Northern California Training Academy

Promoting Positive Placements for Probationers

A Literature Review

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Executive Summary

The majority of juvenile delinquent youth limit their criminal behavior to adolescence or emerging adulthood. However, some youth continue and escalate their criminal behavior. Neurological development suggests that adolescence is indeed a developmental period that contributes to juvenile delinquency. However, individual, social and environmental factors contribute to the risk for delinquency. Specifically, substance abuse and child welfare involvement are particularly salient to juvenile justice involvement. Importantly, these two vulnerabilities likely have great impact on the neurodevelopment of youth and the interactive effects likely contribute to criminal behavior. Type of placement is associated with greater risk for future criminal involvement, and recidivism. More specifically, incremental increases in supervision and restriction are associated with greater involvement in the juvenile justice and adult justice system.

Key elements of prevention/intervention programs are detailed. For example, fostering relationships with community agencies, and within the family are targeted. Specific goals and processes for juvenile justice organizations are outlined, including screening and assessment for youth and their families. A key finding is that although many youth are referred to appropriate services, few youth actually receive the

necessary services. Finally, because most juvenile justice youth require mental health and substance abuse treatment, Best Practices that address these issues are presented.

Moffit (1993) proposed that there are two types of juvenile offenders. The most common type, engage in juvenile delinquent activities for a limited time during adolescence and terminate these behaviors upon graduation from high school, join the military, marry a prosocial spouse, move away from the old neighborhood or get a full-time job. On the other hand, the life-course persistent youth, engage in antisocial behavior across their lifespan, starting in early childhood, and engage in extreme delinquent behavior in adolescence, and represent approximately 10% of juvenile offenders.

A recent review of the literature concerning neurological development and youth decision-making capacities reveals that adolescence is a time of excessive risk-taking due to a gap in the rate of maturity of the socio-emotional system (rapid maturation during adolescence) and cognitive-control system (gradual maturation during adolescence) (Kambam & Thompson, 2009). The implications for child welfare and the juvenile justice system are paramount. The same maturity-immaturity gap may result in deficits in decision-making and judgment. Thus, the issue of adolescent culpability is an important one, especially in light of the psychosocial context of adolescence. Furthermore, efforts at deterring juvenile antisocial behavior should be informed by this

research. That is, deterrents that are longer term such as incarceration, or behaviorally based are less likely to be effective for many.

Bacon, Paternoster & Brame (2009) found that the link between age of onset and antisocial behavior is unclear, but that there is evidence for environmental associations with age of onset, or individual factors. Indeed, comprehensive review of the literature (Maschi, Hatcher, Schwalbe & Rosato , 2008) concerning the service needs and use patterns of youth who enter the juvenile justice system reveals that there are multiple individual factors that place youth at risk. Namely, minority status, lower socioeconomic status, male, and a history of trauma, mental health, or substance abuse problems are primary individual factors. McMahon and Clay-Warner (2002) found that youth who experienced a family separation through divorce, separation, or death, and removal from the home due to abuse or neglect increases the risk of later adult arrest. Furthermore, social/environmental factors associated with elevated risk of prolonged juvenile justice involvement include unmet service needs and/or prior service involvement with special education, child welfare, social services, and mental health and/or substance abuse treatment. Indeed, coupling child welfare issues with the neurodevelopment of youth presents a dismal outlook for these youth.

Important, nearly half of released youth offenders are arrested within a few years of their release (Wilson, Lipsey, & Soydan, 2003). Similar to child welfare youth, these

youth tend to have relatively negative outcomes (Abrams, Shannon, & Sangalang, 2007). Indeed, involvement in the child welfare system has been found to be a predictor of juvenile justice or the adult penal system (Widom, 2003). However, contrary to child welfare youth, the literature on the juvenile justice population is relatively limited (Abrams et al., 2007).

Substance Use and Abuse and Juvenile Justice

There is a well established relation between juvenile criminal offending and substance use disorders (Chassin, 2008). Some report that approximately half (56% of boys and 40% of girls) of adolescent criminal offenders test positive for drug use. Importantly, substance using youth are more likely to continue criminal behaviors, especially if left untreated. Non-Hispanic white youth have the highest rates of substance use disorder (SUD), and African American youth have the lowest rates (Teplin and others, 2006).

