxford University Press.

Braithwaite, J., & Mugford, S. (1994). Conditions of successful reintegration ceremonies. *British Journal of Criminology, 34*, 139–171. https://doi.org/10.1093/oxfordjournals.bjc.a048400.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa.

Brogan, L., Haney-Caron, E., NeMoyer, A., & DeMatteo, D. (2015). Applying the risk-needs-responsivity (RNR) model to juvenile justice. *Criminal Justice Review*, *40*(3), 277-302. https://doi.org/10.1177/0734016814567312.

Bronfenbrenner, U. (1979). The ecology of human development: Experiments by nature and design. Cambridge, Mass: Harvard University Press.

Brown, J., Arvidson, J., & Carter, M. N. (2023). Fetal alcohol spectrum disorder and Risk-Need-Responsivity Model: A guide for criminal justice and forensic mental health professionals. *Frontiers in Psychology*, *13*, 689837. https://doi.org/10.3389/fpsyg.2022.689837.

Buehler, E. D. (2023). Substantiated Incidents of Sexual Victimization Reported by Juvenile Justice Authorities, 2013–2018. *U.S. Department of Justice*. https://bjs.ojp.gov/document/sisvrjja1318.pdf.

Busetto, L., Wick, W. & Gumbinger, C. How to use and assess qualitative research methods. *Neurol. Res. Pract.* **2**, 14 (2020). https://doi.org/10.1186/s42466-020-00059-z.

Butler, S., Baruch, G., Hickey, N., & Fonagy, P. (2011). A randomized controlled trial of

multisystemic therapy and a statutory therapeutic intervention for young offenders. Journal of the American Academy of Child and Adolescent Psychiatry, 50(12), 1220–1235. https://doi.org/10.1016/j.jaac.2011.09.017.

Carnegie Council on Adolescent Development. (1994). *A Matter of Time: Risk and Opportunity in the Out-of-School Hours*. Washington, D.C.: Author.

Carnegie Council on Adolescent Development. (1996). *Great Transitions: Preparing Adolescents for a New Century*. Washington, D.C.: Author.

Cavanagh, C. (2022). Healthy adolescent development and the juvenile justice system: Challenges and solutions. *Child Development Perspectives*, *16*(3), 141-147. https://doi.org/10.1111/cdep.12461.

Choi, J. J., & Gilbert, M. J. (2010). 'Joe every day, people off the street': a qualitative study on mediators' roles and skills in victim-offender mediation. Contemporary Justice Review, 13(2), 207-227. https://doi.org/10.1080/10282581003748305.

Claessen, J., & Roelofs, KJMM (2020). Restorative justice (facilities) and mediation in criminal cases. In *Handbook of Criminal Cases-online*. Wolters Kluwer.

Clarke, C. A. (2005). The baby and the bathwater: Adolescent offending and punitive juvenile justice reform. University of Kansas Law Review, 53, 659–725.

Cohen, T., Lowenkamp, C., & VanBenschoten, S. (2016). Does change in risk matter? Examining whether changes in offender risk characteristics influence recidivism outcomes. *Criminology and Public Policy*, *15*(2) 263-296. https://doi.org/10.1111/1745-9133.12190.

Community-Based Violence Intervention and Prevention Initiative (CVIPI) | Overview |

Bureau of Justice Assistance. (2023). Bureau of Justice Assistance. https://bja.ojp.gov/program/community-violence-intervention/overview.

Connell, C. M., Steeger, C. M., Schroeder, J. A., Franks, R. P., & Tebes, J. K. (2016). Child and case influences on recidivism in a statewide dissemination of multisystemic therapy for juvenile offenders. *Criminal Justice and Behavior*, *43*(10), 1330-1346. https://doi.org/10.1177/0093854816641715.

Cope, D. G. (2014). Methods and Meanings: Credibility and Trustworthiness of Qualitative Research. *Oncology Nursing Forum*, *41*(1), 89–91. https://doi.org/10.1188/14.ONF.89-91.

Crocker, D. (2016). Balancing justice goals: restorative justice practitioners views. *Contemporary Justice Review*, *19*(4), 462–478. https://doi.org/10.1080/10282580.2016.1226815.

Crowell, N. A., Widom, C. S., & McCord, J. (Eds.). (2001). *Juvenile crime, juvenile justice*. National Academies Press.

Cunningham, P. B., Foster, S. L., Kawahara, D. M., Robbins, M. S., Bryan, S., Burleson, G., & Smith, K. (2019). Midtreatment problems implementing evidence-based interventions in community settings. *Family Process*, *58*(2), 287-304. https://doi.org/10.1111/famp.12380.

Daly, K. (2016). What is Restorative Justice? Fresh Answers to a Vexed Question. *Victims & Offenders*, *11*(1), 9–29. https://doi.org/10.1080/15564886.2015.1107797.

Darensbourg, A., Perez, E., & Blake, J. (2010). Overrepresentation of African American

males in exclusionary discipline: The role of school-based mental health professionals in dismantling the school to prison pipeline. Journal of African American Males in Education, 1, 196–211.

DeBlaere, C., Singh, A. A., Wilcox, M. M., Cokley, K. O., Delgado-Romero, E. A., Scalise, D. A., & Shawahin, L. (2019). Social justice in counseling psychology: Then, now, and looking forward. The Counseling Psychologist, 47(6), 938–962. https://doi.org/10.1177/0011000019893283.

DeLisi, M., Drury, A. J., Kosloski, A. E., Caudill, J. W., Conis, P. J., Anderson, C. A., & Beaver, K. M. (2010). The cycle of violence behind bars: Traumatization and institutional misconduct among juvenile delinquents in confinement. *Youth Violence and Juvenile Justice*, *8*(2), 107-121. https://doi.org/10.1177/1541204009349399.

Denzin, N. K., & Lincoln, Y. S. (2008). Introduction: The discipline and practice of qualitative research.

Development Services Group, Inc. (2017). *Juvenile reentry* [Literature review]. https://www.ojjdp.gov/mpg/litreviews/Aftercare.pdf.

Dierkhising, C. B., Lane, A., & Natsuaki, M. N. (2014). Victims behind bars: A preliminary study of abuse during juvenile incarceration and post-release social and emotional functioning. *Psychology, Public Policy, and Law, 20*(2), 181–190. https://doi.org/10.1037/law0000002.

