ALTERNATIVES TO THE JUVENILE COURTS
Evidence-Based Diversion Programs

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EXECUTIVE SUMMARY

An assessment of Salt Lake County school-based law enforcement programs and statewide trainings with school resource officers and school administrators found a need for alternative diversion programs to the juvenile courts to reduce reoffending by individuals who have committed a minor offense(s), such as vandalism and disorderly conduct. Diversion programs often contain accountability, community service, and skills development, and can reduce costs as compared to the juvenile justice system.

A literature review was conducted in search of evidence-based practices for moderate-to-high risk youth using several clearinghouse, such as the Blueprints Models, What Works Clearinghouse and National Institutes of Justice. Age and risk level of participants, level of program effectiveness, and implementation costs were factors used to determine appropriate alternative programs to the juvenile courts.

Ten programs were identified. Four are model programs, two effective, and four promising with half focused on low to moderate risk youth.

Recommended Programs

• Positive Action (PA)

• Adolescent Diversion Project (MSU-ADP)

• Promoting Alternative Thinking Strategies (PATHS)

• Incredible Years - (IY)

• Youth Courts - (YC)

• Multisystemic Therapy® (MST®)

• Functional Family Therapy (FFT)

• Sanction Treatment Opportunity Progress (STOP)

• Adolescent Diversion Program (ADP-NY)

• Front-End Diversion Initiative (FEDI)

INTRODUCTION

Background

An assessment of school-based law enforcement programs was conducted in Salt Lake County. The assessment reviewed policies and practices for school resource officers (SROs) in four school districts and five law enforcement agencies. One of the major findings of the assessment was to seek alternatives to the juvenile courts to address disproportionate contact and the school-to-prison pipeline. The need for these alternative diversion programs was further confirmed by participating SROs and school administrators that attended the School-Based Law Enforcement Trainings that were conducted statewide. Several training participants stated that they preferred providing youth with appropriate programming rather than law enforcement referrals but diversion programs did not exist in their school district.

Purpose for Diversion Programs

One of the main purposes for diversion programs is to reduce reoffending by individuals who have committed a minor offense(s), such as theft, vandalism, alcohol use, minor assault, and disorderly conduct. Diversion programs sanctions often have components of accountability and restitution, community service and connection, and therapy and skills development. Issues of identity may also be included to address labeling effects of involvement in the criminal and juvenile justice system. The combination of these sanctions can improve informal social controls and allow residents to address their own community issues. Lastly, diversion programs can also reduce costs. Diverting youth from a lifetime of crime can save intervention costs between $2.6 and $5.3 million (Cohen, 2009).

Clearinghouse Databases

The researcher conducted a literature review of evidence-based practices for moderate-to-high risk youth requiring Tier II or Tier III services. Several clearinghouse databases were reviewed:

• Blueprints Models

• Models for Change

• What Works Clearinghouse

• National Institutes of Justice

• Office of Juvenile Justice & Delinquency Prevention

• Crime Solutions

• SAMHSA

Decision-Making Protocol

Searching for programs were based on the following factors: Age, risk level, level of effectiveness, and cost.

• Age of program participant to provide developmentally appropriate services

  • Children's Age: Elementary, middle, high school

  • Adult: Caregiver or direct service provider (youth worker, teacher, etc)

- Risk level of participant to provide services that match identified needs and strengths
  - Low: Individuals who are exposed to risk factors but are not having behavioral problems and require Tier I services.
  - Moderate: Individuals who are exposed to risk factors and are starting to exhibit behavioral problems and require Tier II services.
  - High: Individuals who are exposed to risk factors and are exhibiting chronic behavioral problems and require Tier III services.
- Level of program effectiveness at improving participant prosocial behaviors and decreasing participant antisocial behaviors
  - Model: Programs have been rigorously evaluated with two or more randomized controlled trials & found positive results.
  - Effective: Programs have been evaluated with one randomized controlled trials or at least a couple of quasi-experimental design studies & found positive results.
  - Promising: Programs have been evaluated using quasi-experimental design studies & mostly found positive results.
- Cost for program implementation
  - Start up cost for one year of program implementation
  - Cost per program participant
  - Return on investment

Recommended Programs

Ten programs were identified: Four model, two effective, and four promising. Half of the programs are focused on low to moderate risk youth and are lower implementation cost.

The recommended programs are:

- Positive Action (PA)
- Adolescent Diversion Project (MSU)
- Promoting Alternative Thinking Strategies (PATHS)
- Incredible Years - (IY)
- Youth Courts - (YC)
- Multisystemic Therapy® (MST®)
- Functional Family Therapy (FFT)
- Sanction Treatment Opportunity Progress (STOP)
- Adolescent Diversion Program (ADP-NY)
- Front-End Diversion Initiative (FEDI)

RECOMMENDED PROGRAMS

- **Positive Action** (PA)
    - MODEL, K-12, low to moderate risk
    - Start up cost $9,800/ 360 students ($27/student)
- **Adolescent Diversion Project** (MSU-ADP)
    - EFFECTIVE, 13-15 yo, moderate risk
    - ($1,020/youth)
- **Promoting Alternative Thinking Strategies** (PATHS)
    - MODEL, K-8, low to moderate risk
    - Start up cost $59,000/ 500 student ($120/student)
- **Incredible Years** - (IY)
    - PROMISING, K-6, low to high risk
    - Start up cost $39,000 ($2,000/child); Start up cost $69,000 ($650/parent); Start up cost $31,000 ($500/teacher)
- **Youth Courts** - (YC)
    - PROMISING, 11-18 yo, low to moderate risk
    - No cost information available
- **Multisystemic Therapy®** (MST®)
    - MODEL, 12-18 yo, high risk
    - Start up cost $933,000/ 132 families ($7,000/family)
- **Functional Family Therapy** (FFT)
    - MODEL, 11-18 yo, high risk
    - Start up cost $1,679,000/ 600 families ($2,800/family)
- **Sanction Treatment Opportunity Progress** (STOP) Drug Court Program
    - EFFECTIVE, 18+ yo, high risk
    - ($38,500/participant)
- **Adolescent Diversion Program** (ADP-NY) Problem-Solving Court
    - PROMISING, 16-17 yo, high risk
    - No cost information available
- **Front-End Diversion Initiative** (FEDI)
    - PROMISING, 12-16 yo, moderate to high risk
    - No cost information available

POSITIVE ACTION: Model Program

Fact Sheet

PROGRAM AREA

- Academic Performance
- Alcohol
- Anxiety
- Bullying
- Delinquency and Criminal Behavior
- Depression
- Emotional Regulation
- Illicit Drug Use
- Positive Social/Prosocial Behavior
- Sexual Risk Behaviors
- Tobacco
- Truancy - School Attendance
- Violence
- Families

Program Type

- Alcohol Prevention and Treatment
- Drug Prevention/Treatment
- School - Environmental Strategies
- School - Individual Strategies
- Skills Training
- Social Emotional Learning
- Conflict Resolution/Interpersonal Skills
- Truancy Prevention
- Bullying Prevention/Intervention

Program Setting

- School
- Home
- Other Community Setting

Age

- 0 - 18

Gender

- Male and Female

Race/Ethnicity

- All Race/Ethnicity

Endorsements

- Crime Solutions: Effective
- Blueprints: Model Program
- OJJDP Model Programs: Effective
- SAMHSA: 2.2-2.8

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Program Description

Description of Program

Positive Action (PA) is a school-based program that includes a detailed curriculum with lessons 2-4 times a week—approximately 140 15-minute lessons per grade K-6, and 82 15-20 minute lessons per grade 7 and 8. The content of the classroom curriculum is taught through six units, which teach the following:

1. The Positive Action Philosophy and the Thoughts-Actions-Feelings about Self Circle This unit provides the conceptual foundation for the content of the program delivered in Units 2-6 and teaches generally about positive and negative actions and their meaning for and application to life. The remaining units teach the specific positive actions for the whole self: the physical, intellectual, social and emotional.

2. Positive Actions for Body and Mind - This unit focuses on nutrition, exercise, sleep, hygiene and other good health habits for the physical area, and thinking skills, problem solving, decision making, memorizing, reasoning, thinking creatively, curiosity study skills and the value of learning for the intellectual area.

3. Social/Emotional Positive Actions for Managing Yourself Responsibly - Students are taught to manage their personal resources like time, energy, thoughts, actions, feelings, money, talents and possessions, including basic self-control or self-regulation skills.

4. Social/Emotional Positive Actions for Getting Along with Others - Students are taught to get along with others by treating them the way they would like to be treated, so they learn about respect, empathy, kindness, fairness, and cooperation and other ways they like to be treated.

5. Social/Emotional Positive Actions for Being Honest with Yourself and Others - Students are taught to be honest with themselves and others by responsibility taking, learning how to be truthful, admitting to mistakes, not blaming others, knowing their own strengths and weaknesses, and following through with commitments.

6. Social/Emotional Positive Actions for Improving Yourself Continuously - Students are taught how to set and achieve goals for all areas of themselves and learn how to reach goals by having the courage to try, turning problems into opportunities, believing in their potential, persisting and keeping an open mind in order to broaden their horizons.

School-climate programs (elementary and secondary) are also utilized. They reinforce the classroom curriculum through coordinating the efforts of the entire school in the practice and reinforcement of positive actions. The school principal and a PA Committee administer this component with representatives from the faculty at each grade level, support staff, parents, students and community members. The principal is responsible for 1) initiating the adoption process, 2) appointing a PA coordinator and a PA committee, 3) coordinating training and professional development workshops and work groups, and 4) coordinating multiple resources. To encourage positivity throughout the school, principals are encouraged to use the provided materials -- such as stickers, tokens, posters, music CDs, words of the week cards, certificates, balloons, and ICU Doing Something Positive boxes. For the secondary level there is a PALs Club with membership cards, a Peace Flag, Buzz Words and SOS Boxes. Principals are also provided with information on creating newsletters, and conducting assemblies and celebrations for Positive Action.

PA also includes a Counselor's Kit which contains curriculum and materials that provide school counselors, social workers and school psychologists with the resources and information needed to do mentoring, peer tutoring, and support group programs, useful for students who may need more intense help than they are getting in the classroom. It contains a Topical Guide, which indicates which lessons and units to use for a specific subject of focus.

Optional: Positive Action comes with optional supplements and kits that have not been certified by Blueprints.

The Bullying, Fifth Grade Drug, Middle School Drug and Conflict Resolution Kits can be used with the regular PA curriculum or stand alone. The two or three lessons for each unit from these curricula can be added to the end of each unit to focus the unit topic on the subject of the kits; or the supplement kits can stand alone in their entirety.

A family component provides parents with the opportunity to deliver a family curriculum. The Positive Action Family Kit contains 42 lessons, posters, music, games, activity sheets, Conflict Resolution Plans, Problem Solving and Decision Making Checklists, Words of the Week cards, and an ICU Doing Something Positive box and other materials for use at home. The Family

Classes Instruction Kit provides seven two-hour lessons for parents, adolescents, and children to learn how to implement the Positive Action curriculum at home. There is also a Parent Classes Kit of seven one-hour classes. These components also encourage parents to become more involved with the school through participation on the PA Committee, attending PA assemblies and through volunteer work.

Finally, a Community program is also available for use with coalitions and other community development groups. This program seeks to organize the community to do community-wide PA events and outlines projects to be done by sub-groups of the community, such as mental health, media, business, law enforcement and judicial. The Community/Coalition Kit contains a manual for the PA Community Committee to use to take the program community-wide. It also contains a Family Kit, a Counselor's Kit, a Conflict Resolution Kit and a Media Kit.

A program for preschool children and a stand-alone version of a family program have been evaluated in pilot randomized trials.

The implementations for the two randomized trials in Hawaii and Chicago were conducted in K-5/6 or K-8 schools in Hawaii and Chicago, respectively. The program was implemented school-wide, utilized the school-wide climate change and counselor kits, and provided the curriculum to all grades in the trial schools and parent manuals to all parents. However, due to late start-up, holidays and test schedules, teachers delivered the curriculum for only 20-25 weeks per year. Teachers were allowed to combine or skip lessons (and were pointed to key lessons) in order to catch up. The teacher/school trainings generally consisted of one half day at the beginning of each year in Hawaii schools and a little less in Chicago schools.