Consequently, Chassin (2008) proposes that drug treatment may be an effective way to reduce recidivism. However, accurate screening for substance use problems and diversion at intake appears to be underutilized (Chassin, 2008). One problem, in particular, is that drug use measures typically rely on self-report data, although one study found that half of juvenile cocaine users (established by bioassay) denied drug use (McClelland, Teplin & Abram, 2004). In order to obtain the most reliable results,

Chassin (2008) recommends a multiple-method approach to evaluation consisting of biological methods (urinalysis, saliva or hair) and self-report. Furthermore, because current diagnoses from the American Psychiatric Association do not distinguish between adult and juvenile diagnoses, and the practical implications for a substance use disorder and substance use dependence are not entirely clear, especially for adolescents, Chassin (2008) recommends that treatment decisions should be made accordingly. One common, yet important, theme identified is that although many youth are identified of being in need of treatment services, there remains a gap in the number provided treatment services (Chassin, 2008; Glisson & Green, 2006). Thus, to promote positive outcomes for juvenile justice youth with substance abuse problems, is to insure that they receive treatment services as early as possible.

Child Welfare and Juvenile Justice

Child welfare involvement and juvenile justice involvement are relatively common. Johnson-Reid and Barth (2003) studied youth who exited child welfare and later entered probation foster care. The study reveals that youth were more likely to experience a first entry to child welfare between the ages of 12 and 15, were more likely to be African American, male, entered child welfare because of physical abuse, and first exited child welfare by running away. The rates of later placement in probation foster care were relatively low (5% for boys and 2% for girls). However, youth who

experienced three or more child welfare placements were more likely to enter probation foster care than children who experienced fewer than three placements. Youth with six or more reentries in foster care entered probation foster care at a rate of approximately 60%. In addition, youth whose first out of home placement was a group care facility such as group residential care, were more likely to enter probation foster care. Many of these risk factors can be addressed with appropriate services such as examining the profiles of the youth and with comprehensive screening and assessment.

Additionally, Ryan and Testa (2005) studied a large (n=18,676 children) group of children involved with child welfare in Chicago. A unique contribution of this study is that they included youth of all ages. They found that males who experienced maltreatment are more likely to engage in delinquent behaviors. Multiple substantiated reports of maltreatment are associated with a greater preponderance of delinquency, especially for males. Importantly, males and females who are placed in out of home care have greater rates of delinquency, on average.

For youth who are placed out of the home because of maltreatment the results vary by gender. Females who have three or more substantiated cases of maltreatment, they are substantially more likely to be delinquent. For males, older age, being African American, and having placement instability are associated with higher rates of delinquency. For girls, placement appears to be a primary factor in delinquency, while

for males, placement instability is a primary factor (Ryan & Testa, 2005). Similarly, Ryan (2006) found that youth who experienced multiple staff turnover in out of home placement had higher rates of recidivism than youth who did not experience multiple staff turnover. In addition, they found relatively high rates of recidivism for all adjudicated youth, with particularly high rates for youth who experienced maltreatment.

Contributing to the understanding of out of home placements on juvenile delinquency in maltreated youth, Ryan , Marshall, Herz, and Hernandez (2008) found that youth placed in a group home were more than twice as likely to be delinquent than youth placed in family foster care. Moreover, although a minority of youth are placed in groups homes, nearly half of arrests in the child welfare system are attributable to youths placed in group homes. At least two theories are offered for the association. The first theory focused on the negative peer environment, and the second explores thresholds of acceptable behavior and the likelihood of increased contact with law enforcement in group care facilities. In addition, Gatti, Tremblay and Vitaro (2009) found similar results. That is, in a comprehensive longitudinal examination of the long-term effects of the juvenile justice system, the researchers found that more restrictive and more intense justice system intervention had significantly greater negative impact on youth. The effect is related to type of placement with institutional placement associated with the greater criminal behavior, followed by supervisory placement with

moderate effects, and nonsupervisory with the least criminal behavior. Overall, research indicates that more restrictive group facilities are detrimental to the development of juvenile justice youth.