Dillard, R., Newman, T. J., & Kim, M. (2019). Promoting youth competence through balanced and restorative justice: A community-based PYD approach. *Journal of*

Youth Development, *14*(4), 14-35. https://doi.org/10.5195/jyd.2019.804.

Dir, A. L., Saldana, L., Chapman, J. E., & Aalsma, M. C. (2019). Burnout and mental health stigma among juvenile probation officers: The moderating effect of participatory atmosphere. Administration and Policy in Mental Health and Mental Health Services Research, 46(2), 167-174. https://doi.org./10.1007/s10488-018-0902-x.

Drakeford, M. (2010). Devolution and youth justice in Wales. *Criminology & Criminal Justice*, *10*(2), 137-154. https://doi.org/10.1177/1748895809360967.

Eglash, A. (1958). Creative restitution: A broader meaning for an old term. *Journal of Criminal Law & Criminology*, *48*, 619–622. https://doi.org/10.2307/1140258.

Eisenberg, M. J., van Horn, J. E., Dekker, J. M., Assink, M., van der Put, C. E., Hendriks, J., & Stams, G. J. J. M. (2019). Static and dynamic predictors of general and violent criminal offense recidivism in the forensic outpatient population: A meta-analysis. *Criminal Justice and Behavior*, *46*(5), 732–750. https://doi.org/10.1177/0093854819826109.

Elliott, D. S., Buckley, P. R., Gottfredson, D. C., Hawkins, J. D., & Tolan, P. H. (2020). Evidence-based juvenile justice programs and practices: A critical review. *Criminology & Public Policy*, *19*(4), 1305-1328. https://doi.org/10.1111/1745-9133.12520.

Elrod, P., & Ryder, R. S. (2020). *Juvenile justice: A social, historical, and legal perspective*. Jones & Bartlett Learning.

Estimated number of delinquency cases | Office of Juvenile Justice and Delinquency

Prevention. (2019). Office of Juvenile Justice and Delinquency Prevention. https://ojjdp.ojp.gov/statistical-briefing-book/court/faqs/qa06201.

Evje, A., & Cushman, R. (2000). A summary of the evaluations of six California victim offender reconciliation programs. San Francisco, CA: Judicial Council of California, Administrative Office of the Courts.

Fercello, C., & Umbreit, M. (1998). Client Evaluation of Family Group Conferencing in 12 Sites in 1st Judicial District of Minnesota. *Center for Restorative Justice & Mediation, School of Social Work, University of Minnesota*.

Fisher, R. (1994). Let the people decide: Community organizing in America.

Fortune, C. A. (2018). The Good Lives Model: A strength-based approach for youth offenders. *Aggression and violent behavior*, *38*, 21-30.

Fronius, T., Darling-Hammond, S., Persson, H., Guckenburg, S., Hurley, N., & Petrosino, A. (2019). Restorative Justice in US Schools: An Updated Research Review. *WestEd*.

Gan, D. Z., Zhou, Y., Hoo, E., Chong, D., & Chu, C. M. (2019). The implementation of Functional Family Therapy (FFT) as an intervention for youth probationers in Singapore. *Journal of Marital and Family Therapy*, *45*(4), 684-698. https://doi.org/10.1111/jmft.12353.

Gannon, T. A., King, T., Miles, H., Lockerbie, L., & Willis, G. M. (2011). Good Lives sexual offender treatment for mentally disordered offenders. *The British Journal of Forensic Practice, 13*(3), 153–168. https://doi.org/10.1108/14636641111157805.

Gavrielides, T. (2011). Restorative practices: From the early societies to the 1970s. *Internet Journal of Criminology*, *4*.

Gerkin, P. M. (2009). Participation in victim-offender mediation: Lessons learned from observations. Criminal Justice Review, 34(2), 226–247. https://doi.org/10.1177/0734016808325058.

Gearhart, M. C., & Tucker, R. (2020). Criminogenic risk, criminogenic need, collective efficacy, and juvenile delinquency. *Criminal justice and behavior*, *47*(9), 1116-1135. https://doi.org/10.1177/0093854820928568.

Glugoski, G., Reisch, M., & Rivera, F. G. (1994). A wholistic ethno-cultural paradigm: A new model for community organization teaching and practice. *Journal of Community Practice*, 1(1), 81--98. https://doi.org/10.1300/J125v01n01_06.

Green, B. A., & Bazelon, L. (2019). Restorative justice from prosecutors' perspective. *Fordham L. Rev.*, *88*, 2287.

Greenwood, P. (2008). Prevention and Intervention Programs for Juvenile Offenders. *Future of Children*, *18*(2), 185–210.

Griller Clark, H., & Mathur, S. R. (2021). Introduction to the special series on behavioral disorders and juvenile justice: Facilitating effective reentry into school and community. *Behavioral Disorders*, *46*(3), 135-137. https://doi.org/10.1177/01987429211002133.

Gorman-Smith, D., Tolan, P.H. & Henry, D.B. A Developmental-Ecological Model of the Relation of Family Functioning to Patterns of Delinquency. *Journal of Quantitative Criminology* 16, 169–198 (2000).

https://doi.org/10.1023/A:1007564505850.

Gottfredson, D.C., Kearley, B., Thornberry, T.P. *et al.* Scaling-Up Evidence-Based Programs Using a Public Funding Stream: a Randomized Trial of Functional Family Therapy for Court-Involved Youth. *Prev Sci* 19, 939–953 (2018). https://doi.org/10.1007/s11121-018-0936-z.

Greenwood, P. (2008). Prevention and intervention programs for juvenile offenders. *The future of Children*, 185-210. http://www.jstor.org/stable/20179984

Guba, E.G., Lincoln, Y.S. Epistemological and methodological bases of naturalistic inquiry. *ECTJ* **30**, 233–252 (1982). https://doi.org/10.1007/BF02765185.

Guide for Implementing the Balanced and Restorative Justice Model. (n.d.). https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/implementing/rolechanges.htm.

Hancock, K. (2017). Facility operations and juvenile recidivism. Journal of Juvenile Justice, 6(1).

Hansen, T., & Umbreit, M. (2018). State of knowledge: Four decades of victim-offendermediation research and practice: The evidence. *Conflict Resolution Quarterly*, *36*(2), 99-113. https://doi.org/10.1002/crq.21234.

Hanson, C.S., Ju, A., Tong, A. (2019). Appraisal of Qualitative Studies. In: Liamputtong, P. (eds) Handbook of Research Methods in Health Social Sciences. Springer, Singapore. https://doi.org/10.1007/978-981-10-5251-4_119.