Program Theory

Theoretical Rationale

The program, grounded in the broader theory of self-concept, teaches youth that making positive and healthy behavioral choices results in feelings of self-worth. It is the whole behavior process that is needed to change behavior. PA brings to a conscious level the Thoughts-Actions-Feelings about Self Circle. It teaches that thoughts come before actions and that we need to be conscious of our thoughts because that is where the decision is made as to how we are going to act. Furthermore, we need to be careful of our actions, because once we have acted, we can't take them back and that, for every action, there is a reaction and we want students to tune into the feeling about themselves they receive from the action because it will shape further thoughts. When thoughts, actions and feelings about ourselves are positive, we feel good about ourselves, and that determines our feelings of self-worth.

Positive Action develops intrinsic motivation because our need to feel good about ourselves is a very powerful motivator, more so than extrinsic rewards; these have to be constantly increased and the behavior will stop when they cease. By explicitly linking thoughts, feelings, and actions, the program is believed to enhance the development and integration of affective and cognitive brain functions. Since problem behaviors are correlated and share several of the same predictors, this program applies a comprehensive approach to addressing the predictors of youth problem behaviors that includes self-concept development, school-wide environmental change, and

parental and community involvement in an attempt to successfully affect multiple outcomes (e.g., academic performance, violence, and drug use). It is believed that the program itself will positively impact both children's knowledge and skills (character/self-concept, learning/study skills, self-management, interpersonal/social skills, self-honesty and responsibility, and goal setting/future orientation) and school and classroom outcomes (improved relationships amongst school administrators, teachers, students, and parents; improved classroom management; increased involvement of school with parents and community). One can expect changes in children's attitudes towards their behaviors, attachments, normative beliefs, academic and social skills, self-efficacy, and social and character development. Such changes should further lead to fewer disciplinary problems, improved school attendance and grades, and reduced emotional problems, violent behaviors and substance use.

Theoretical Orientation

♣ Cognitive Behavioral

♣ Person - Environment

♣ Social Learning

Program Costs

Start-Up Costs

Initial Training and Technical Assistance

Training is available three ways: on-site provided by developer staff, on-line webinars and self-training workshop kits. The developer strongly recommends on-site training provided by Positive Action trainers, and this is the only training format certified by Blueprints as all evaluations included on-site training. On-site training lasts an average of one day at $3,000 per day plus trainer travel. Typically all teachers in a school are trained together, along with the principal and counselors. If schools are small, an on-site training for two schools together could be considered.

Curriculum and Materials

Curriculum costs vary with targeted grades and with the number of optional components that are included. Instructor kits range from $390 to $460 per teacher. Optional kits include bullying prevention, drug education, conflict resolution, parenting and family classes and cost from $75 to $1,450. Climate Development Kits cost $460 and are available for the principal or leader when a climate project is included in a school's plan.

Licensing

None separate from purchasing kits and materials from Positive Action, Inc.

Other Start-Up Costs

None.

Year One Cost Example

This example will cover first year implementation of the Positive Action program in an elementary school, including the Climate Development and counselor components. The school

has 2 classes each of grades 1-6, with a principal and two counselors. First year costs would include:

On-site training for 1 day plus travel ($600)

$3,600

12 Instructor Kits for grades 1-6 @ $390 each

$4,680

Bully Prevention kit for one counselor @ $250

$250

Counselor Kit for each counselor @ $150

$300

Climate Development Kit for principal

$460

10% Shipping/Handling for all curriculum

$569

Total Year One Cost

$9,859

If the school in the example had 360 students, the cost per student would be $27.39.

Training and Technical Assistance

ORIENTATION

Orientation Implementation Training – Instructs participants on how to begin and implement the program by explaining the three basic elements of the Positive Action program: the content which is the philosophy, the Thoughts-Actions-Feelings about Self Circle and the positive actions for the whole self which are described in Six Units, the tools: Pre K-12 curriculum with supplements for bullying, drug and violence prevention, climate development, family/parent and community programs, and the climate results from delivering the content through the tools. It will also cover the outcomes and the studies which produced them. It is interactive with group presentations.

Description, Costs, Number of Participants and Length of trainings:

Note: Although several training options are mentioned below, it should be noted that in all evaluations certifying for Blueprints that face-to-face training was delivered.

- *On-Site/ Face-to-Face*—Hosted at Trainee's or *Positive Action*'s site: $3,000 per day plus travel expenses (includes trainer'(s)' travel time); up to 50 participants. Depending on the intervention (selected parts of the program) — 1/2 to 5 days, typically 1-2 days.

- *Online/Webinar*—Hosted by *Positive Action* with Internet video and phone: $250 per hour; up to 30 participants. Depending on the intervention (selected parts of the program)—1 to 5 hrs, typically 3 hrs.

- *Self-Training Orientation Workshop Kits*—one self-training kit per school/site—Elementary (Pre K–6), Middle School (6–8) and High School (9–12): $550 each; Pre K-12 Comprehensive Training Kit: $1500.

- *Train the Trainer*—Costs are the same as On-site/Face-to-Face training and the Online/ Webinar training plus the costs of the appropriate Elementary, Middle School, High School or Comprehensive *Self-Training Orientation Workshop Kit(s)*; up to 25 participants. Depending on intervention (parts of program) selected—1/2 to 1 day extra.

ONGOING and MEDIA

Ongoing In-service Training –Instructs participants on how to deliver seven short sessions in an in-service setting spread throughout the year that are designed to be presented by seven different faculty groups to continue to reinforce the Orientation Training that begins the program. It develops experts in key areas of the program and prepares them to become coaches when needed.

Media Training – Teaches the process of gathering and circulating news in broadcast, print and social media to promote their activities through positive publicity for their program.

Costs: same as the Orientation options plus the cost of a *Self-Training Ongoing In-Service Workshop Kit* ($300) and a *Media Training Workshop Kit* ($200) per school; up to 50 participants; 1-2 days.

PROFESSIONAL DEVELOPMENT

Option 1 – Develops administrators, faculty and other personnel through the Positive Action program content for themselves professionally and personally.

Option 2 – Prepares participants to improve specific segments of their educational program, i.e., classroom management, school-wide climate development, intrinsic motivation, encouraging parent and community involvement and how to integrate into RTI or PBIS using *Positive Action* tools.

Costs: same as the Orientation options plus the cost of the grade-level appropriate *Self-Training Orientation Kit(s) ($550-$1500), Ongoing In-Service ($300) and Media Training ($200) Workshop Kits per school.*

Brief Program Evaluation

Program Outcomes

Results of the randomized study in Hawaii revealed:

- After three program years, there were school-wide reductions in grade retention, suspensions and absenteeism and school-wide improvements in reading and math proficiency and teacher- and student-reported school supportiveness for program schools,

relative to control schools. These results were maintained through the one-year post implementation follow-up.

- Significant improvements were found among Positive Action schools in school quality one-year post-trial, compared to control schools.

- Fifth grade program youth were significantly less likely than controls to have engaged in self-reported substance use, violence, and sexual activity.

Results of the randomized study in Chicago revealed that, compared to the control condition, the students and schools in the intervention condition showed significantly

- higher socio-emotional and character development at grades 5 and 8

- lower self-reported substance use at grades 5 and 8

- lower self-reported violence at grades 5 and 8, lower parent-reported bullying at grade 8, and lower self-reported bullying at grades 5 and 8

- higher life satisfaction at grade 8

- lower depression and anxiety at grade 8

- lower unhealthy food consumption at grade 8

- lower school-level disciplinary referrals and suspensions at grade 8

- better reading test scores at grade 8.

Significant Program Effects on Risk and Protective Factors:

- Intervention students, compared to controls, had lower disaffection with learning and higher teacher-rated academic motivation at grade 8 (Chicago Study)

- lower normative support for aggression at grade 8 (Chicago Study)

- better social interaction skills, evidenced by higher scores on the Social Emotional and Character Development Scale (Chicago and Hawaii Studies)

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EFFECTIVE: Adolescent Diversion Project (MSU-ADP)

Fact Sheet

PROGRAM AREA

- Youth

PROGRAM TYPE

- Conflict Resolution/Interpersonal Skills
- Diversion
- Mentoring
- Wraparound/Case Management

PROGRAM SETTING

- Other Community Setting

AGE

- 13 - 15

GENDER

- Male and Female

RACE/ETHNICITY

- Black, White, Other

ENDORSEMENTS

- National Institute of Justice: Effective Program
- Model Programs Guide

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Program Description

Program Goals
The Adolescent Diversion Project (ADP) is a strengths-based, university-led program that diverts arrested youth from formal processing in the juvenile justice system and provides them with community-based services. Based upon a combination of theoretical perspectives, the goal of the ADP is to prevent future delinquency by strengthening youth's attachment to family and other prosocial individuals, increasing youth's access to resources in the community, and keeping youth from potentially stigmatizing social contexts (such as the juvenile justice system).

The program began in 1976, through a collaboration among Michigan State University, personnel from the Ingham County (Mich.) Juvenile Court, and members of the community in response to a rise in juvenile crime and the need for cost-saving alternatives to the formal processing of juveniles.

Program Theory
The conceptual framework of the ADP involves three theoretical perspectives: social control and bonding, social learning, and social-interactionist theories. Social control theory emphasizes the importance of social bonds in preventing delinquent behavior (Hirschi 1969). Social learning theory suggests that delinquency is learned through interactions with family, peers, and others (Aker 1990). Finally, social-interactionist theory suggests that it is the labeling of behavior as delinquent that results in further social interactions that intentionally or unintentionally label youth as delinquent (Shur 1973).

Key Personnel
The ADP is run by the Psychology Department at Michigan State University. Undergraduate psychology students participate in a two-semester course in which they receive training in diversion work and carry out 8 hours per week of community-based structured mentoring. The student volunteers are trained for 8 weeks in specific behavioral intervention techniques and advocacy, followed by 18 weeks of intensive supervision while they work with juveniles referred by the Intake Division of the Ingham County Juvenile Court.

Program Components
The ADP focuses on creating an alternative to juvenile court processing within a strengths-based, advocacy framework. During the 18-week intervention, the caseworkers (i.e., student volunteers) spend 6–8 hours per week with the juveniles in their home, school, and community. The caseworkers work one-on-one with juveniles in order to provide them with services tailored to their specific needs. Caseworkers focus on improving juveniles' skills in several areas, including family relationships, school issues, employment, and free-time activities. For example, caseworkers teach youth about resources available in the community so that juveniles can access these resources on their own once the program is over.

The first 12 weeks of services are called the active phase, and case workers spend time each

week with juveniles while providing direct assistance in behavioral contracting and advocacy efforts. During the last four weeks of services, called the follow-up phase, case workers spend a little less time each week assisting juveniles in those same areas, but their role is that of a consultant, preparing juveniles to use the techniques and strategies they've learned following the end of the program.

Program Evaluation

Study 1
Delinquency
Davidson and colleagues (1987) significant differences in rates of official delinquency, as measured by court petitions. The summed recidivism rate of the action condition (AC, which is based upon the Adolescent Diversion Project [ADP] model), relationship condition (RC), and action condition-family focus (ACFF) groups were significantly lower than the summed recidivism rate of the attention placebo control (APC), action condition-court setting (ACCS), and control condition (CC) groups. The summed recidivism rate of the AC, RC, and ACFF groups was also significantly lower when compared with the CC group.

In addition, when examined individually, the AC group had a significantly lower recidivism rate compared with the CC group. The RC group also had a significantly lower recidivism rate compared with the CC group. Although the ACFF group had a lower recidivism rate than the CC group, the difference was not statistically significant. Overall, the results suggest that juveniles assigned to conditions that used a specific treatment model (AC, RC, and ACFF) did better than juveniles formally processed through the system.

Study 2
Delinquency
Smith and colleagues (2004) significant differences in rates of official delinquency. At the 1-year follow-up, diverted youth who received services through ADP had a 22 percent recidivism rate, compared to a 32 percent recidivism rate for diverted youth who received no services and a 34 percent recidivism rate for youth who went through traditional court processing.

Program Costs

A cost analysis found that the Adolescent Diversion Project (ADP) costs approximately $1,020.83 per youth for an 18-week intervention, which includes overhead and administrative costs. In comparison, a local juvenile court spent $13,466 for the average youth served. In a typical year, ADP provides services to 144 youth and the county juvenile court system serves 375 youths. The difference in cost of serving 144 youths in ADP versus traditional juvenile court results in a savings of approximately $1,799,104 per year (Sturza and Williams 2006).