Ryan (2006) argues that adjudicated youth need specialized aftercare services to address their special needs. Specifically, youth and their families should include comprehensive assessment, individual case planning, periods of intensive surveillance, incentives, graduated consequences, service brokerage with community resources and linkage with social networks. Importantly, youth and their families need services directly related to the maltreatment issues. That is, prevention efforts should have multiple targets such as preventing recidivism as well as abusive or neglectful family environments.

Placements

Juvenile placement options in California are formal and informal probation, confinement in juvenile hall, assignment to juvenile ranch or camp, transfer to the California Youth Authority (CYA), and transfer to adult court for disposition (Turner & Fain, 2006). One study examined a group of youths who were considered "difficult to place" because of severe behavior problems, failure to respond to outpatient services, or their inability to remain in their home environments due to their behavior problems (home, school or other social settings; Forand, 1999). Importantly, nearly 80 of these

children were relinquished by their parents, with a rate of nearly 70% for termination of parental rights.

The parents of these children also had severe problems (substance abuse 60%, criminal behavior 54.2%, and incarceration 41.7%), and children experienced significant trauma (sexual abuse 88.2%, neglect 85.7%, physical abuse 78.3%, and family violence 65.2%). The majority of these children were diagnosed with one or more psychiatric illnesses ranging from mood and anxiety symptoms (78%) to PTSD or Reactive Attachment Disorder (70%) while 56% are comorbid, or have two or more psychiatric illnesses. The youth were typically violent toward adults (96%), and 21.5% purposefully instigated fights with peers (Forand, 1999). Furthermore, the prevalence of suicide risk is 70.4% (Armour & Schwab, 2007).

The U.S. Department of Justice (2005) reviewed detention and confinement options for different levels of risk. Secure detention is designed to hold youth upon arrest in a juvenile detention facility such as juvenile hall. Secure confinement is for youth who have been adjudicated delinquent and have been committed to correctional facilities for a few months to several years. They propose that secure detention and confinement is "almost never appropriate" for the very young, vulnerable, first-time offenders; those charged with nonserious offenses; and those with active, involved parents and strong community-based support systems.

In addition, the U.S. Department of Justice (DOJ) argues that status offenders also should not require secure detention. For others, the DOJ, argues that community-based programs are often more effective. Indeed, research indicates that community-based programs such as intensive supervision, group homes, day reporting centers, and probation, are more effective than traditional correctional programs such as training schools at reducing recidivism and improving community adjustment (Howell, 1995). In making placement decisions for juvenile justice youth, workers need to consider not only the need for supervision and monitoring, but also the strengths and needs of the offender, the environment, and responsibility for making pro-social choices (Bradshaw & Roseborough, 2005).

Similarly, in a relatively large study (n=1,249) of youth involved in child welfare and the juvenile justice system Glisson & Green (2006) found that those who received specialty mental health care were more likely to avoid out-of-home placements. Importantly, studies suggest that between 46% and 88% of youth involved in the juvenile justice system are in need of mental health treatment for mental health problems and serious emotional problems (Garland et al., 2001). Thus, provision of intensive mental health services may prove effective at stabilizing youth with mental health problems.

Early on, meta-analytic research (Lipsey, 1992) found that youth in community-based treatment had better outcomes than youth placed in institutional settings. More recently, Hamilton, Sullivan, Veysey and Grillo (2007) found that as a youth age, they are less likely to be placed in out of community care. In addition, youth who received wraparound funds were also less likely to be placed in out of community care. Youth with significant mental health or substance abuse problems were less likely to be placed in out of community care. On the other hand, youth with a prior placement history were more likely to be placed in out of community care. It should be noted, however, that participants in this study participated in programs designed to divert them from out of community care. Programs that provide direct care have been found to be more effective at diverting youth from out of community placements than youth in indirect care programs that utilize referral to other agencies and services (Hamilton et al., 2007).

In a review of the literature, Turner & Fain (2006) found that participants of programs in California targeted at improving outcomes for juvenile justice youth tend to fare better than youth in traditional probation programming. However, more data is needed that specifies the types of youth who participated, and the types of services they received in those programs. In California, programs include the Repeat Offender Prevention Program (8 counties), Juvenile Justice Crime Prevention Act (193 programs in 56 counties), and the Juvenile Crime Enforcement and Accountability Challenge Grant Program.