Haq, Z. U., Rasheed, R., Rashid, A., & Akhter, S. (2023). Criteria for assessing and

ensuring the trustworthiness in qualitative research. *International Journal of Business Reflections*, *4*(2).

Hay, C., Ladwig, S., & Campion, B. (2017). Tracing the Rise of Evidence-Based Juvenile Justice in Florida. *Victims & Offenders*, *13*(3), 312–335. https://doi.org/10.1080/15564886.2017.1289995.

Hayden, N.K., Flynn, S., Blumenfeld, F. *et al.* Reducing the risk of criminal exploitation using multi-systemic therapy (the RESET Study): study protocol for a feasibility study and process evaluation. *Pilot Feasibility Stud* 9, 193 (2023). https://doi.org/10.1186/s40814-023-01409-9.

Henggeler, S. W., & Borduin, C. M. (1995). Multisystemic treatment of serious juvenile offenders and their families. In I. M. Schwartz & P. AuClaire (Eds.), Home-based services for troubled children (pp. 113– 130). Lincoln, NE: University of Nebraska Press.

Henggeler, S. W., Melton, G. B., Brondino, M. J., Scherer, D. G., & Hanley, J. H. (1997). Multisystemic therapy with violent and chronic juvenile offenders and their families: The role of treatment fidelity in successful dissemination. *Journal of Consulting and Clinical Psychology, 65*(5), 821–833. https://doi.org/10.1037/0022-006X.65.5.821.

Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (2009). *Multisystemic therapy for antisocial behavior in children and adolescents*. New York, NY: Guilford Press.

Henggeler, S. W. (2016). Community-based interventions for juvenile offenders. In K.

Heilbrun, D. DeMatteo, & N. E. S. Goldstein (Eds.), *APA handbook of psychology and juvenile justice* (pp. 575–595). American Psychological Association. https://doi.org/10.1037/14643-026.

Henggeler, S. W., & Schaeffer, C. M. (2019). Multisystemic Therapy®: Clinical procedures, outcomes, and implementation research. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles, & M. A. Whisman (Eds.), *APA handbook of contemporary family psychology: Family therapy and training* (pp. 205–220). American Psychological Association. https://doi.org/10.1037/0000101-013.

Hill, F. (2008). Restorative justice: Sketching a new legal discourse. International Journal of Punishment and Sentencing, 4 (2): 51-81.

Hinton, W. J., Sheperis, C., & Sims, P. (2003). Family-based approaches to juvenile delinquency: A review of the literature. *The family journal*, *11*(2), 167-173. https://doi.org/10.1177/1066480702250156.

Hughes, S. P. (1990). Victim-Offender Mediation in the Juvenile Justice System. US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, Restitution Education, Specialized Training & Technical Assistance Program.

Hull, C., & Samuels, J. (2020). How Have States Addressed Behavioral Health Needs through the Justice Reinvestment Initiative. *Washington, DC: Urban Institute*.

Immarigeon, R., & Daly, K. (1997). Restorative justice: Origins, practices, contexts, and challenges. *The ICCA Journal on Community Corrections*, *8*(2), 13-19.

Irvine, A., Drew, P., & Sainsbury, R. (2013). 'Am I not answering your questions

properly? Clarification, adequacy and responsiveness in semi-structured telephone and face-to-face interviews. Qualitative Research, 13(1), 87-106. https://doi.org/10.1177/1468794112439086.

Jacobsson, M., Wahlin, L., & Andersson, T. (2012). Victim-offender mediation in Sweden: Is the victim better off? International Review of Victimology, 18(3), 229–249. https://doi.org/10.1177/0269758012446985.

Johnson, D. R., Scheitle, C. P., & Ecklund, E. H. (2021). Beyond the In-Person Interview? How Interview Quality Varies Across In-person, Telephone, and Skype Interviews. Social Science Computer Review, 39(6), 1142-1158. https://doi.org/10.1177/0894439319893612.

Jonas, J., Zebel, S., Claessen, J., & Nelen, H. (2022). The psychological impact of participation in victim-offender mediation on offenders: Evidence for increased compunction and victim empathy. *Frontiers in psychology*, *12*, 812629. https://doi.org/10.3389/fpsyg.2021.812629.

Jonas-van Dijk, J., Zebel, S., Claessen, J., & Nelen, H. (2020). Victim–offender mediation and reduced reoffending: Gauging the self-selection bias. *Crime & Delinquency*, *66*(6-7), 949-972. https://doi.org/10.1177/0011128719854348.

Juvenile Justice and Delinquency Prevention Act of 1974, 42 § 5601 (2018).

Katz, J., & Bonham Jr, G. (2006). Restorative justice in Canada and the United States: A comparative analysis. *JIJIS*, *6*, 187.

Kelly, E. L., Novaco, R. W., & Cauffman, E. (2019). Anger and depression among incarcerated male youth: Predictors of violent and nonviolent offending during

adjustment to incarceration. *Journal of Consulting and Clinical Psychology, 87*(8), 693–705. https://doi.org/10.1037/ccp0000420.

Kennedy, J. L., Tuliao, A. P., Flower, K. N., Tibbs, J. J., & McChargue, D. E. (2019). Long-term effectiveness of a brief restorative justice intervention. *International journal of offender therapy and comparative criminology*, *63*(1), 3-17. https://doi.org/10.1177/0306624X18779202.

Kennedy, T. D., Edmonds, W. A., Millen, D. H., & Detullio, D. (2019). Chronic juvenile offenders: Exploring risk factor models of recidivism. *Youth Violence and juvenile justice*, *17*(2), 174-193. https://doi.org/10.1177/1541204018770517.

Kim M (2018) From carceral feminism to transformative justice: Women of color feminism and alternatives to incarceration. Journal of Ethnic & Cultural Diversity in Social Work 27(3): 219–233. https://doi.org/10.1080/15313204.2018.1474827

Kimbrell, C. S., Wilson, D. B., & Olaghere, A. (2023). Restorative justice programs and practices in juvenile justice: An updated systematic review and meta-analysis for effectiveness. *Criminology & Public Policy*, *22*(1), 161-195. https://doi.org/10.1111/1745-9133.12613.

Kirkwood, S., & Hamad, R. (2019). Restorative justice informed criminal justice social work and probation services. *Probation Journal*, *66*(4), 398-415. https://doi.org/10.1177/0264550519880595.