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MODEL: Promoting Alternative Thinking Strategies (PATHS)

Fact Sheet

PROGRAM AREA

- Antisocial-aggressive Behavior
- Conduct Problems
- Emotional Regulation
- Externalizing

Program Type

- Cognitive-Behavioral Training
- School - Individual Strategies
- Skills Training
- Social Emotional Learning

Program Setting

- School

Age

- Late Childhood (5-11) - K/Elementary

Gender

- Male and Female

Race/Ethnicity

- All Race/Ethnicity

Endorsements

- Crime Solutions: Effective
- Blueprints: Model Program
- OJJDP Model Programs: Effective
- SAMHSA: 2.6-3.2

NOTE:

Effective program found only with children (3-12) exposed to violence. Model program for less vulnerable children (5-11).

Program Information Contact

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http://www.channing-bete.com/prevention-programs/paths/paths.html

Program Description

The PATHS curriculum is a comprehensive program for promoting emotional and social competencies and reducing aggression and behavior problems in elementary school-aged children (grades K-6) while simultaneously enhancing the educational process in the classroom.

PATHS is now available by grade level in the following grades: Kindergarten, Grade 1, Grade 2, Grade 3, Grade 4, and Grade 5/6. The original multi-year version is also available from the publisher. The grade level versions maintain all key elements of the original version and now organize them more discretely by grade levels. The preschool version of the program, called Head Start REDI, is treated separately by Blueprints.

PATHS targets five major conceptual domains: (1) self control; (2) emotional understanding; (3) positive self-esteem; (4) relationships; and (5) interpersonal problem solving skills. In addition, a 30-lesson non-mandatory supplementary unit reviews and extends PATHS concepts that are covered in other units.

The PATHS curriculum is designed for use by regular classroom teachers. Lessons are sequenced according to increasing developmental difficulty and designed for implementation in approximately 20-30 minutes 2 to 3 times per week. The curriculum provides detailed lesson plans, exact scripts, suggested guidelines, and general and specific objectives for each lesson. However, the curriculum has considerable flexibility so that it can also be integrated with an individual teacher's style. Lessons include such activities as dialoguing, role-playing, story-telling by teachers and peers, social and self-reinforcement, attribution training, and verbal mediation. Learning is promoted in a multi-method manner through the combined use of visual, verbal, and kinesthetic modalities.

Program Theory

Theoretical Rationale

PATHS incorporates seven factors considered critical for effective, school-based SEL curricula. These included the use of:

- ♣ an integration of a variety of successful approaches and promising theories
- ♣ a developmental model, including neuropsychological brain development
- ♣ a multi-grade level paradigm
- ♣ a strong focus on the role of emotions and emotional development
- ♣ generalization of skills to everyday situations
- ♣ ongoing training and support for implementation
- ♣ multiple measures of both process and outcome for assessing program effectiveness

PATHS is based on five conceptual models. The first, the ABCD (Affective-Behavioral-Cognitive-Dynamic) Model of Development focuses on the promotion of optimal developmental growth for each individual. The ABCD model places primary importance on the developmental integration of affect (i.e., emotion, feeling, mood) and emotion language, behavior, and cognitive understanding to promote social and emotional competence. The second model incorporates an eco-behavioral systems orientation and emphasizes the manner in which the teacher uses the curriculum model and generalizes the skills to build a healthy classroom atmosphere (i.e., one that supports the children's use and internalization of the material they have been taught). The third model involves the domains of neurobiology and brain structuralization/organization. PATHS incorporates strategies to optimize the nature and quality of teacher-child and peer-peer interactions that are likely to impact brain development as well as learning. The fourth paradigm involves psychodynamic education (derived from Developmental Psychodynamic Theory) which aims to coordinate social, emotional, and cognitive growth. Finally, the fifth model includes psychological issues related to emotional awareness, or as it is more popularly labeled, emotional intelligence. As such, a central focus of PATHS is encouraging children to discuss feelings, experiences, opinions, and needs that are personally meaningful, and making them feel listened to, supported, and respected by both teachers and peers. As a result, the internalization of feeling valued, cared for, appreciated, and part of a social group is facilitated, which, in turn, motivates children to value, care for, and appreciate themselves, their environment, their social groups, other people, and their world.

Theoretical Orientation

♣ Biological - Neurobiological

♣ Cognitive Behavioral

♣ Self Efficacy

♣ Skill Oriented

♣ Social Learning

Program Costs

Start-Up Costs

Initial Training and Technical Assistance

$4,000 + trainer travel costs for initial two-day teacher training for up to 40 teachers. There is usually another day for training set up and meeting with the school administration at $2,000.

Curriculum and Materials

$350 to $600 per classroom, depending on the grade level.

Licensing

None.

Other Start-Up Costs

None.

Year One Cost Example

This example will be to implement PATHS in two elementary schools using 20 teachers and their classes of 25 students each. Schools can expect to incur the following costs:

Training, with planning day, on-site for 2 days for 20 teachers and coach

$6,500

Salary for Coach .5 FTE

$30,000

Training and Support for Coach

$8,000

Curriculum for 20 classrooms estimated @ $400

$8,000

Supplies @ $100 per classroom

$2,000

Booster Visit-one two-day visit @ $2000/day plus travel

$5,000

Total Year One Cost

$59,000

With 500 students participating, the cost per student is $119.

Training and Technical Assistance

PATHS program training is usually done on site at a school or school district. The initial training workshop consists of two separate days scheduled approximately 4-8 weeks apart. The first day provides teachers/trainees with theory, research background, lessons modeled by the trainer, practice to prepare teachers to use PATHS lessons, and implementation planning. During the 4-8 week period prior to the second day of training, teachers gain initial experience with the curriculum. This leads to a more interactive learning experience on the second workshop day since teachers have had some realistic experiences with lesson implementation. Trainer and teachers discuss advanced curriculum issues, trade ideas and engage in problem solving, and teachers model interactive lessons. Another option is to schedule training for two consecutive days.

For optimal implementation, sites should consider additional training/technical assistance activities each year. Ongoing consultation and booster visits are available and are often desired by comprehensive, long-term implementations. The trainer can provide a booster visit each year (one day in length) to meet with the staff and provide continued professional development. One day of fidelity visits is another option, in which the trainer visits schools, observes lessons, etc.

The trainer can also provide ongoing consultation by means of regularly scheduled phone calls/ conference calls and on-call email consultation with the school's or agency's PATHS coordinator.

In addition to training for teachers, when a multi-school site implementation is conducted, separate training workshops are also provided to school principals on issues in building-wide use and principal leadership. Additional trainings can be arranged for other school staff.

Training for PATHS coaches—a position often utilized by larger implementations to provide feedback, ideas, and encouragement to classroom teachers implementing the PATHS program— typically involves six on-site trainer visits per year, for training, observation, and continued professional development in social-emotional learning. Every-other-week team conference calls typically take place in between on-site training sessions, with everyone checking in to engage in problem-solving and receive additional professional development.

Training and technical assistance is available from two sources:

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Training Certification Process

The PATHS Training Program is designed to develop highly experienced, high quality trainers who are fully competent to provide training in the PATHS Curriculum to their local educational entity. Trainers can include staff (teachers, support staff, staff developers) from local school districts/boards, Local Education Agencies (LEAs) and non-profit agencies focused on the promotion of children's mental health and youth development. PATHS Training LLC trains these qualified "educators" to conduct school-based or regional workshops for the preparation of teachers and school support staff who plan to implement PATHS Curricula within these educational entities. Once certified, PATHS Trainers conduct workshops and provide follow-up technical assistance and coaching services for their district or regional personnel in accordance with the PATHS workshop training materials, agenda and guidelines.

To be considered as an Affiliate Trainer requires meeting the following prerequisites:

- High Quality Performance for at least two years as a PATHS teacher or PATHS Coach
- Master's degree (or comparable credentials)
- Classroom experience with students in a learner role (teaching, administration, and school counseling preferred)
- Training experience with educators

After meeting the pre-requisites above, the requirements to be certified as a trainer include participation in the following four-step training/certification process. The AT candidate(s) receive four days of coaching from a PATHS Senior Trainer in addition to participation in an Observation Workshop and two Shared Workshops. The first day of coaching follows the Observation Workshop. The second day precedes the Shared Workshop. The third day follows the Shared Workshop in preparation for the second Shared Workshop. The fourth day follows the second Shared Workshop in preparation for certification as a PATHS trainer. The primary purpose of the coaching days are to provide detailed and personalized instruction in how to conduct the PATHS workshop and to observe and provide feedback on candidates' training skills. Candidates who successfully complete the program are certified as Affiliate Trainers.

Brief Program Evaluation

Program Outcomes

Across multiple studies, PATHS relative to a control group showed:

- Lower rate of conduct problems and externalizing behaviors (e.g., aggression),
- Lower internalizing scores and depression,
- Better understanding of cues for recognizing feelings in others,
- Better ability to resolve peer conflicts, identify feelings, identify problems, and greater empathy for others,
- Less anger and attribution bias,
- Reduction in ADHD symptoms, and
- Better scores on measures of authority acceptance, cognitive concentration, and social competence.

Significant Program Effects on Risk and Protective Factors:

- Improvements in social problem solving, emotional understanding, and self-control,
- Higher scores on peer sociability and social school functioning.

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PROMISING: Incredible Years® - ChildP19: Incredible Years® - Child Treatment

Fact Sheet

PROGRAM AREA

- Children Exposed to Violence
- Families
- Antisocial-aggressive Behavior
- Conduct Problems
- Positive Social/Prosocial Behavior
- Prosocial with Peers

Program Type

- Academic Skills Enhancement
- Cognitive Behavioral Treatment
- Conflict Resolution/Interpersonal Skills
- Family Therapy
- Group Therapy
- Parent Training
- Skills Training
- Social Emotional Learning
- Teacher Training

Program Setting

- Home
- Community (e.g., religious, recreation)
- School

Age

- Early Childhood (2-4) - Preschool
- Late Childhood (5-11) - K/Elementary
- 31 - 46

Gender

- Male and Female

Race/Ethnicity

- All Race/Ethnicity

Endorsements

- Crime Solutions: Effective

- Blueprints: Promising Program

- OJJDP Model Programs: Effective

- SAMHSA: 3.6-3.7

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Program Description

The Incredible Years Series is a comprehensive program for parents, teachers, and children with the goal of preventing, reducing, and treating behavioral and emotional problems in children ages two to eight. The core of the program is the BASIC parent training component which emphasizes parenting skills such as playing with children; helping children learn; using effective praise, incentives, and limit-setting; and handling misbehavior. Additional parent training components include an ADVANCE series which emphasizes parent interpersonal skills such as effective communication, anger management, problem-solving between adults, and ways to give and get support, and a SCHOOL series which focuses on parenting approaches designed to promote children's academic skills.

To facilitate generalization from home to the school environment, a training series for teachers providing effective classroom management skills was added to the Incredible Years Series. The last addition was the training series for children (Dina Dinosaur Curriculum), a "pull out" treatment program for small groups of children exhibiting conduct problems. This curriculum emphasizes emotional literacy, empathy and perspective taking, friendship development, anger management, interpersonal problem-solving, following school rules, and school success.

The parent and teacher components of the series and the child prevention component are described in separate write-ups.

Child Training Program (Dinosaur Curriculum)

The Children's Training Series: *Dina Dinosaur Social and Emotional Skills and Problem Solving Curriculum* emphasizes training children in skills such as emotional literacy, empathy or perspective taking, friendship skills, anger management, interpersonal problem solving, school rules and how to be successful at school. The child program is organized to dovetail with the parent training programs.

The "pull out" treatment program is for small groups of children (4-6 children per group) exhibiting conduct problems and/or Attention Deficit Hyperactivity Disorder. The small group child training program comprises weekly two-hour sessions for 18-20 weeks facilitated by two therapists. Teachers and parents receive weekly letters explaining the behaviors and concepts taught to children and suggestions for strategies they can use to reinforce skills taught. Children are assigned home activities to complete with their parents and receive weekly good behavior-charts that parents and teachers complete.

Program Theory

Theoretical Rationale

Theoretical Rationale/Conceptual Framework for the Incredible Years Child Training Series

Children with early-only conduct problems have been reported to be more likely to have certain temperamental characteristics such as inattentiveness, impulsivity, and Hyperactivity Attention Deficit Disorder. Researchers concerned with the biological aspects of the development of conduct problems have investigated variables such as neurotransmitters, autonomic arousal system, skin conductance, hormonal influences and some findings suggest that such children may have low autonomic reactivity (i.e., low physiological response to stimuli). Other child factors have also been implicated in child Oppositional/Defiant Disorder (ODD) and Conduct Disorders. For example, deficits in social-cognitive skills contribute to poor emotional regulation and aggressive peer interactions. Research has shown that children with ODD/CD may define problems in hostile ways, search for fewer cues when determining another's intentions and focus more on aggressive cues. Children with ODD/CD may also distort social cues during peer interactions, generate fewer alternative solutions to social problems, and anticipate fewer consequences for aggression. The child's perception of hostile intent in others may encourage the child to react aggressively. Research reveals that aggressive behavior in children is correlated with low empathy across a wide age range which may contribute to a lack of social competency and antisocial behavior. Additionally, studies indicate that children with conduct problems have significant delays in their peer play skills; in particular, difficulty with reciprocal play, cooperative skills, turn taking, waiting, and giving suggestions.