Recidivism

A large study of recidivism found that males are more likely to recidivate than females (Minor, Wells, & Angel, 2008). Especially noteworthy, older males with a history of neglect, and possibly special education are the most likely to recidivate, and therefore should receive the most intensive services. For females, a clear constellation of predictors failed to emerge. Thus, intervention efforts for male and female juvenile offenders may not be similarly effective. Hamilton, Sullivan, Veysey and Grillo (2007) (2007) found that youth with substance abuse problems were more likely to recidivate than youth without such problems. Of note, a delay between screening and assessment and treatment increases the risk for negative outcomes such as relapse or rearrest (Hamilton et al., 2007).

Abrams et al. (2007) found that a short (six weeks) intensive transitional living program (TLP) targeted at incarcerated youth did not significantly reduce recidivism rates. Identified risk factors for recidivism were age at admission and number of prior arrests. Qualitative results suggest that reentry into negative peer groups and insufficient preparation for reentry were important factors for recidivism. For example, both TLP staff and youth reported the lack of continuous aftercare contact and services as problematic. On the other hand, qualitative results suggest that the TLP fostered the

development of practical skills in the areas of education and employment, as well as some relationships that could support their independence.

Prevention/Intervention Programs

Prevention and intervention efforts should include community programs and agencies such as Big Brothers/Big Sisters, Scouts, Boys and Girls Clubs, YMCA/YWCA, and faith-based groups for mentoring, tutoring and counseling. An example program is Barrios Unidos in Santa Cruz, California, Juvenile Hall (Roush, Miesner & Winslow, 2002). This program utilizes community agencies while youth are confined and after they have transitioned out. These agencies assist with appropriate programs, activities, and job placements.

Agencies should provide a continuum of services as strong and intense levels of removal are not warranted for the majority of youth involved in the juvenile justice system, especially the short-term population. These types of placements limit the frequency and type of family and community visits which may be vital to maintaining positive relationships. Agencies should make successful exit a priority, from the point of entry to exit. This overarching goal should be evident in programs and relationships. The exit priority should start at entry and continue throughout transition to and stabilization in the community. In addition, to facilitate a stable transition, agencies should work to strengthen and preserve the family.

In order to meet these goals, first, agencies need to develop reentry standards and goals. These goals should focus on helping youth transition home and stay home. In order to do this, agencies need a reentry team consisting of confinement staff, educators, community based service providers, law enforcement, employment trainers, and mentors. This team can assist in the development of a protocol for the assessments of risk, needs, assets and strengths to effectuate the reentry standards and goals. Next, the team should develop system for reentry plans (at time of entry) to include program managers in confinement, community-based providers, and the youth. After the youth are discharged, they should be provided a continuum of supervision that is continuous when needed and case-appropriate. Overall, youth and their families should be provided continuity of service that is seamless, and includes provisions for restitution and community service, educational services, housing, job training and placement, substance abuse services, mental health services, medical services, individual and family counseling, leisure time activities, preparation for independent living (Roush, Moeser & Walsh, 2005).

For those with mental health problems, wraparound services have shown to reduce rates of recidivism (Pullman, Kerbs, Koroloff, Veach-White, Gaylor & Sieler, 2009). However, minority youth are less likely to receive mental health services, despite increased needs (Rawal, Romansky, Jenuwine & Lyons, 2004). In addition, the Mental Health Juvenile Justice (MH/JJ) program has been found to reduce recidivism (Sullivan,

Veysey, Hamilton, & Grillo (2007) . The MH/JJ program aims to place youth in the least restrictive environments through screening and assessment (for the youth and the family), referral to appropriate services and through treatment (such as mental health and/or substance abuse treatment) for the youth and/or the family. Notably, services are often provided directly by the MH/JJ -program, and program staff follow-up to be sure the youth and their families receive the appropriate services.