Kolesnikov, R. F. (2022). The current state of juvenile delinquency. *Penitentiary science*, *16*(1), 57. https://orcid.org/0000-0002-0246-5536.

Lacey, N., & Pickard, H. (2015). To blame or to forgive? Reconciling punishment and

forgiveness in criminal justice. Oxford Journal of Legal Studies, 35(4), 665–696. http://doi.org/10.1093/ojls/gqv012.

Lambie, I., & Randell, I. (2013). The impact of incarceration on juvenile offenders. *Clinical psychology review*, *33*(3), 448-459. https://doi.org/10.1016/j.cpr.2013.01.007.

Larsen, J. J. (2014). Restorative justice in the Australian criminal justice system AIC Reports: Public Policy Series 127. Canberra, Australia: Australian Institute of Criminology. https://www.aic.gov.au/publications/rpp/rpp127.

Latimer, J., Dowden, C., & Muise, D. (2005). The effectiveness of restorative justice practices: A meta-analysis. The Prison Journal, 85(2), 127–144. https://doi.org/10.1177/0032885505276969.

Leschied, A. W., & Cunningham, A. (1998). Alternatives to custody for high-risk young offenders: The multisystemic therapy approach. *European Journal on Criminal Policy and Research*, *6*, 545-560.

Lipsey, M. W., Howell, J. C., Kelly, M. R., Chapman, G., & Carver, D. (2010). *Improving the effectiveness of juvenile justice programs: A new perspective on evidence-based practice*. Washington, DC: Center for Juvenile Justice, Georgetown University.

Lipsey, M. W. (2020). Revisited: Effective use of the large body of research on the effectiveness of programs for juvenile offenders and the failure of the model programs approach. *Criminology & Public Policy*, *19*(4), 1329-1345. https://doi.org/10.1111/1745-9133.12530.

Littell, J. H., Popa, M., & Forsythe, B. (2005). Multisystemic therapy for social, emotional, and behavioral problems in youth aged 10–17. *Campbell Systematic Reviews*, *1*(1), 1-63. https://doi.org/10.4073/csr.2005.1.

Littell, J. H., Pigott, T. D., Nilsen, K. H., Green, S. J., & Montgomery, O. L. (2021). Multisystemic Therapy® for social, emotional, and behavioural problems in youth age 10 to 17: An updated systematic review and meta-analysis. *Campbell Systematic Reviews*, *17*(4), e1158. https://doi.org/10.1002/cl2.1158.

Livanou, M., Furtado, V., Winsper, C., Silvester, A., & Singh, S. P. (2019). Prevalence of mental disorders and symptoms among incarcerated youth: a meta-analysis of 30 studies. *International Journal of Forensic Mental Health*, *18*(4), 400-414. https://doi.org/10.1080/14999013.2019.1619636.

Lloyd A., Borrill J. (2019). Examining the Effectiveness of Restorative Justice in Reducing Victims' Post-Traumatic Stress. *Psychological Injury and Law*, 13(1), 77–89. https://doi.org/10.1007/s12207-019-09363-9.

Logan-Greene, P., Kim, B. K. E., & Nurius, P. S. (2020). Adversity profiles among court-involved youth: Translating system data into trauma-responsive programming. Child Abuse & Neglect, 104, Article 104465. https://doi.org/10.1016/j.chiabu.2020.104465.

Looman, J., & Abracen, J. (2013). The risk need responsivity model of offender rehabilitation: Is there really a need for a paradigm shift? *International Journal of behavioral consultation and therapy*, *8*(3-4), 30-36. https://doi.org/10.1037/h0100980.

Luong, D., & Wormith, J. S. (2011). Applying risk/need assessment to probation practice and its impact on the recidivism of young offenders. *International Association for Correctional and Forensic Psychology*, *38*, 1179-1199. https://doi.org/10.1177/0093854811421596.

Mallion, J. S., Wood, J. L., & Mallion, A. (2020). Systematic review of 'Good Lives' assumptions and interventions. *Aggression and Violent Behavior*, *55*. https://doi.org/10.1016/j.avb.2020.101510.

Marianne Daher, David Carré, Andrea Jaramillo, Himmbler Olivares, & Alemka Tomicic. (2017). Experience and Meaning in Qualitative Research: A Conceptual Review and a Methodological Device Proposal. *Forum: Qualitative Social Research*, *18*(3). https://doi.org/10.17169/fqs-18.3.2696.

Masters, R. E. (2021). *Counseling criminal justice offenders*. Sage publications.

Maxwell, G., & Morris, A. (2001). Family group conferences and reoffending. *Restorative justice for juveniles: Conferencing, mediation and circles*, 243-263.

Maxwell, J. A. (2021). Why qualitative methods are necessary for generalization. *Qualitative Psychology*, *8*(1), 111–118. https://doi.org/10.1037/qup0000173.

McCold, P. (2003). An experiment in police-based restorative justice: The Bethlehem (PA) project. *Police Practice and Research*, *4*(4), 379-390. https://doi.org/10.1080/1561426031000163127 1.

McGarrell, E., Olivares, K., Crawford, K., & Kroovand, N. (2000). Returning justice to the community: The Indianapolis restorative justice experiment. Hudson Institute: Indianapolis, IN.

McGarrell, E. F., & Hipple, N. K. (2007). Family group conferencing and re-offending among first-time juvenile offenders: The Indianapolis experiment. *Justice Quarterly*, *24*(2), 221-246. https://doi.org/10.1080/07418820701294789.

McLeroy, K. R., Norton, B. L., Kegler, M. C., Burdine, J. N., & Sumaya, C. V. (2003). Community-based interventions. *American journal of public health*, *93*(4), 529-533.

Meeus, W., de Goede, M., Kox, W., & Hurrelmann, K. (Eds.). (2020). *Adolescence, careers and cultures* (Vol. 13). Walter de Gruyter GmbH & Co KG.

Melendez, A. (2021). The challenge of a face-to-face meeting: when offenders meet their victims during mediation. *Journal of Victimology* (11), 67-94.

Miller, Alexandra & Therrien, William & Romig, John. (2019). Reducing Recidivism: Transition and Reentry Practices for Detained and Adjudicated Youth with Disabilities. Education and Treatment of Children. 42. 409-438. https://www.jstor.org/stable/26736483.

Miller, L. (2020). A Qualitative Evaluation of the Phoenix Project: A Strengths-based, Trauma-Informed Care Intervention for African American, Transitional Age, Young Adults Living in San Francisco's Public Housing Community.