Finally, reading, learning and language delays are also implicated in children with conduct problems, particularly for "early life course persisters." Low academic achievement often manifests itself in these children during the elementary grades and continues through high school. Academic difficulties may cause disengagement, increased frustration, and lower self-esteem, which contribute to the child's behavior problems. At the same time, noncompliance, aggression, elevated activity levels, and poor attention limit a child's ability to be engaged in learning and achieve academically. Thus, a cycle is created in which one problem exacerbates the other. This combination of academic delays and conduct problems appears to contribute to the development of more severe CD and school failure.

The data concerning the possible biological, socio-cognitive and academic or developmental deficits in children with conduct problems suggest the need for parent and teacher training

programs which help them understand children's biological deficits (their unresponsiveness to aversive stimuli and heightened interest in novelty), and support their use of effective parenting and teaching approaches so that they can continue to be positive and provide consistent responses. The data regarding autonomic underarousal theory suggests that these children may require over-teaching (i.e., repeated learning trials) in order to learn to inhibit undesirable behaviors and to manage emotion. Parents and teachers will need consistent, clear, specific limit-setting that utilizes simple language and concrete cues and reminders. Additionally, this information suggests the need to directly intervene with children focusing on social learning needs such as problem-solving, perspective taking, and play skills as well as literacy and special academic needs.

Theoretical Orientation

♣ Attachment - Bonding

♣ Behavioral

♣ Cognitive Behavioral

♣ Social Learning

Program Costs

Start-Up Costs

Initial Training and Technical Assistance

Initial workshop training costs typically include a three-day training for group leaders by accredited IY mentors or trainers, delivered either in Seattle for approximately $1,100-$1,500 per leader (including travel) or delivered at the program implementation site (which can be cost effective for groups of more than 10-15 leaders). On-site training costs are $1,500-$2,000 per day plus travel costs for trainers.

Curriculum and Materials

A set of program DVDs and materials costs $1,150 for the Small Group Treatment version of the Dina Dinosaur Child program (includes leader manual, home activities handouts for copying, teacher book, DVDs and other accessory materials). It can be useful for co-leaders to have their own manuals; additional leader manuals cost $90 each.

Licensing

None.

Other Start-Up Costs

Equipment to play DVDs, puppets and toys for role play practices, and video equipment to film sessions - if not already part of staff equipment.

Year One Cost Example

This example assumes that a community-based organization would offer the Incredible Years child treatment program to three groups of 6 children, each with 2 program leaders, for 20 sessions – total is 6 group leaders and 18 children in one year. Costs assume 6 different group

leaders or teachers; however, 2 group leaders could do 2-3 groups a week, which would reduce costs. Fees for rental space, if needed, are not included in this example.

Group leader initial training 3-day workshop, including travel @ $1,500 x 6

$9,000

Set of program DVDs (includes one manual) x 3

$3,450

Group leader - additional manuals, $90 x 3

$270

Ongoing consultation: 2 hours/month @ $150/hour x 5 months

$1,500

Annual on-site consultation with program leaders plus travel (approx.)

$1,500

Video review/certification @ $450/program leaderx 6

$2,700

Teacher/therapist books - $27.95 x 6 leaders (shipping cost varies)

$167.70

Food (dinner/snacks) for child sessions @$20/session x 20 sessions x 3

$1,200

Handouts for activities for child sessions @ $10/child (6) x 20 sessions x 3

$3,600

Parent books @ $17.95/parent x 6 children's parents x 3 (shipping cost varies)

$323.10

Group leaders' time @ $25/hour x 6 leaders x 5 hours/week x 20 sessions

$15,000

Total Year One Cost

$38,710.80

With 18 children participating, the initial cost of the program is approximately $2,150.60/child for small group treatment version; however, after one-time upfront costs have been spent, subsequent groups in future years will cost less: $1,117.95, assuming no additional group leader or teacher training and re-using program DVDs and manuals. Also, if the same two group leaders lead all three groups and share one set of program DVDs then costs will be reduced even further.

Training and Technical Assistance

Dinosaur Child Social Skills and Problem Solving Training for Children (ages 4-8) Workshop

This 3-day workshop will present in depth the Dina Child Social Skills & Problem Solving Training for Children to help young children who have behavior problems, such as Oppositional Defiant Disorder and Conduct Disorder. The program focuses on ways to promote children's emotional literacy, anger management, appropriate conflict management strategies, expected classroom behaviors, and positive social skills or friendship behaviors with other children and adults.

The workshop will cover methods for working with small groups of children including role play, rehearsal, videotape and live modeling, group discussion and small group activities. The intervention program is appropriate for use by therapists with small groups of children with behavior problems as "pull out" programs conducted in mental health centers or in schools.

Training Certification Process

The certification for the IY Child Treatment program requires successful completion of:

- Three-day approved training workshop from a certified trainer for the Small Group DINA program.

- Completion of two groups, minimum.

- Feedback from a mentor or trainer - supervision, group consultation, coaching, or phone consultation.

- Peer review of groups by co-facilitator using the peer-evaluation form.

- Self-evaluation of two groups using the self-evaluation form.

- Trainer review of groups or DVDs of groups (two sessions - second one is after feedback from first review is considered).

- Session checklists for each session, showing the minimal number of sessions delivered and core vignettes shown.

- Submission of parent final evaluations from two groups. (Evaluation materials are provided with program materials or may be downloaded from our website.

- Background questionnaire.

- Application.

- Two letters of recommendation from other professionals who are able to speak to your background and work with this program.

Once a person has become certified as a group facilitator, s/he is then eligible to be invited to become trained as a peer coach and certified mentor of group facilitators. Becoming a mentor permits the person to train other facilitators in their own agency and to provide mentoring and supervision of their groups.

<div align="center">

Brief Program Evaluation

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Program Outcomes

Significant results shown for child training alone (CT), the CT + teacher training (TT), and the CT + TT + parent training (PT) conditions, relative to controls (Webster-Stratton, Reid, and Hammond, 2004):

- Conduct problems at school and at home with mothers reduced.

- Teachers less negative.

A second study assessing child training alone (CT) and CT+ parent training (PT), relative to controls, resulted in (Webster-Stratton and Hammond, 1997):

- Improvements in child behavior problems reported by mothers and fathers.

- Fewer observed negative behaviors and more prosocial behaviors.

- Clinically significant improvements in child behavior on Parent Daily Report, and additionally on the *Child Behavior Checklist* for the CT+PT condition.

Several other studies of child training combined with parent or teacher training also showed benefits on similar sets of outcomes.

Significant Program Effects on Risk and Protective Factors:

- Significant improvements in child social competence with peers and reductions in mothers' negative parenting among participants in the child training alone (CT) and the CT + teacher training (TT) conditions (Webster-Stratton, Reid, and Hammond, 2004).

- Less father negative parenting and more mother positive parenting among participants in the CT + TT + PT condition (Webster-Stratton, Reid, and Hammond, 2004).

- Improvements in social problem-solving and conflict management skills (Webster-Stratton and Hammond, 2007).

- One of 4 parenting behaviors improved in CT, and 3 of 4 in CT + PT (Webster-Stratton and Hammond, 2007).

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PROMISING: Incredible Years® - Parent

Fact Sheet

PROGRAM AREA

- Antisocial-aggressive Behavior
- Close Relationships with Parents
- Conduct Problems
- Depression
- Externalizing
- Internalizing
- Positive Social/Prosocial Behavior

Program Type

- Parent Training
- Social Emotional Learning
- Teacher Training

Program Setting

- Community (e.g., religious, recreation)
- Hospital/Medical Center
- Mental Health/Treatment Center
- School

Age

- Early Childhood (3-4) - Preschool
- Late Childhood (5-11) - K/Elementary

Gender

- Male and Female

Race/Ethnicity

- All Race/Ethnicity

Endorsements

- Crime Solutions: Effective
- Blueprints: Promising Program
- OJJDP Model Programs: Effective
- SAMHSA: 3.6-3.7

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Program Description

There are three BASIC parent training programs that target key developmental stages: Baby and Toddler Program (0-2 ½ years), Preschool Program (3-5 years) and School Age Program (6-12 years). These parent programs emphasize developmentally appropriate parenting skills known to promote children's social competence, emotional regulation and academic skills and to reduce behavior problems.

The BASIC parent program is the core of the parenting programs and must be implemented, as Blueprints recognition is based upon evaluations of this program. This BASIC parent training component emphasizes parenting skills such as child directed play with children; academic, persistence, social and emotional coaching methods; using effective praise and incentives; setting up predictable routines and rules and effective limit-setting; handling misbehavior with proactive discipline and teaching children to problem solve. Additional parent training components include the ADVANCE parent program which emphasizes parent interpersonal skills such as: effective communication skills, anger and depression management, ways to give and get support, problem-solving between adults, and ways to teach children problem solving skills and have family meetings. Another optional adjunct training to the Preschool program is the SCHOOL READINESS program designed to help high risk parents support their children's reading readiness as well as their social and emotional regulation competence and language skills. The School Age program has been updated to include the previous adjunct program titled SUPPORTING YOUR CHILD'S EDUCATION or SCHOOL as part of the core or BASIC school-age package. This assures added focus on parenting approaches designed to promote children's academic skills including reading skills, language development, parental involvement in setting up predictable homework routines, and building collaborative relationships with teachers.

To facilitate generalization from home to the school environment, separate training programs for parents and teachers are also part of the IY interventions. The Teacher Classroom Management program provides a curriculum for teachers that focuses on positive classroom management strategies, supporting children's social-emotional development in the classroom, and creating strong home-school interactions. The Children's Training Series: Dina Dinosaur Social and Emotional Skills and Problem Solving Curriculum provides training directly to children in skills such as emotional literacy, empathy or perspective taking, friendship skills, anger management, interpersonal problem solving, school rules and how to be successful at school. There are two versions of this curriculum, one is a "pull out" treatment program for small groups of children

exhibiting conduct problems and/or Attention Deficit Hyperactivity Disorder. The prevention version of the program is classroom-based and is designed with separate lesson plans for preschool, kindergarten and early primary grade teachers to be delivered to all students 2-3 times a week throughout the school year.

Parent Training Programs

BASIC. The BASIC (core) Incredible Years parent training programs are all guided by the cognitive social learning, modeling, and attachment relationship theories as well cognitive brain development research. The BASIC program has 4 versions: Baby Program (9-12 sessions), Toddler Program (12-13 sessions), Preschool Program (18-20 sessions) and School Age Program (12-16+ sessions). Each of these programs emphasizes developmentally age-appropriate parenting skills known to promote children's social competence and emotional regulation and reduce behavior problems.

The *Baby and Toddler Programs* teach parents to help their babies and toddlers successfully accomplish three developmental milestones: secure attachment with their parents; language and social expression; and beginning sense of self. Program topics include: baby and toddler-directed play; speaking "parentese"; providing physical, tactile and visual stimulation; social and emotion coaching; nurturing parenting; providing a language-rich environment; understanding toddler's drive for exploration and need for predictable routines; baby and toddler-proofing to assure safety; and separation and reunion strategies.

In the *Preschool Program* the parents are focused on the developmental milestones of encouraging school readiness (pre-writing, pre-reading, discovery learning); emotional regulation; and beginning social and friendship skills. Program topics include continuation of toddler topics as well as academic, persistence and self-regulation coaching; effective use of praise and encouragement; proactive discipline; and teaching children beginning problem-solving skills.

The *School-Age Program* focuses on the developmental milestones of encouraging children's independence; motivation for academic learning; and development of family responsibility and empathy awareness. Program topics continue to build on core relationship skills with special time with parents and adds further information regarding reward systems for difficult behaviors, clear and respectful limit setting, encouragement of family chores, predictable homework routines, adequate monitoring and logical consequences. There is an early childhood protocol for this program for children ages 6-8 as well as a preadolescence protocol for children 9-12 years. The older age protocol content includes all the younger version content material plus additional information regarding monitoring afterschool activities, and discussions regarding family rules about TV and computer or phone use, as well as drugs and alcohol. Finally, the program teaches parents ways to develop successful partnerships with teachers and strategies to support their children's curiosity, reading time, and predictable homework routines.