Best Practices

Bacon et al. (2009) suggest that interventions should focus on strengthening relationships with families, drug treatment and education and employment assistance. Indeed, Greenwood (2008) reviewed the delinquency prevention/intervention literature and found strong support for family therapy in general, and for Functional Family Therapy (FFT) more specifically. Similarly, community-based delinquency programs that emphasize family interactions by providing skills to the parents of delinquent youth are particularly effective as diversion programs, for those on informal or formal probation, or youth on parole returning to their families and community. More specifically, Functional Family Therapy and Multisystemic Therapy have been deemed effective. Another effective program, Intensive Protective Supervision (IPS), targets nonserious status offenders and their families. General strategies found effective for reducing delinquency are cognitive-behavioral therapy, family counseling, mentoring,

tutoring, drug and alcohol therapy, interpersonal skills training and parent training. On the other hand, programs intended to punish, threaten, or frighten delinquent youth have been found to be ineffective at decreasing delinquent behaviors or activities.

For youth who are placed in programs out of home, there are general program strategies that have been found to be effective. One effective program component is a focus on dynamic risk factors such as low skills, substance abuse, deviant behavior, and relationships with peers. Another effective strategy used with youth placed out of home is an individual differences approach wherein the program is tailored to each youth's needs based on evidence-based methods. Finally, programs should seek to identify and target higher-risk youth for intervention. For institutionalized youth, cognitive behavioral therapy, aggression replacement training, and family integrated transition have been found to be effective.

Drug Strategies (2005) identified 11 elements that are critical for juvenile justice drug treatment programs:

1. Systems integration with self-analysis and cross-system accountability (corrections staff, treatment providers, and other related agencies and service organizations).

2. Assessment (using standardized, nationally recognized screening instruments) and treatment matching with a thorough psychiatric and medical examination to identify underlying conditions related to substance abuse.
3. A comprehensive, integrated treatment approach and dynamic case management. This should include provision of health services, address high risk behaviors and attitudes, account for developmental issues, and should include continuing aftercare.
4. Qualified staff trained to recognize psychiatric problems and understand adolescent development.
5. Developmentally appropriate for adolescents.
6. Parent and family engagement to support the treatment process.
7. Engagement strategies for teens in treatment, and especially counselors who can develop a climate of trust, confidence and acceptance with teens. (Staying in treatment is the single most important factor in recovery).
8. Qualified staff trained and experienced in adolescent development, delinquency, depression, anxiety or attention deficit disorder. Also a low staff to client ratio.
9. Staff who are culturally and gender competent and can implement informed programs with gender specific services and can accommodate cultural differences.

10. Continuing care with relapse prevention training, follow-up plans, referrals to community resources and periodic check-ups after completing treatment to promote desistance.
11. Program evaluation for treatment outcomes.

In California, Thunder Road Adolescent Treatment Center in Oakland, and Phoenix Academy of Los Angeles qualify as effective drug treatment programs for juveniles. In addition, other recommendations are made. For example, youth should be screened at entry and either diverted into a service system, or into judicial decision-making. Overall, the juvenile justice system should use a system of graduated sanctions with the least restrictive supervision option (considering community protection and treatment programming), as well as make appropriate provisions for aftercare, including treatment programs related to youth and family vulnerabilities. Diversion to community-based programs should be utilized to the extent possible.

References

Abrams, L. S., Shannon, S. K. S., & Sangalang, C. (2007). Transition services for incarcerated youth: A mixed methods evaluation study. *Children and Youth Services Review, 30,* 522-535.

Armour, M. P., & Schwab, J. (2007). Difficult-to-place youth in state custody: A profile of the exceptional care pilot project population. *Child Welfare, 86,* 71-96.

Bacon, S., Paternoster, R., & Brame, R. (2009). Understanding the relationship between onset age and subsequent offending during adolescence. *Journal of Youth and Adolescence, 38,* 301-311.

Drug Strategies (2005). Bridging the gap: A guide to drug treatment in the Juvenile Justice System. Washington: Drug Strategies.

Garland, A. G., Hough, R. L., McCabe, K. M., Yeh, M., Wood, P.A., & Aarons, G. A. (2001). Prevalence of psychiatric disorders in youths across five sectors of care. *Journal of the Academy of Child and Adolescent Psychiatry, 40,* 409-428.

Gatti, U., Tremblay, R. E., & Vitaro, F. (2009). Iatrogenic effect of juvenile justice. *Journal of Child Psychology and Psychiatry, 50,* 991-998.

Glisson, C., & Green, P. (2006). The role of specialty mental health care in predicting child welfare and juvenile justice out-of-home placements. *Research on Social Work Practice, 16,* 480-490.