Miller, S. P. (2024). Thematic analysis. *Salem Press Encyclopedia*.

Moss, S. A., Lee, E., Berman, A., & Rung, D. (2019). When do people value rehabilitation and restorative justice over the punishment of offenders? *Victims & Offenders*, *14*(1), 32-51. https://doi.org/10.1080/15564886.2018.1539688.

Mulligan, S. (2009, November 1). From retribution to repair: juvenile justice and the

history of restorative justice. *University of La Verne Law Review*, *31*(1), 139–149.

Murray, L. F., & Belenko, S. (2005). CASASTART: A community-based, school-centered intervention for high-risk youth. *Substance Use & Misuse*, *40*(7), 913-933. https://doi.org/10.1081/JA-200058851.

Nascimento, A. M., Andrade, J., & de Castro Rodrigues, A. (2023). The psychological impact of restorative justice practices on victims of crimes—a systematic review. *Trauma, Violence, & Abuse*, *24*(3), 1929-1947. https://doi.org/10.1177/15248380221082085.

NeMoyer, A., Gale-Bentz, E., Goldstein, N. E., & Pema Harvey, L. (2020). Factors associated with successful completion of a community-based, postarrest juvenile diversion program and subsequent rearrest. *Crime & Delinquency*, *66*(5), 603-626. https://doi.org/10.1177/0011128719842377.

Nicklin, L. L. (2017). 'Make not your prisons your prisons': Participant- perceived potential outcomes of a Shakespeare focused alternative to juvenile incarceration in the USA. *Emotional & Behavioural Difficulties, 22*(1), 2-17. https://doi.org/10.1080/13632752.2017.1287339.

O'Brien, S. P. (2007). Restorative Justice: Principles, Practices, and Application. *Prevention Researcher*, *14(5)*, 16–17. https://link.gale.com/apps/doc/A173513899/HRCA?u=anon~e8f31ce&sid=googleScholar&xid=3e5f6d4a.

Office of Juvenile Justice and Delinquency Prevention. (2020). *Statistical briefing book.* Department of Justice.

https://vrnclearinghousefiles.blob.core.windows.net/documents/OJJDP_2019%20Annual%20Report.pdf.

Okada, D. (2013). Editor's Note. *Contemporary Justice Review*, *16*(1), 1–2. https://doi.org/10.1080/10282580.2013.769304.

Pappas, L. N., & Dent, A. L. (2023). The 40-year debate: a meta-review on what works for juvenile offenders. *Journal of experimental criminology*, *19*(1), 1-30. https://doi.org/10.1007/s11292-021-09472-z.

Parker, C., Scott, S., & Geddes, A. (2019). Snowball sampling. *SAGE research methods foundations*. http://dx.doi.org/10.4135/.

Pavelka, S., & Thomas, D. (2019). The evolution of balanced and restorative justice. *Juvenile and Family Court Journal, 70*(1), 37–58. https://doi.org/10.1111/jfcj.12125.

Pavlacic, J. M., Kellum, K. K., & Schulenberg, S. E. (2022). Advocating for the use of restorative justice practices: Examining the overlap between restorative justice and behavior analysis. *Behavior analysis in practice*, *15*(4), 1237-1246. https://doi.org/10.1007/s40617-021-00632-1.

Pederson, K. M., & Miller, H. A. (2022). Application of the Risk Principle in the Supervision and Treatment of Individuals Who Have Sexually Offended: Does "Oversupervision" Matter? *Criminal Justice & Behavior*, *49*(3), 350–370. https://doi.org/10.1177/00938548211040852.

Pennington, A. L. (2019). Keep Kids Out of Prison: Community-based Alternatives for Nonviolent Juvenile Offenders. *Intuition: The BYU Undergraduate Journal of*

Psychology, *14*(1), 9.

Percy, W., Kostere, K., & Kostere, S. (2015). Generic Qualitative Research in Psychology. *The Qualitative Report*. https://doi.org/10.46743/2160-3715/2015.2097.

Perlman, B. (1985). Training and career issues of APA-affiliated master-level clinicians. *Professional Psychology: Research and Practice, 16*(6), 753–767. https://doi.org/10.1037/0735-7028.16.6.753.

Peters, K., & Halcomb, E. (2015). Interviews in qualitative research. *Nurse Researcher (2014+), 22*(4), 6. https://doi.org/10.7748/nr.22.4.6.s2.

Polit, D. F., & Beck, C. T. (2014). *Study guide for essentials of nursing research: appraising evidence for nursing practice*. Lippincott Williams & Wilkins.

Prescott, D. S. (2013). Principles and programs for young offenders. *Resource Material Series*, *91*, 69-79. https://unafei.or.jp/publications/pdf/RS_No91/No91_09VE_Prescott.pdf.

Presser, L., & Van Voorhis, P. (2002). Values and evaluation: Assessing processes and outcomes of restorative justice programs. Crime & Delinquency, 48, 162–188. https://doi.org/10.1177/0011128702048001007.

Program Profile: CASASTART. Crime Solutions, National Institute of Justice. (2012). https://crimesolutions.ojp.gov/ratedprograms/284.

Purvis, M., Ward, T., & Shaw, S. (2013). *Applying the Good Lives Model to the case management of sexual offenders: A practical guide for probation officers, parole officers, and case workers.* Safer Society Press.

Puzzanchera, C., Stahl, A.L., Finnegan, T.A., Snyder, H.N., Poole, R.S., and Tierney, N. 2000. *Juvenile Court Statistics 1997.* Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. https://www.ojp.gov/library/publications/juvenile-court-statistics-1997.

Puzzanchera, C. (2013). *Juvenile arrests 2010* (Juvenile Justice Bulletin). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/242770.pdf.

Rahman, Rafidah Binti AB (2023). Comparison of Telephone and In-Person Interviews for Data Collection in Qualitative Human Research. University of Illinois at Chicago. Journal contribution. https://doi.org/10.25417/uic.22217215.v1.

Reagan, L., Nowlin, S. Y., Birdsall, S. B., Gabbay, J., Vorderstrasse, A., Johnson, C., & Melkus, G. D'E. (2019). Integrative review of recruitment of research participants through Facebook. *Nursing Research*, *68*(6), 423-432. https://doi.org/10.1097/NNR.0000000000000385.