ADVANCE. The ADVANCE parent training program is also guided by cognitive social learning theory, self-efficacy and problem solving theories and utilizes aspects of marital and depression

therapy. This program is an additional 10 to 12 week supplement to the BASIC preschool or school age programs that addresses other family risk factors such as depression or stress management, marital discord, poor coping skills, and lack of support. The content of this program includes teaching cognitive self-control strategies, problem-solving between couples and with teachers, communication skills, ways to give and get support and how to set up family meetings.

All of the training programs include DVDs, detailed manuals for facilitators, parent books and CDs, home activities and refrigerator notes, and utilize a collaborative training process of group discussion by trained facilitators.

Program Theory

Theoretical Rationale

Theoretical Rationale/Conceptual Framework for the Incredible Years Parent Training Series

Parenting practices associated with the development of conduct problems include permissive, inconsistent, irritable, and harsh discipline and low monitoring. The most influential developmental model for describing the family dynamics that underlie early antisocial behavior is Patterson's social learning theory regarding the "coercive process" (Patterson et al., 1992), a process whereby children learn to escape or avoid parental criticism by escalating their negative behaviors. This, in turn, leads to increasingly aversive parent interactions and escalating dysregulation on the part of the child. These negative parent responses directly model and reinforce the child's deviant behaviors.

In addition to social learning theory, attachment theory (Bowlby, 1980) and new methods of measuring attachment beyond the toddlerhood period have elucidated the importance of the affective nature of the parent-child relationship. Considerable evidence indicates that a warm, positive bond between parent and child leads to more positive communication, positive parenting strategies and a more socially competent child, whereas high levels of negative affect and hostility on the part of parents is disruptive to children's ability to regulate their emotional responses and manage conflict appropriately.

Other family factors such as depression, marital conflict, and high negative life stress have been shown to disrupt parenting skills and to contribute to high negative affect, inconsistent parenting, low monitoring, emotional unavailability and insecure attachment status. Family and parenting risk factor research suggests the need to train parents in effective child management skills and to assist them in coping with other family stressors.

Theoretical Orientation

♣ Attachment - Bonding

♣ Behavioral

♣ Cognitive Behavioral

♣ Social Learning

Program Costs

Start-Up Costs

Initial Training and Technical Assistance

Initial Training and TA costs typically include a three-day training for group leaders, delivered either in Seattle for approximately $1,100-$1,500 per leader (including travel) or delivered at the program implementation site (which can be cost effective for groups of more than 10-15 leaders). On-site training costs $1,500 - $2,000 per day plus travel costs for trainers.

Curriculum and Materials

A set of program DVDs costs $1,595 for preschool Basic ($1,895 for dual language English/ Spanish). Other versions for different age ranges vary. Additional leader manuals cost $90 each.

Licensing

None.

Other Start-Up Costs

Equipment to play DVDs, toys for role plays, and video equipment to film sessions – if not already part of staff equipment.

Year One Cost Example

This example assumes that a community-based organization would offer the Incredible Years BASIC program to three groups of 12 parents, each with 2 program leaders, for 14 sessions, with three cohorts of parent groups per year.

Group leader initial training costs, including travel @ $1,500 x 6

$9,000

Set of program DVDs (includes one manual)

$1,595

Group leader - additional manuals, $90 x 3

$270

Ongoing consultation: 2 hours/month @ $150/hour

$3,600

Annual on-site consultation with program leaders plus travel (approx)

$3,000

Videotape review/certification @ $450/program leader x 6

$2,700

Group Leader process books - $26.95 x 6 leaders (shipping cost varies)

$161.70

Child care for parent sessions @ $12/hour x 3 hours/session x 126 total sessions

$4,536

Food (dinner) for parent sessions $80/session x 126 sessions

$10,080

Handouts for parent sessions $10/parent x 36 parents x 3

$1,080

Parent books $17.95/parent x 108 total parents/year (shipping cost varies)

$1,938.60

Group leaders' time @ $25/hour x 6 leaders x 5 hours/week x 14 sessions x 3 cohorts

$31,500

Space costs, if any

0

Total Year One Cost

$69,461.30

With 108 parents participating, the initial cost of the program is approximately $643/parent; however, after one-time up-front costs have been spent, subsequent groups in future years will cost less, assuming no additional facilitator training and re-using program DVDs and manuals. Once group leaders are certified/accredited they will need less time for preparation for sessions and also will be eligible to become accredited coaches or mentors allowing the agency to build its own sustainable infrastructure.

Training and Technical Assistance

PARENTING PYRAMID™ Workshop
Parent Group Leader Training BASIC (ages 2-8):

This 3-day training will prepare group leaders to lead three different basic parenting programs: (1) toddler program (ages 1-3 years) which is 12 weekly sessions; (2) preschool program (ages 3-6 years) which is 18-20 sessions; and (3) early school age program (ages 6-8 years) which is 12 sessions (four additional for the Supporting your Child's Education component). The PARENTING PYRAMID TM teaches the following content: child-directed play, academic, persistence, social and emotional coaching, praise and encouragement, predictable routines, effective limit setting, nonphysical discipline alternatives, teaching children to problem solve, and supporting children's education, and guides the progression of the course and the order of the content building blocks. Group therapy process issues such as empowering parents, collaborating, dealing with resistance, confronting and teaching, supporting and advocating for parents are discussed in terms of their ability to sustain the pyramid's structure.

These intervention programs may be used by professionals (such as therapists and parent educators from psychology, social work, education, nursing and psychiatry) who are working with families of young children diagnosed with Oppositional Defiant Disorder or ADHD or

aggressive behavior problems or anxiety and internalizing problems (ages 3-8 years), or with higher risk socio-economically disadvantaged families, as well as court ordered families, foster parents, and teenage parents. The parenting pyramid workshop will also teach how to use this program as a prevention program in elementary schools and preschools.

PARENTING PRYAMID™ Workshop
Parent Group Leader Training BASIC (ages 6-12):

This 3-day training will prepare group leaders to lead the 16-18 session school age program (ages 6-12 years). The PARENTING PYRAMID TM teaches the following content: special time (PLAY), academic, social and emotional coaching, praise and incentives, rules and responsibilities, limit setting, prosocial discipline, problem solving and ways to foster homework completion and after school monitoring as well as support children's learning at school. Group leaders already trained in the version of BASIC training that includes early School Age (ages 6-8) may receive a 1-day supplemental training workshop for using the School Age program with parents of children ages 9-12.

Training Certification Process

The certification for the IY Parent program requires successful completion of:

• Three-day approved training workshop from a certified trainer for the BASIC program.

• Completion of two groups, minimum.

• Feedback from a mentor or trainer - supervision, group consultation, coaching, or phone consultation.

• Peer review of groups by co-facilitator using the peer-evaluation form.

• Self-evaluation of two groups using the self-evaluation form.

• Trainer review of groups or DVDs of groups (two sessions - second one is after feedback from first review is considered).

• Session checklists for each session, showing the mimimal number of sessions delivered and core vignettes shown.

• Submission of evaluations from two groups and final cumulative parent or teacher evaluations. (Evaluation materials are provided with program materials or may be downloaded from website.)

• Background questionnaire.

• Application.

• Two letters of recommendation from other professionals who are able to speak to your background and work with this program.

Once a person has become certified as a group facilitator, s/he is then eligible to be invited to become trained as a peer coach and certified mentor of group facilitators. Becoming a mentor

permits the person to train other facilitators in their own agency and to provide mentoring and supervision of their groups.

Brief Program Evaluation

Program Outcomes

Randomized control group evaluations of the parenting series indicated significant:

- Reductions in conduct problems at school and at home with mothers and fathers.

- Increases in children's positive affect and compliance to parental commands.

- Reductions in parental depression and increases in parental self-confidence.

An evaluation of the parenting program to assess children's mood and depression showed (Webster-Stratton & Herman, 2008):

- Children had lower mother-rated internalizing and depressed mood symptoms than a control group at posttest.

Selected outcomes found in independent replications of the parent program in Wales, Great Britain, Norway, the Netherlands, and Ireland include (Hutchings et al., 2007; Gardner et al., 2006; Larsson et al., 2009; McGilloway et al., 2009 and McGilloway et al., 2012; Posthumus et al. 2011):

- Intervention children had significantly reduced antisocial and hyperactive behavior, relative to controls.

- Reduction in conduct problems among intervention youth, relative to controls.

- Change in observed parenting mediated change in child problem behavior.

One randomized control group evaluation that assessed teachers implementing the parent program with toddlers indicated significant (Gross et al., 2003):

- Improvement in classroom behavior problems among high-risk children at post-intervention. However, at one-year follow-up, most children in the high-risk classroom behavior problem groups improved regardless of condition.

Four randomized control group evaluations assessing the additive benefit of the child training series indicated (Webster-Stratton & Hammond, 1997; 2004; Larsson et al., 2009; Webster-Stratton, Reid, and Beauchaine, 2011):

- Significant positive program effects on both mother and father negative and positive parenting behaviors when the child training component was included with the parent intervention.

- Significant reductions in children's problem behaviors.

- Less mother-reported aggression and parent stress.

- Significant improvements in observer-reported child total deviant behaviors, children's emotional vocabulary and problem-solving abilities, and teacher-reported externalizing behavior in a sample of preschool children with ADHD.

A randomized control trial assessing the additive benefit of teacher training (Parent + Teacher) showed (Webster-Stratton et al., 2004):

- Fewer child conduct problems at school and at home with both mothers and fathers.

- Mother and father negative parenting decreased and mother positive parenting increased.

- Teachers less negative.

A meta-analysis (Menting et al., 2013) found a significant average effect size across 50 studies for

- child disruptive behavior (d = .27, p < .001)

- child prosocial behavior (d = .23, p < .001)

Significant Program Effects on Risk and Protective Factors:

- Increases in positive parenting such as coaching, praise, and limit-setting and reductions in negative parenting such as use of criticism and negative commands and harsh discipline.

- Increases in positive family communication and problem-solving.

- Intervention parents had significant reductions in stress and depression, and improvements in parenting competencies, compared to control parents (independent replications in Europe and Scandinavia).

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PROMISING: Incredible Years® - Teacher Classroom Management

Fact Sheet

PROGRAM AREA

- Conduct Problems
- Emotional Regulation
- Prosocial with Peers

Program Type

- School - Environmental Strategies
- Social Emotional Learning
- Teacher Training

Program Setting

- School

Age

- Early Childhood (3-4) - Preschool
- Late Childhood (5-11) - K/Elementary

Gender

- Male and Female

Race/Ethnicity

- All Race/Ethnicity

Endorsements

- Crime Solutions: Effective
- Blueprints: Promising Program
- OJJDP Model Programs: Effective
- SAMHSA: 3.6-3.7

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Program Description

The Incredible Years Series is a comprehensive program for parents, teachers, and children with the goal of preventing, reducing, and treating behavioral and emotional problems in children ages two to eight. The core of the program is the BASIC parent training component which emphasizes parenting skills such as playing with children; helping children learn; using effective praise, incentives, and limit-setting; and handling misbehavior. Additional parent training components include an ADVANCE series which emphasizes parent interpersonal skills such as effective communication, anger management, problem-solving between adults, and ways to give and get support, and a SCHOOL series which focuses on parenting approaches designed to promote children's academic skills.

To facilitate generalization from home to the school environment, a training series for teachers providing effective classroom management skills was added to the Incredible Years Series. The last addition was the training series for children (Dina Dinosaur Curriculum), a "pull out" treatment program for small groups of children exhibiting conduct problems. This curriculum emphasizes emotional literacy, empathy and perspective taking, friendship development, anger management, interpersonal problem-solving, following school rules, and school success.

A brief description of the teacher program is provided below. The parent and child components of the series are described in separate write-ups.

Teacher Classroom Management Program

The teacher training series is a group-based program for teachers, school counselors, and psychologists. Participants receive 6 (42 hours) days of training spread throughout the academic year. The training targets teachers' use of effective classroom management strategies such as: the use of differential attention, academic persistence, social and emotional coaching, praise and encouragement, incentives to increase targeted positive behaviors, proactive teaching and positive discipline strategies to manage inappropriate classroom behaviors, and positive relationship-building skills. Additionally, teachers learn how to teach children empathy, social skills, emotional self-regulation and problem solving in the classroom. The program includes strategies for helping teachers to stay calm when dealing with difficult students, ways to build a support network with other teachers, and approaches to strengthen teachers' collaborative process and positive communication with parents (e.g., the importance of positive home phone calls, regular meetings with parents, home visits, and successful parent conferences). For indicated children (i.e., children with conduct disorders), teachers, parents, and group facilitators will jointly develop "transition plans" that detail classroom strategies that are successful with that individual child; and ways parents would like to be contacted by teachers. This information is passed on to the following year's teachers.