Greenwood, P. (2008). Prevention and intervention programs for juvenile offenders. *The Future of Children, 18,* 185-210.

Hamilton, Z. K., Sullivan, J., Veysey, M., & Grillo, M. (2007). Diverting multi-problem youth from juvenile justice: Investigating the importance of community influence on placement recidivism. *Behavioral Sciences and the Law, 25,* 137-158.

Howell, J. C. (1995). Guide for Implementing the Comprehensive Strategy for Serious, Violent and Chronic Juvenile Offenders. Report. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Johnson-Reid, M, & Barth, R. P. (2003). Probation foster care as an outcome for children exiting child welfare foster care. *Social Work, 48,* 348-361.

Kamban, P. & Thompson, C. (2009). The development of decision-making capacities in children and adolescents: Psychological and neurological perspectives and their implications for juvenile defendants. *Behavioral Sciences and the Law, 27,* 173-190.

Lipsey, M. W., (1992). Juvenile delinquency treatment: A meta-analytic inquiry into the variability of effects. In T. Cook et al. (Eds.), *Meta-analysis for explanation: A casebook* (pp. 83-127). New York: Sage.

Maschi, T., Hatcher, S. S., Schwalbe, C. S., & Rosato N. S. (2008). Mapping social service pathways of youth to and trough the juvenile justice system: A comprehensive review. *Children and Youth Services Review, 30,* 1376-1385.

McClelland, G., Teplin, L, & Abram, K. (2004). Detection and prevalence of substance use among juvenile detainees. OJJDP Juvenile Justice Bulletin (www.ojp.usdoj.gov [June, 2004]).

Moffit, T.E. (1993). Adolescence-limited and life-course persistent antisocial behavior: A developmental tasonomy. *Psychological Reviw, 100,* 674-701.

Pullman, M. D., Kerbs, J., Koroloff, N., Veach-White, E., Gaylor, R. & Sieler, D. (2009). Juvenile offenders with mental health needs: Reducing recidivism using wraparound. *Crime and Delinquency, 52,* 375-397.

Rawal, P., Romansky, J., Jenuwine, M., & Lyons, J. S. (2004). Racial differences in the mental health needs and service utilization of youth in the juvenile justice system. *The Journal of Behavioral Health Services and Research, 31,* 242-254.

Roush, D. W., Moeser, J., & Walsh, T. J. (2005). Reentry and removal: Implications for juvenile confinement facilities. *Juvenile and Family Court Journal, 56,* 1-12.

Ryan, J. P. (2006). Dependent youth in juvenile justice: Do positive peer culture programs work for victims of child maltreatment? *Research on Social Work Practice, 16,* 511-519.

Ryan, J. P., Marshall, J. M. M., Herz, D., & Hernandez, P. M. (2008). Juvenile delinquency in child welfare: Investigating group home effects. *Children and Youth Services Review, 30,* 1088-1099.

Ryan, J. P., & Testa, M. F. (2005). Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. *Children and Youth Services Review,* 227-249.

Sullivan, C. J., Veysey, B. M., Hamilton, Z. K., & Grillo, M. (2007). Reducing out-of-community placement and recidivism: Diversion of delinquent youth with mental health and substance use problems from the justice system. *International Journal of Offender Therapy and Comparative Criminology, 51,* 555-577.

Teplin and others. "Psychiatric Disorders of Youth in Detention," *Juvenile Justice Bulletin,* Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice (www.ojp.usdoj.gov [August, 2009]).

Widom, C. S. (2003). Understanding child maltreatment and juvenile delinquency: The research. In J. Wilig, C. S. Widom, & J. Tuell (Eds.), Understanding child maltreatment and juvenile delinquency: from research to effective program, practice, and systematic solutions (pp. 1−10).Washington, DC: CWLA Press.

Turner, S. & Fain. T. (2006). Accomplishments in juvenile probation in California over the last decade. *Federal Probation, 70,* 63-69.

Wilson, S., Lipsey, M., & Soydan, H. (2003). Are mainstream programs for juvenile delinquency less effective with minority youth than majority youth? A meta-analysis of outcomes research. *Research on Social Work Practice, 13,* 3-26.