Reisch, M. (2012). Intervention with communities. *Social work practice with groups, communities, and organizations: evidence-based assessments and interventions*, 81-130.

Richards, K. (2009). V: Rewriting and reclaiming history: an analysis of the emergence of restorative justice in western criminal justice systems. *International Journal of Restorative Justice*, *5*(1), 104.

Riley, B. (2018). A better approach to school discipline: How restorative practices can decrease disciplinary referrals and increase students' social-emotional skills. Principal, 97, 14–17.

Rovner, J. (2023, May 16). *Youth Justice by the Numbers*. The Sentencing Project. https://www.sentencingproject.org/policy-brief/youth-justice-by-the-numbers/

Rubin, H. J., & Rubin, I. S. (2011). *Qualitative interviewing: The art of hearing data*. sage.

Ryon, S. B., Early, K. W., & Kosloski, A. E. (2017). Community-based and family-focused alternatives to incarceration: A quasi-experimental evaluation of interventions for delinquent youth. *Journal of Criminal Justice*, *51*, 59-66. https://doi.org/10.1016/j.jcrimjus.2017.06.002.

Saunders, R. A. (2016). Family Group Conference Experiences From The Perspective Of Volunteer Facilitators. *MSU Graduate Theses*. 2349. https://bearworks.missouristate.edu/theses/2349.

Savignac, J. (2009). *Families, youth and delinquency: The state of knowledge, and family-based juvenile delinquency prevention programs. Ottawa, Ontario Canada: National Crime Prevention Centre (NCPC)*. Research Report: 2009-1.

Sawyer, W. (2019). Youth confinement: The whole pie 2019. https://dataspace.princeton.edu/handle/88435/dsp01rb68xg05b.

Schoenwald, S. K. (2016). The Multisystemic Therapy® quality assurance/quality improvement system. *Quality improvement in behavioral health*, 169-192. https://doi.org/10.1007/978-3-319-26209-3_12.

Scott, C. K., Dennis, M. L., Grella, C. E., Funk, R. R., & Lurigio, A. J. (2019). Juvenile justice systems of care: Results of a national survey of community supervision agencies and behavioral health providers on services provision and cross-system interactions. *Health & Justice*, *7*, 1-18. https://doi.org/10.1186/s40352-019-0093-x.

Scott, D. A. (2022). Examination of a community-based, multifaceted program for juvenile offenders and their families. *Safer Communities*, *21*(4), 290-301. https://doi.org/10.1108/SC-03-2022-0011.

Seigle, E., Walsh, N., & Weber, J. (2014). *Core principles for reducing recidivism and improving other outcomes for youth in the juvenile justice system*. Council of State Governments.

Sheerin, K. M., Borduin, C. M., Brown, C. E., & Letourneau, E. J. (2021). An evaluation of mechanisms of change in multisystemic therapy for juvenile justice-involved youths a decade following treatment. *Journal of Marital and Family Therapy*, *47*(1), 208-219. https://doi.org/10.1111/jmft.12446.

Sickmund, M. Sladky, T.J., Kang, W. and Puzzanchera, C. (2017), Easy access to the census of juveniles in residential placement. www.ojjdp.gov/ojstatbb/ezacjrp/.

Sickmund, M., Sladky, A. and Kang, W. (2021), Easy access to juvenile court statistics: 1985-2019, online, available at: www.ojjdp.gov/ojstatbb/ezajcs/.

Skinner-Osei, P., Mangan, L., Liggett, M., Kerrigan, M., & Levenson, J. S. (2019). Justice-Involved Youth and Trauma-Informed Interventions. *Justice Policy Journal*.

Smith, P., Gendreau, P., & Swartz, K. (2009). Validating the principles of effective intervention: A systematic review of the contributions of meta-analysis in the field of corrections. Victims and Offenders, 4, 148-169. https://doi.org/10.1080/15564880802612581.

Snehil, G., & Sagar, R. (2020). Juvenile justice system, juvenile mental health, and the role of MHPs: Challenges and opportunities. *Indian journal of psychological medicine*, *42*(3), 304-310. https://doi.org/10.4103/IJPSYM.IJPSYM_82_20.

Staff, J. (2023). *Federal bureau releases new data on reported sexual assault and harassment in juvenile facilities*. Juvenile Justice Information Exchange. https://jjie.org/2023/04/13/federal-bureau-releases-new-data-on-reported-sexual-assault-and-harassment-in-juvenile-facilities/.

Strauss, C., Deleurme, K., & Cummings, J. A. (2023). Everyone Has Won, but There are Two Types of Prizes: Simple versus Healing Satisfaction Following Victim-Young Offender Mediation. Victims & Offenders, 1-19. https://doi.org/10.1080/15564886.2023.2227951.

Streib, V. L. (1976). The informal juvenile justice system: A need for procedural fairness and reduced discretion. *J. Marshall J. Prac. & Proc.*, *10*, 41.

Suzuki, M., & Yuan, X. (2021). How does restorative justice work? A qualitative meta-synthesis. Criminal Justice and Behavior, 48(10), 1347–1365. https://doi.org/10.1177/0093854821994622.

- Tadros, E., & Ogden, T. E. (2020). Conceptualizing Incarcerated Coparenting Through a Structural Family Theory Lens. Marriage & Family Review, 56(6), 535–552. https://doi.org/10.1080/01494929.2020.1728007.

Tadros, E., Schleidan, C., Jenkins, L., & Aguirre, N. (2021). The experiences of marriage and family therapists working in incarcerated settings. *The American Journal of Family Therapy*, *49*(5), 461-479. https://doi.org/10.1080/01926187.2020.1834469.

Tapp, J., Moore, E., Stephenson, M., & Cull, D. (2020). "The image has been changed in my Mind": a case of restorative justice in a forensic mental health setting. *The Journal of Forensic Practice*, *22*(4), 213-222. https://doi.org/10.1108/JFP-05-2020-0023.

Taxman, F. S., & Smith, L. (2021). Risk-need-responsivity (RNR) classification models: Still evolving. *Aggression and Violent Behavior*, *59*, 101459. https://doi.org/10.1016/j.avb.2020.101459.

Taylor, E. (2017). "I should have been a security consultant": The Good Lives Model and residential burglars. *European Journal of Criminology, 14*(4), 434–450. https://doi.org/10.1177/1477370816661743.