Additionally, teachers learn how to prevent peer rejection and bullying by helping the aggressive child learn appropriate problem-solving strategies and helping his/her peers respond

appropriately to aggression. Physical aggression in unstructured settings (e.g., playground) is targeted for close monitoring, teaching and incentive programs.

Program Theory

Theoretical Rationale

Theoretical Rationale/Conceptual Framework for the Incredible Years Teacher Training Series

When children with behavior problems enter school, negative academic and social experiences make key contributions to the further development of conduct problems. Aggressive, disruptive children quickly become socially excluded. This leads to fewer opportunities to interact socially and to learn appropriate friendship skills. Over time, peers become mistrustful and respond to aggressive children in ways that increase the likelihood of reactive aggression. Evidence suggests that peer rejection eventually leads to these children's association with deviant peers. Once children have formed deviant peer groups, the risk for drug abuse and antisocial behavior is even higher.

Furthermore, Rutter and colleagues found that teacher behaviors and school characteristics such as low emphasis of teachers on academic work, low rates of praise, little emphasis on individual responsibility, and high student-teacher ratio were related to classroom aggressive behaviors, delinquency, and poor academic performance. High-risk children are often clustered in classrooms with a high density of other high-risk students, thus presenting the teacher with additional management challenges. Rejecting and nonsupportive responses from teachers further exacerbate the problems of aggressive children. Such children often develop poor relationships with teachers and receive less support, nurturing, and teaching and more criticism in the classroom. The lack of teacher support and exclusion from the classroom not only exacerbates these children's social problems, but also their academic difficulties and contributes to the likelihood of school dropout. Finally, research has recently shown that poorly managed classrooms have higher levels of classroom aggression and rejection that, in turn, influences the continuing escalation of individual child behavior problems. A spiraling pattern of child negative behavior and teacher reactivity can ultimately lead to parent demoralization, withdrawal and a lack of connection and consistency between the socialization activities of the school and home.

A preventive model needs to promote healthy bonds or "supportive networks" between teachers and parents, and children and teachers. Strong family-school networks benefit children due to parents' increased expectations, interest in, and support for their child's social and academic performance, and create a consistent socialization process across home and school settings. The negative cycle described above can be prevented when teachers develop clear classroom rules about bullying, prevent social isolation, and offer a curriculum which includes training students in emotional literacy, social skills, and conflict management. Considerable research has demonstrated that effective classroom management can reduce disruptive behavior and enhance social and academic achievement. Well-trained teachers can help aggressive, disruptive, and uncooperative children to develop the appropriate social behavior that is a prerequisite for their success in school.

Theoretical Orientation

♣ Attachment - Bonding

♣ Behavioral

♣ Cognitive Behavioral

♣ Social Learning

Program Costs

Start-Up Costs

Initial Training and Technical Assistance

Initial Training and T.A. costs typically include a three-day training for group leaders, delivered either in Seattle for approximately $1,000 - $1,500 per leader (including travel) or delivered at the program implementation site (which can be cost effective for groups of more than 10-15 leaders). On-site training costs $1,500 - $2,000 per day plus travel costs for trainers.

Curriculum and Materials

A set of program DVDs costs $1,250 plus shipping. Additional leader manuals cost $80 each.

Licensing

None.

Other Start-Up Costs

Equipment to play DVDs, toys for role plays, and video equipment to film sessions (if not already part of staff equipment).

Year One Cost Example

This example assumes that a community-based organization would offer the Incredible Years Teacher Classroom Management Program to two groups of 16 teachers, each with 2 program leaders, for 6 workshops for two cohorts per year (4 total leaders for 24 total workshop sessions, for 64 total teachers). Teacher substitutes and space costs not included.

Group leader initial training costs including travel @ $1,500 x 4

$6,000

Set of program DVDs x 2

$2,500

Group leader training manuals @ $80 x 2

$160

Ongoing consultation: 2 hours/month @ $150/hour x 6 months

$1,800

Annual on-site consultation with program leaders plus travel (approx.)

$3,000

Video review/certification @ $450/program leader x 4

$1,800

Food (lunch, snacks) for teacher sessions @ $60/session x 24 sessions

$1,440

Handouts for parent sessions @ $10/teacher x 32 teachers x 2

$640

Teacher books @ $27.95/teacher x 64 total parents/year (shipping cost varies)

$1,789

Group leaders' time @ $25/hour x 4 leaders x 10 hours/month x 6 sessions x 2

$12,000

Total Year One Cost

$31,129

With 64 teachers participating, the initial cost of the program is approximately $486.37/teacher in the first year, and $247.95 per teacher thereafter, assuming there is no need to train more group leaders.

Training and Technical Assistance

TEACHING PRYAMID™ Workshop
Teacher Classroom Management Group Leader Training

This workshop will help group leaders learn how to deliver the evidence-based Teacher Classroom Management Training Program to preschool and early school-age teachers. The Teaching Pyramid™ teaches how to strengthen teacher classroom management strategies, promote children's prosocial behavior and school readiness (reading and writing skills), and reduce classroom aggression and non-cooperation with peers and teachers. Additionally the curriculum focuses on ways teachers can effectively collaborate with parents to support their school involvement and promote consistency from home to school.

After the training, leaders can offer this 6-day curriculum to groups of teachers in their schools. It may be delivered in monthly or weekly meetings and takes 42 hours for teachers to complete the entire series. The curriculum uses Webster-Stratton's book Incredible Teachers: Nurturing Children's Social, Emotional and Academic Competence (Incredible Years Press) as the text for the teachers.

Group leaders should have a background in child development, social learning theory, adult group leadership skills and experience teaching children in the classroom. Education and accreditation as a teacher, psychologist, school counselor or completion of certification as an Incredible Years parent group leader or child group leader are requirements for certification in this program, in addition to attendance at this training workshop.

Teachers work in small groups to develop individual behavior plans for targeted students which they share with each other. Additionally the curriculum focuses on ways teachers can effectively collaborate with parents to support their school involvement and promote consistency from home to school in regard to their behavior and learning plans.

Brief Program Evaluation

Program Outcomes

Evaluations of the Incredible Years Teacher Classroom Management Program show:

- Significant decreases in conduct problems and other problem behavior among intervention children, including noncompliant and off task behavior, compared to control group children;

- Significant improvements in behavior among high-risk intervention children, compared to control group children;

- Significant decreases in disruptive behavior, when mental health consultants are used as support for trained teachers;

- Significant reductions in conduct problems at home (with both mothers and fathers) and at school, when the TCM program is combined with other components of the Incredible Years Series.

Program Effects on Risk and Protective Factors:

- Significant improvements in child self-regulation and cooperation skills;

- Significant improvements in interpersonal skills, and reduction in stress and social impairments, among high risk children;

- Increases in the use of positive classroom management strategies among program teachers and reductions in the use of negative classroom management strategies;

- When used in combination with other components of the Incredible Years Series, there are significant reductions in negative parenting and increases in positive parenting, increases in teacher-parent (mother) bonding, and significant program effects on teacher classroom management skills.

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PROMISING: Youth Courts

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Fact Sheet

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PROGRAM AREA

- Close Relationships with Parents

- Delinquency and Criminal Behavior

- Illicit Drug Use

- Internalizing

- Mental Health

- Positive Social/Prosocial Behavior

- Violence

- Youth

Program Type

- Alternatives to Detention

- Cognitive Behavioral Intervention

- Conflict Resolution/Interpersonal Skills

- Family & Individual Counseling

Program Setting

- School

- Community Organizations

- Law Enforcement Agencies/ Courts

Age

- Early Adolescence (12-14) - Middle School

- Late Adolescence (15-18) - High School

Gender

- Male and Female

Race/Ethnicity

- All Race/Ethnicity

Endorsements

- None

Program Information Contact

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Program Description

Youth courts (also called teen, peer, and student courts) are programs in which youth sentence their peers for minor delinquent and status offenses and other problem behaviors.

History of Youth Courts

- According to the National Youth Court Database, in 1994 there were only 78 youth court programs in operation; as of March, 2010, there were over 1,050 youth court programs in operation in 49 states and the District of Columbia.
- Conflicting accounts in the literature create challenges to tracing the exact beginnings of youth court programs. One of the earliest known programs still in operation is the Naperville Youth Jury in Naperville, Illinois. Naperville's program started in June of 1972. There are also anecdotal reports of a youth court that began operating in Horseheads, NY in 1968.

Youth Court Program Operations

- Agencies operating and administering youth court programs include juvenile courts, juvenile probation departments, law enforcement, private nonprofit organizations, and schools.
- According to the National Youth Court Database:
  - Approximately 42% of youth court programs in operation are juvenile justice system-based programs.
  - Approximately 22% of youth court programs are community-based and are incorporated as, or operated by, private nonprofit organizations.
  - Approximately 36% of youth court programs are school-based.

Youth Court Functions

- The primary function of most youth court programs is to determine a fair and restorative sentence or disposition for the youth respondent.
- According to the National Youth Court Database:
  - 93% of youth court programs in the U.S. require youth to admit guilt prior to participating in youth court.
  - In the 7% of youth court programs that allow youth to plead "not guilty", if a youth chooses to plead "not guilty", the program conducts a hearing to determine guilt or innocence. If the defendant is found "guilty," then an appropriate disposition is rendered by the youth court.
  - When defendants successfully complete a youth court program, 63% of youth courts dismiss the charges. 27% immediately expunge the defendant's record.

Youth Court Program Models

- The four primary youth court program models are the Adult Judge, Youth Judge, Peer Jury, and Youth Tribunal Models.
- According to the National Youth Court Database:
  - The Adult Judge Model is used by approximately 53% of youth courts.
  - The Youth Judge Model is used by approximately 18% of youth courts.
  - The Peer Jury Model is used by approximately 31% of youth courts.

▪ The Youth Tribunal Model is used by approximately 10% of youth courts

Program Evaluation Outcomes

The most recent, most comprehensive investigation of teen court effectiveness was conducted by the Urban Institute. The project studied teen courts in four jurisdictions: Alaska, Arizona, Maryland and Missouri. More than 500 teen court cases from the four sites were compared with similar cases handled by the traditional juvenile justice system. In three of the four study sites, recidivism was lower among youth handled in teen court. In Alaska, for example, recidivism for teen court cases was 6%, compared with 23% of cases handled by the traditional juvenile justice system and matched with the teen court sample on variables such as age, sex, ethnicity and offense history. In Missouri, the recidivism rate was 9% in teen court and 27% in the traditional process. The difference among Arizona youth (9% vs. 15%) trended in the same direction, although the difference was not large enough to reach the level of statistical significance. In these three sites, teen courts were compared with the average juvenile justice response in cases involving matched cases of first-time offenders. The young offenders in the comparison group were not offered special services or sanctions. They received whatever was typical for first-time offenders in that jurisdiction, including warning letters, informal adjustments and outright dismissals.

In the fourth site (Maryland), teen court was compared with a proactive, police diversion program in a neighboring county. The police program provided many of the same services and sanctions offered by teen courts. Young offenders were ordered to pay restitution, perform community service, and write letters of apology, just as they would in a teen court, but without a court hearing or any peer-to-peer justice. The entire process was managed by police officers and a police department social worker. Recidivism among the Maryland comparison group was slightly lower than it was among teen court cases (4% vs. 8%), although the size of the difference was not statistically significant. One could argue that the evaluation design in Maryland was a more rigorous test of teen court effectiveness, because it came closest to isolating the effects of peer-to-peer justice in a courtroom setting. The comparison group in Maryland, however, was a convenience sample, drawn from a neighboring county, and the cases were not matched on a case-by-case basis with the teen court sample, as was true in the other three sites. For these reasons, the Urban Institute described the Maryland findings as inconclusive.

Program Costs

There is no cost information available for this program.