Taylor, T. O., & Bailey, T. K. M. (2022). The Restorative Justice Attitudes Scale: Development and Initial Psychometric Evaluation. *The Counseling Psychologist*, *50*(1), 6-39. https://doi.org/10.1177/00110000211044485.

Timmons-Mitchell, J., Bender, M. B., Kishna, M. A., & Mitchell, C. C. (2006). An independent effectiveness trial of multisystemic therapy with juvenile justice youth. *Journal of Clinical Child & Adolescent Psychology*, *35*(2), 227-236.

https://doi.org/10.1207/s15374424jccp3502_6.

Thorson, A. M. (1999). From parens patriae to crime control: A comparison of the history and effectiveness of the juvenile justice systems in the United States and Canada. Arizona Journal of International and Comparative Law, 16, 845–871.

Umbreit, M. S. (2000). *Family group conferencing: Implications for crime victims*. US Department of Justice, Office of Justice Programs, Office for Victims of Crime.

Umbreit, M. (2023). *Victim meets offender: The impact of restorative justice and mediation*. Wipf and Stock Publishers.

Umbreit, M. S., Coates, R. B., & Vos, B. (2002). The impact of restorative justice conferencing: A multi-national perspective. *British Journal of Community Justice*, *1*, 21-48.

Umbreit, M. S., & Armour, M. P. (2011). Restorative justice dialogue: An essential guide for research and practice. New York, NY: Springer.

Umbreit, M. S., & Coates, R. B. (1993). Cross-site analysis of victim-offender mediation in four states. Crime & Delinquency, 39(4), 565-585. https://doi.org/10.1177/0011128793039004010.

Umbreit, M. S., Coates, R. B., & Vos, B. (2004). Victim-offender mediation: Three decades of practice and research. Conflict Resolution Quarterly, 22(1–2), 279–303. https://doi.org/10.1002/crq.102.

Umbreit, M., & Hansen, T. (2017). Victim-offender mediation: A humanistic approach. In *The Mediation Handbook* (pp. 97-104). Routledge.

United Nations Office on Drugs and Crime. (2019). *Crime Prevention & Criminal Justice*

Module 8 Key Issues: 1. Concept, Values and Origin of Restorative Justice. https://www.unodc.org/e4j/en/crime-prevention-criminal-justice/module-8/key-issues/1--concept--values-and-origin-of-restorative-justice.html.

Urban, T. H., Nguyen, T. T. T., Morford, A. E., Spinelli, T., Martinovich, Z., Schewe, P. A., & Risser, H. J. (2020). Utilization of evidence-based treatment models at community-based mental health settings for young children exposed to violence. *Children and Youth Services Review*, *116*, 105233. https://doi.org/10.1016/j.childyouth.2020.105233.

Valentine, S.E., Ahles, E.M., Dixon De Silva, L.E., Patrick, K.A., Baldwin, M., Chablani-Medley, A., ... Marques, L. (2019). Community-Based Implementation of a Paraprofessional-Delivered Cognitive Behavioral Therapy Program for Youth Involved with the Criminal Justice System. *Journal of Health Care for the Poor and Underserved 30*(2), 841-865. https://doi.org/10.1353/hpu.2019.0059.

VanBenschoten, S. W., Bentley, J., Gregoire, N. B., & Lowenkamp, C. T. (2016). The real-world application of the risk principle: is it possible in the field of probation? *Federal Probation*, *80*(2), 3–9.

Van Damme, L., Hoeve, M., Vermeiren, R., Vanderplasschen, W., & Colins, O. F. (2016). Quality of life in relation to future mental health problems and offending: Testing the Good Lives Model among detained girls. *Law and Human Behavior, 40*(3), 285–294. https://doi.org/10.1037/lhb0000177.

Van Ness, D. W. (1986). *Crime and its victims*. Intervarsity Press.

Viglione, J. (2019). The risk-need-responsivity model: How do probation officers

implement the principles of effective intervention? *Criminal Justice and Behavior*, *46*(5), 655-673. https://doi.org/10.1177/0093854818807505.

Vitopoulos, N.A., Peterson-Badali, M., Brown, S. *et al.* The Relationship Between Trauma, Recidivism Risk, and Reoffending in Male and Female Juvenile Offenders. *Journ Child Adol Trauma* 12, 351–364 (2019). https://doi.org/10.1007/s40653-018-0238-4.

Wachtel, T. (2013). Defining restorative. https://www.nassauboces.org/cms/lib/NY01928409/Centricity/Domain/1699/Defining%20Restorative.pdf.

Walgrave, L. (2004). Restoration in youth justice. *Crime and Justice*, *31*, 543-597. https://www.journals.uchicago.edu/doi/abs/10.1086/655348.

Walgrave, L., Ward, T., & Zinsstag, E. (2021). When restorative justice meets the Good Lives Model: Contributing to a criminology of trust. *European Journal of Criminology*, *18*(3), 444-460. https://doi.org/10.1177/1477370819854174.

Walters, C. H. (2001). Assumptions of Qualitative Research Methods. Perspectives In Learning, 2 (1). http://csuepress.columbusstate.edu/pil/vol2/iss1/14.

Ward, T., & Brown, M. (2004). The Good Lives Model and conceptual issues in offender rehabilitation. Psychology, Crime & Law, 10(3), 243–257. https://doi.org/10.1080/10683160410001662744.

Ward, T., Willis, G. M., & Prescott, D. S. (2024). 17 The Rehabilitation of Corrections Clients: Good Lives and Risk Reduction.

Ward, T., Melser, J., & Yates, P. M. (2007). Reconstructing the risk–need–responsivity

model: A theoretical elaboration and evaluation. *Aggression and Violent Behavior, 12*(2), 208–228. https://doi.org/10.1016/j.avb.2006.07.001.

Ward, T., & Salmon, K. (2009). The ethics of punishment: Correctional practice implications. Aggression and Violent Behavior, 13(4), 239–247. http://dx.doi.org/10. 1016/j.avb.2009.03.009.

Ward, T & Syversen, K. (2009). Vulnerable agency and human dignity: An ethical framework for forensic practice. *Aggression and Violent Behavior* 14: 94–105.

Ward, T. (2010). The Good Lives Model of offender rehabilitation: Basic assumptions, aetiological commitments, and practice implications. In F. McNeill, P. Raynor, & C. Trotter (Eds.). *Offender supervision: New directions in theory, research and practice* (pp. 41–64). Oxon, UK: Willan Publishing.