<div align="center">**References**</div>

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MODEL: Multisystemic Therapy® (MST®)

Fact Sheet

PROGRAM AREA

- Close Relationships with Parents
- Delinquency and Criminal Behavior
- Illicit Drug Use
- Internalizing
- Mental Health - Other
- Positive Social/Prosocial Behavior
- Violence
- Youth

Program Type

- Alternatives to Detention
- Cognitive Behavioral Treatment
- Conflict Resolution/Interpersonal Skills
- Family Therapy
- Individual Therapy
- Parent Training
- Juvenile Justice, Other

Program Setting

- Home
- Juvenile Justice Setting
- Mental Health/Treatment Center
- School
- Social Services
- Transitional Between Contexts

Age

- Early Adolescence (12-14) - Middle School
- Late Adolescence (15-18) - High School

Gender

- Male and Female

Race/Ethnicity

- All Race/Ethnicity

Endorsements

- Crime Solutions: Effective

- Blueprints: Model Plus Program

- OJJDP Model Programs: Effective

- SAMHSA: 2.9-3.2

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Program Description

Multisystemic Therapy® (MST®) is an intensive family- and community-based treatment that addresses the multiple causes of serious antisocial behavior across key settings, or systems within which youth are embedded (family, peers, school, and neighborhood). Because MST emphasizes promoting behavior change in the youth's natural environment, the program aims to empower parents with the skills and resources needed to independently address the inevitable difficulties that arise in raising teenagers, and to empower youth to cope with the family, peer, school, and neighborhood problems they encounter.

Within a context of support and skill building, the therapist places developmentally appropriate demands on adolescents and their families to reduce problem behavior. Initial therapy sessions identify the strengths and weaknesses of the adolescent, the family, and their transactions with extrafamilial systems (e.g., peers, friends, school, parental workplace). Problems identified by both family members and the therapist are explicitly targeted for change by using the strengths in each system to facilitate such change. Treatment approaches are derived from well-validated strategies such as strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavioral therapy.

While MST focuses on addressing the known causes of delinquency on an individualized comprehensive basis, several types of interventions are typically identified for serious juvenile offenders and their families. At the family level, MST interventions aim to remove barriers to effective parenting (e.g., parental substance abuse, parental psychopathology, low social support, high stress, and marital conflict), to enhance parenting competencies, and to promote affection and communication among family members. Interventions might include introducing systematic monitoring, reward, and discipline systems; prompting parents to communicate effectively with each other about adolescent problems; problem solving day-to-day conflicts; and developing

social support networks. At the peer level, interventions frequently are designed to decrease affiliation with delinquent and drug-using peers and to increase affiliation with prosocial peers. Interventions in the school domain may focus on establishing positive lines of communication between parents and teachers, parental monitoring of the adolescent's school performance, and restructuring after-school hours to support academic efforts. Individual level interventions generally involve using cognitive behavior therapy to modify the individual's social perspective-taking skills, belief system, or motivational system, and encouraging the adolescent to deal assertively with negative peer pressure.

A Master's-Level therapist, with a caseload of 4 to 6 families, provides most mental health services and coordinates access to other important services (e.g., medical, educational, and recreational). While the therapist is available to the family 24 hours a day, 7 days a week, the direct contact hours per family varies according to clinical need. Generally, the therapist spends more time with the family in the initial weeks of the program (daily if needed) and gradually tapers off (as infrequently as once a week) during a 3- to 5-month course of treatment. Treatment fidelity is maintained by weekly group supervision meetings involving 3 to 4 therapists and a Doctoral-Level or advanced Master's-Level clinical supervisor. The group reviews the goals and progress of each case to ensure the multisystemic focus of the therapists' intervention strategies, identify barriers to success, and facilitate the attainment of treatment goals. In addition, an MST expert consultant reviews each case with the team weekly to promote treatment fidelity and favorable clinical outcomes.

The design and implementation of MST interventions are based on the following nine core principles of MST. An extensive description of these principles, with examples that illustrate the translation of these principles into specific intervention strategies are provided in comprehensive clinical volumes (Henggeler et al., 1998; 2009).

1. The primary purpose of assessment is to understand the "fit" between the identified problems and their broader systemic context.

2. Therapeutic contacts emphasize the positive and use systemic strengths as levers for change.

3. Interventions are designed to promote responsible behavior and decrease irresponsible behavior among family members.

4. Interventions are present-focused and action-oriented, targeting specific and well-defined problems.

5. Interventions target sequences of behavior within and between multiple systems that maintain the identified problems.

6. Interventions are developmentally appropriate and fit the developmental needs of the youth.

7. Interventions are designed to require daily or weekly effort by family members.

8. Intervention effectiveness is evaluated continuously from multiple perspectives with providers assuming accountability for overcoming barriers to successful outcomes.

9. Interventions are designed to promote treatment generalization and long-term maintenance of therapeutic change by empowering caregivers to address family members' needs across multiple systemic contexts.

Program Theory

Theoretical Rationale

MST is based upon the social-ecological model of behavior. According to this perspective, behavior is determined through the reciprocal interplay of the child and his or her social ecology, including the family, peers, neighborhood, and other community settings. Research demonstrates that there are factors within the social settings youth are embedded that put youth at greater risk for criminal and antisocial behavior. Likewise, there are also factors within the social environment that encourage involvement in prosocial behavior and protect youth from involvement in antisocial and criminal behavior. Problem behavior may be a function of difficulty within any of these social settings and/or difficulties that characterize the interfaces between these settings (i.e., family-school relations or family-neighborhood relations). Based on this theoretical rationale, MST interventions are tailored to address the specific risk and protective factors that are salient to the social environments of the individual and family receiving the treatment.

Theoretical Orientation

♣ Person - Environment

Program Costs

Start-Up Costs

Initial Training and Technical Assistance

Start-up costs for one MST team is $22,500. Technical Assistance to support initial program development, with travel, is $4,000. Orientation Training for up to 14 participants, with travel, is $12,000.

Curriculum and Materials

Included in costs above.

Licensing

Annual license fees of $4,000 per organization (Agency license) and an additional $2,500 per team (Team license) are required.

Other Start-Up Costs

Costs above are calculated for one MST team, trained together with their supervisor. Increasing the number of teams trained at one time can produce economies of scale.

Year One Cost Example

In this example, an organization is setting up two MST teams, each with a supervisor and four therapists to serve approximately 132 families over the course of a year. First year costs would include:

Development technical assistance w travel

$4,000

Initial orientation training for 10 participants plus travel

$12,000

Licenses-1 organizational and 2 team

$9,000

Support fee for two teams charged by purveyor

$48,000

Salaries for two supervisors @ $60,000

$120,000

Salaries for eight therapists @ $50,000

$400,000

Fringe @ 30%

$156,000

Fidelity monitoring and data collection

$15,000

Overhead @ 25% of staff cost

$169,000

Total Year One Cost

$933,000

With 8 therapists with an average caseload of five families for four months of service and supervisors carrying two families at a time, a total of 132 families annually could be served at a cost of $7,068 per family.

Training and Technical Assistance

MST Group LLC (doing business as MST Services) offers comprehensive assistance with the full development of MST programs by providing program start-up assistance, initial and on-going clinical training and program quality assurance support services.

MST Services program development and support consists of a comprehensive package of services designed to do "what it takes" to ensure that the MST program will be successful and sustainable. These services cover four areas: 1) program start-up including initial staff training, 2) ongoing clinical support activities, 3) ongoing organization support activities, and 4) quality assurance support.

The *program start-up services* include technical assistance and materials designed to produce a program description, projected budget, and implementation timeline. Key critical elements include clear articulation of the target population definition and prioritization process, referral

and discharge criteria and processes, recommendations regarding clinical record-keeping practices, and initial program evaluation planning. The MST Program Developer will visit the community to provide an overview presentation and meet with community stakeholders to assure the buy-in needed for program success after start-up. Next, staff recruitment assistance includes sample job descriptions, help with advertising, interviewing and selecting staff most qualified to implement MST successfully. Finally, all selected initial staff will complete the 5-day MST Orientation Training.

The *ongoing MST clinical support* is provided to replicate the characteristics of training, clinical supervision, consultation, and monitoring provided in the successful clinical research trials of MST. This program implementation protocol has been refined through extensive experience with communities and providers in numerous sites in the U.S. and internationally. After start-up, training continues through weekly telephone MST consultation for each team of MST clinicians aimed at monitoring treatment fidelity and adherence to the MST treatment model, and through quarterly on-site booster trainings (1 ½ days each). Fully trained MST Experts will teach the on-site MST supervisor to implement a manualized MST supervisory protocol and collaborate with the supervisor to promote the ongoing clinical development of all team members. The MST Expert will also assist at the organizational level.

Ongoing organizational assistance aims to overcome barriers to achieving successful clinical outcomes through services that may include business planning, promotion of the MST program within the broader service community, and developing program-level interventions designed to increase referrals, reduce staff attrition, or restructure program funding mechanisms to increase sustainability.

Quality assurance support activities focus on monitoring and enhancing program outcomes through increasing therapist and supervisor adherence to the MST treatment model. The research on MST has consistently indicated that adherence to the model is critical to achieving reduced rates of recidivism and incarceration. The MST Therapist Adherence Measure (TAM) and the MST Supervisor Adherence Measure (SAM) were validated in the research on MST with antisocial and delinquent youth and are now being implemented by all licensed MST programs. Additionally, new measures of supervisor practices, organizational, and broader systems-level influences on client outcomes are under development and are available to interested MST sites.

Successful programs require an economic environment that promotes the excellence of the services as well as the financial health of the provider organization. MST Services offers assistance to funding organizations to assure that funding structures are sufficient and the funder's program requirements are compatible with MST program standards. Examples of this type of assistance include providing materials and technical assistance to help with developing practice standards, writing a Request for Proposals (RFP), and reviewing provider responses if requested. At the funding organization's discretion, MST Services will provide technical assistance to organizations responding to funding RFP's to assure that selected proposals contain the necessary elements and address or remove barriers to implementation.

MST Services assists interested programs in conducting a feasibility study at no cost to determine if MST is the best choice given the community needs and provider organization

interests. Program development costs cover all activities that prepare the MST team to accept clients and initiate program operations. The cost of ongoing program support services is based on an all-inclusive annual per-team fee within provider organizations. Those organizations wishing to take on MST Services' supporting role within their organization may be considered for Network Partner status. Consideration is based on the organization's MST Program size and growth plan, its staff demonstrating high treatment fidelity and adherence to the MST model, its administration committing to execute the required quality assurance responsibilities, and their community stakeholders' commitment to financially supporting this added element.

Training Certification Process

Administratively, training certification relationships are structured as a license agreement for MST between the Medical University of South Carolina (MUSC) and the provider/implementing organization/agency. MUSC holds the intellectual property rights to MST, and MST Services is the MUSC-affiliated organization that grants license agreements and provides program development and training services for MST worldwide. Certification, in the form of MST Licensure, is not available on an individual basis but is rather granted to an organization that is fully committed to supporting the adherent implementation through all levels of implementation, from staff selection, agency practices and policies, support of the model at the agency Executive level, and by championing the model as necessary with funding and referral sources across time as system-level issues put pressure on the agency and clinicians to modify practices in ways that may not be consistent with the MST model.

Brief Program Evaluation

Program Outcomes

Simpsonville, SC: Compared to youth receiving usual services, MST youth had:

- Significantly lower delinquency on multiple measures: self-reported offenses, self-reported drug use, arrests, incarceration, and days incarcerated in DYS facilities.
- Double the nonrecidivism rate by the 2.4 year follow-up.

Columbia, MO: Relative to the comparison group, MST:

- Decreased youth behavior problems reported by mothers.
- Led to 70% fewer arrests among recidivists, typically for less serious crimes.
- Led to fewer arrests and convictions, and fewer days in confinement at the 13.7 year and 21.9-year follow-ups.
- The closest sibling of the target of the MST intervention had significantly fewer arrests and convictions than the control group siblings at the 25-year follow-up.

Multisite, SC: Compared to the control group:

- Decreased psychiatric symptomatology in youth.
- The annualized rate of days incarcerated was 47% lower for youth in MST.

Charleston, SC: Relative to the control group, MST showed:

- No significant treatment effects on measures of drug use, self-reported criminal activity, and arrest records.

- A 75% reduction in convictions for aggressive crimes and higher rates of marijuana abstinence (55% versus 28%) at the 4-year follow-up.

Los Angeles, CA (Fain et al., 2014): Relative to a comparison group, MST youth improved:

- Rates of re-arrest, incarceration, and completion of community service.

- Improvements in arrests, incarceration, and completion of probation were only found among Hispanic youth, not African American youth.

Canada Study: Compared to the control group, the MST group showed:

- No significant differences on convictions, sentencing, and length of time in custody.