Ward, T., & Fortune, C. A. (2016). The role of dynamic risk factors in the explanation of offending. *Aggression and violent behavior*, *29*, 79-88. https://doi.org/10.1016/j.avb.2016.06.007.

Ward, T., Willis, G. M., & Prescott, D. S. (2024). 17 The Rehabilitation of Corrections Clients: Good Lives and Risk Reduction. https://safersociety.org/wp-content/uploads/2023/12/Ward-Willis-Prescott-2023-08-30-pre-print.pdf.

Washington State Institute for Public Policy. (1998). Watching the bottom line: Cost-effective interventions for reducing crime in Washington.

Weitekamp, E. G. M. (1989). *Restitution: A new paradigm of criminal justice or a new way to widen the system of social control?* University of Pennsylvania.

Wilkinson, R. A. (1997). A shifting paradigm: Modern restorative justice principles have

their roots in ancient cultures. *Corrections Today*, *59*, 5-10.

Wilson, S. J., & Lipsey, M. W. (2000). Wilderness challenge programs for delinquent youth: A meta-analysis of outcome evaluations. *Evaluation and program planning*, *23*(1), 1-12. https://doi.org/10.1016/S0149-7189(99)00040-3.

Wilson, D. B., Olaghere, A., & Kimbrell, C. S. (2018). *Effectiveness of restorative justice principles in juvenile justice: A meta-analysis*. Inter-university Consortium for Political and Social Research.

Youth Involved with the Juvenile Justice System | Youth.gov. (n.d.). https://youth.gov/youth-topics/juvenile-justice/youth-involved-juvenile-justice-system.

Youth Justice. (n.d.). Children's Defense Fund. Retrieved August 3, 2024, from https://www.childrensdefense.org/tools-and-resources/the-state-of-americas-children/soac-youth-justice/.

Zeccola, J., Kelty, S.F. and Boer, D. (2021), "Does the good lives model work? A systematic review of the recidivism evidence", *The Journal of Forensic Practice*, Vol. 23 No. 3, pp. 285-300. https://doi.org/10.1108/JFP-03-2021-0010.

Zehr, H. (2015). *The little book of restorative justice: Revised and updated*. Simon and Schuster.

Appendix: Demographic Questionnaire

1. What is your age?
2. What is your gender?
3. How would you describe your race/ethnicity?
4. What is your educational background?
5. What is your current state(s) of practice?
6. What professional licenses or certifications do you currently hold?
7. What is your current job title/role?
8. What is your primary work setting?
9. Is your primary work setting within an urban, suburban, or rural practice location?

Interview Guide

Thank you for agreeing to participate in this dissertation study. My name is JacQue' Timberlake, and I am a doctoral candidate at Walden University. This research study aims to explore clinician perceptions of restorative justice and community-based intervention programs for juvenile offenders. Restorative justice programs focus on repairing the harm caused by criminal behavior through reconciliation between offenders, victims, and the community. Community-based intervention programs aim to rehabilitate youth offenders through services provided within their community. Our conversation today will last about an hour or so. Ultimately, I'm here to gather your insights, perceptions, and experiences relative to the research topic. Everything you share will be kept confidential, and your responses will only be utilized for research purposes. In addition, this interview will be recorded (audio only) in order to review and transcribe

your responses during the data collection process. If you desire to receive a copy of the interview transcript, please let me know, and I would be happy to provide an electronic version to the email you provided. During this interview, please feel free to stop me at any time if you have any questions or concerns as well. You will also receive a $10 Visa gift card for your participation. Do you have any questions before we begin?

1. How long have you worked as a clinician?
    a. Do you practice in one or multiple states? If so, what states?
    b. How long have you worked with juvenile offenders?
2. What has been your experience working with juvenile offenders in a clinical setting?
    a. Can you describe some examples of cases you've worked with and explain the range of challenges they presented, from less severe to more severe?
    b. How did the offenses or behaviors affect the therapeutic process?
3. How familiar are you with restorative justice and community-based intervention programs as an approach for juvenile offenders?
    a. Based on your knowledge and experience, what are the primary goals of restorative justice programs?
    b. What are the primary goals of community-based intervention programs?

4. What are your perceptions of traditional justice methods (incarceration) compared to restorative justice and community-based intervention programs in addressing the needs of juvenile offenders?
    a. What are the key elements that make traditional justice methods effective or ineffective, in your view?
    b. What are the key elements that make restorative justice and community-based intervention programs effective or ineffective, in your view?
5. How would you describe the impact of restorative justice and community-based intervention programs on juvenile offenders' rehabilitation and reintegration?
    a. In your opinion, do these programs contribute to a reduction in recidivism among juvenile offenders? Why or why not?
    b. How do these challenges impact their participation in rehabilitation programs?
6. What do you believe are the main strengths of restorative justice and community-based intervention programs?
    a. What do you believe are the challenges or limitations of restorative justice and community-based intervention programs?
    b. Can you share any successes or challenges you have witnessed when implementing these programs?

7. How do you perceive the role of victim, family, and community involvement in restorative justice and community-based intervention programs for juvenile offenders?
    a. As a clinician, are there strategies that you would find effective in engaging victims?
    b. Are there strategies that you would find effective in engaging family and community members?
8. How do you think restorative justice and community-based intervention programs influence the role of clinicians when working with juvenile offenders?
    a. How do you perceive the role of clinicians with varying levels of education, training, and experience (e.g., probation officers, paraprofessionals, community volunteers) in conducting restorative justice and community-based intervention programs for juvenile offenders?
    b. What kind of education, training, or support do you believe clinicians need to conduct restorative justice and community-based intervention programs effectively?
9. In what ways do you think restorative justice and community-based intervention programs align or conflict with existing criminal justice policies and practices?
    a. What role do you see for policymakers and juvenile justice officials in supporting or improving these programs?

b. How do community attitudes and perceptions affect the implementation and success of these programs?

10. What improvements or changes would you recommend for current restorative justice and community-based intervention programs for juvenile offenders?
    a. Are there any gaps or areas that you believe need more attention concerning the effective implementation of these programs for juvenile offenders?
    b. How do you envision the future of these programs in the context of juvenile justice?

Closing

Thank you so much for your time and insights. Your participation is valuable to this study and will contribute to the further understanding of restorative justice and community-based interventions for juvenile offenders. As stated before, if you desire to receive a copy of the interview transcript, please let me know, and I would be happy to provide an electronic version to the email you provided. Thank you again, and I hope that you enjoy the rest of your day.