- Significantly more open custody sentences and fewer secure custody sentences.

- Significantly better parent reports of youths' externalizing behavior.

- Significantly better youth reports of internalizing symptoms.

Juvenile Sexual Offender Studies (Three Studies): Compared to the control group, MST youth had:

- Fewer arrests and lower recidivism rates for both sexual and nonsexual crimes.

- Significant reductions in sexual behavior problems, delinquency, substance use, externalizing symptoms, and out-of-home placements.

Midwestern State Study (Timmons-Mitchell, et al., 2006) - Independent Replication

- MST recidivism rates (66.7%) were significantly lower than rates for those receiving treatment as usual (86.7%).

- Youths in the treatment-as-usual group were 3.2 times more likely than MST youths to be rearrested.

- MST showed improvement in functioning over time on four measures: school, home, work, and moods and emotions.

Norwegian Study (Ogden & Halliday-Boykins, 2004; Pgden & Hagen, 2006) - Independent Replication

- MST decreased youth externalizing and internalizing symptoms.

- Decreased out-of-home placements.

London Study (Butler et al. 2011) - Independent Replication: Compared to a control group, MST produced a:

- Significant decrease in nonviolent offenses at the 12-month follow-up assessment.

- Decrease in aggression, delinquency, and psychopathic traits at posttest.

U.S. School-based Study (Weiss et al., 2013) - Independent Replication
Relative to the control group, MST adolescents improved:

• Parent and adolescent reports of externalizing behaviors

• Absenteeism at school

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MODEL: Functional Family Therapy (FFT)

<p align="center">Fact Sheet</p>

PROGRAM AREA

- Delinquency and Criminal Behavior
- Illicit Drug Use
- Serious/Violent Crime
- Youth
- Families

Program Type

- Family Therapy
- Juvenile Justice
- Individual Therapy
- Probation/Parole Services, Other

Program Setting

- Juvenile Justice Setting
- Mental Health/Treatment Center
- Social Services
- Transitional Between Contexts
- Inpatient/Outpatient
- Home
- Other Community Setting

Age

- Early Adolescence (11-14) - Middle School
- Late Adolescence (15-18) - High School

Gender

- Male and Female

Race/Ethnicity

- All Race/Ethnicity

Endorsements

- Crime Solutions: Effective
- Blueprints: Model Program
- OJJDP Model Programs: Effective

Program Information Contact

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Program Description

Functional Family Therapy (FFT) is a prevention/intervention program for youth who have demonstrated a range of maladaptive, acting out behaviors and related syndromes. Intervention services consist primarily of direct contact with family members, in person and telephone; however, services may be coupled with supportive system services such as remedial education, job training and placement and school placement. Some youth are also assigned trackers who advocate for these youth for a period of at least three months after release.

FFT should be implemented with a team of master's level therapists, with oversight by a licensed clinical therapist. FFT is a phasic program with steps which build upon each other. These phases consist of:

- Engagement, designed to emphasize within youth and family factors that protect youth and families from early program dropout;

- Motivation, designed to change maladaptive emotional reactions and beliefs, and increase alliance, trust, hope, and motivation for lasting change;

- Assessment, designed to clarify individual, family system, and larger system relationships, especially the interpersonal functions of behavior and how they relate to change techniques;

- Behavior Change, which consists of communication training, specific tasks and technical aids, parenting skills, contracting and response-cost techniques, and youth compliance and skill building;

- Generalization, during which family case management is guided by individualized family functional needs, their interface with environmental constraints and resources, and the alliance with the FFT Therapist/Family Case Manager.

Program Theory

Theoretical Rationale

In contrast to therapies named to reflect a theoretical perspective, Functional Family Therapy was named to reflect a set of core theoretical principles which represents the primary focus (family), and an overriding allegiance to positive outcomes in a model that understands both

positive and negative behavior as representations of family relational systems (functional). Thus, FFT has adopted an integrative stance that stresses functionality of the family, the therapy, and the clinical model. FFT represents an integration of systems perspectives and behavioral techniques. The systemic background of FFT emphasizes dynamic and reciprocal processes which need to be identified in referred families. The behavioral background of FFT provides not only specific manualizeable interventions such as contracting, but it also features an urgent awareness of the need for rigorous treatment development--a scientific imperative to systematically examine the effects of intervention and develop strategies for identifying positive change processes.

Theoretical Orientation

♣ Behavioral

♣ Cognitive Behavioral

Program Costs

Start-Up Costs

Initial Training and Technical Assistance

FFT brings a program to full functionality over three phases which generally last one year each. Start-up costs are incorporated in phase one of program development. Training is team based with an optimal team size of 5-6 therapists. The cost of phase one training and technical assistance is $36,000, plus an estimated $16,000 for travel for a total of $52,000. Some of these costs will be incurred after the program staff are trained and seeing clients.

Curriculum and Materials

All costs included in training and technical assistance costs above.

Licensing

All costs included in training and technical assistance costs above.

Other Start-Up Costs

Staff salaries during the training period and the cost of developing office space (more space will be needed if implementation is to be office-based).

Year One Cost Example

First year operation of a program with 2 units of eight therapists and two supervisors with FFT conducted in the family home.

Start-up purveyor cost

$52,000

Staff - supervisors (2 FTE Masters Clinician)

$150,000

Staff – therapists (16 FTE)

$960,000

Fringe at 30%

$333,000

Overhead at 10% of Staff Cost

$144,000

Travel

$20,000

Equipment

$20,000

Total Year One Cost

$1,679,000

With therapist caseloads of 12 and supervisors seeing 5 youth/families and an average service length of 12 weeks, the program could serve approximately 600 youth/families. Average youth/family cost in this example would be $2,800.

Training and Technical Assistance

Training Certification Process

The primary goal of the FFT implementation and certification process is the successful replication of the FFT program as well as its long-term viability at individual community sites. The FFT Site Certification is a 3-phase process:

Phase 1 - Clinical Training: The initial goal of the first phase of FFT implementation is to impact the service delivery context so that the local FFT program builds a lasting infrastructure that supports clinicians to take maximum advantage of FFT training/consultation. By the end of Phase I, FFT's objective is for local clinicians to demonstrate strong adherence and high competence in the FFT model. Assessment of this goal is based on data gathered through the FFT Clinical Service System, FFT weekly consultations, and during phase I FFT training activities. Phase I should last between one year and 18 months. Periodically during Phase I, FFT personnel provide the site feedback to identify progress toward Phase I implementation goals. By the eighth month of implementation, FFT will begin discussions to identify steps toward starting Phase II of the Site Certification process.

Phase II - Supervision Training: The goal of the second phase of FFT implementation is to assist the site in creating greater self-sufficiency in FFT, while also maintaining and enhancing site adherence/competence in the FFT model. The essential goal of this phase is to develop competent on-site FFT supervision. During Phase II, FFT trains a site's extern to become the on-site supervisor. This person attends two 2-day supervisor trainings, and then is supported by FFT through monthly phone consultation. FFT provides one 1-day on-site training or regional training during Phase II. In addition, FFT provides any ongoing consultation as necessary and reviews the site's FFT CSS database to measure site/therapist adherence, service delivery trends, and

outcomes. Phase II is a yearlong process.

Phase III - Practice Research Network: The goal of the third phase of FFT implementation is to move into a partnering relationship to assure ongoing model fidelity, as well as impacting issues of staff development, interagency linking, and program expansion. FFT reviews the CSS database for site/therapist adherence, service delivery trends, and client outcomes, and provides a one-day on-site training for continuing education in FFT.

Phase I "Clinical Training" Activities include:
STEP 1: One-day on-site implementation/assessment and CSS training. This initial visit covers implementation issues for both administration and staff. It includes: a 2-hour overview of best practices and the FFT clinical model for referral agents, stakeholders, funders, and agency staff. Additional time is spent in addressing site-specific implementation challenges (i.e., referral criteria, referral process, integration of services, working w/ referral agents, supervision, computers,etc.). The identified FFT team of clinicians is trained in the FFT Clinical Service System, including use of FFT software and assessment protocols.

STEP 2: Two-Day On-Site Clinical Training. The two-day on-site introduction covers the core constructs, phases, assessment and intervention techniques of FFT. Didactic materials include handouts and videotape examples.

STEP 3: Begin Cases (using FFT, the Assessment protocol, and the CSS).

STEP 4: Ongoing Telephone Supervision. Each team receives telephone supervision as a group for one hour per week. Supervision focuses particularly on individual cases and model adherence.

STEP 5: Externship. This intensive, hands on, training experience with actual clients includes supervision from behind the mirrored window. The externship consists of three separate training experiences for three consecutive months. The clinician expected to be trained in Phase Two as the on-site FFT supervisor typically attends this training.

STEP 6: Two-Day Follow-up Visits (3 per site during year 1). The three on-site follow-up training sessions, each of two days in duration, represent more specific focus on implementation issues and processes.

STEP 7: Two-Day Clinical Training. The entire FFT Clinical Team goes to an off-site location for additional team and individual training in the FFT model.

ONGOING: Implementation and Consultation
Implementation and consultation services are directed at helping sites implement FFT with respect to such issues as staff development, interagency linking, and program expansion.

Brief Program Evaluation

Program Outcomes

Studies across several locations demonstrated program benefits for recidivism among juveniles:

- In a Utah study, FFT families showed significant improvement compared to no treatment and alternative treatment groups in rates of reoffense (26% versus 47%-73%), juvenile court records of siblings of targeted youth (20% versus 40%-63%), and recidivism among serious delinquent youth (60% versus 89%-93).

- In an Ohio study, FFT families showed significant improvement compared to usual services in recidivism after 28 months (11% versus 67%) and after 60 months (9% versus 41%).

- In a Swedish study with a 2-year follow-up, FFT families showed improvement compared to a usual-treatment group in recidivism (41% versus 82%) and in youth and parent reports of externalizing and internalizing symptoms.

- In a Washington State study, FFT families who worked with a competent therapist showed significant improvement in 18-month recidivism (44% versus 50%-54%) compared to families in control groups or working with not competent therapists.

- A meta-analysis of effect size for eight evaluations of FFT (Aos et al., 2011) reported an adjusted mean effect size of -.32.

One study done in Albuquerque examined outcomes relating to marijuana use:

- FFT youth (either alone or in combination with another therapy) showed significant reductions at four months in marijuana use (55% to 25% and 57% to 38%, respectively), while the other therapy and control groups did not.

- FFT youth showed significant reductions in heavy to minimal marijuana use at four months (87% to 55%), as did the other therapy and the combined FFT and therapy groups, while the control group did not.

Program effects on Risk and Protective Factors:

- Improvements in family interaction patterns (Alexander & Parsons, 1973)

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EFFECTIVE: Sanction Treatment Opportunity Progress (STOP) Drug Court Program

Fact Sheet

PROGRAM AREA

- Alcohol and Other Drug (AOD) Use
- First Time Offense

PROGRAM TYPE

- Alcohol and Drug Therapy/Treatment
- Aftercare/Reentry
- Alternatives to Incarceration
- Diversion
- Group Therapy
- Individual Therapy

PROGRAM SETTING

- Courts
- Other Community Setting

AGE

- 18+

GENDER

- Male and Female

RACE/ETHNICITY

- Black, White, Other

ENDORSEMENTS

- National Institute of Justice: Effective Program

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Program Description

Program Goals/Target Population

The Sanction Treatment Opportunity Progress (STOP) Drug Diversion Program is a drug court program that was designed to reduce the increasing backlog of cases involving drug offenders in Oregon's Multnomah County. The program focuses on providing treatment services for offenders facing first-offense drug charges. Implemented in 1991, the STOP Drug Diversion Program is the second-oldest drug court in the country.

The Multnomah County District Attorney's Office determines if a defendant is eligible for participation based on arrest charge, criminal history, probation status, additional charges, status at other jurisdictions (holds or retainers), and previous participation in the program. The STOP Program targets defendants charged with possession of a controlled substance and possession of more than an ounce of marijuana as well as other drug-related charges, such as tampering with drug records (i.e., forging prescriptions for pharmaceutical drugs). A defendant may still be eligible for the program if they face additional, non–drug related criminal charges, as long as participation in the diversion program does not interfere with conditions of probation for those other charges.

However, defendants are ineligible if they face distribution of controlled substance or manufacture of controlled substance charges, if they have any prior convictions for violent offenses, or if they have previously participated in the STOP Program but failed to complete the requirements.

Program Components

The STOP Program uses a postplea model, meaning participants agree to plead guilty to the eligible drug charge before entering the program. If participants successfully complete the program, the charges can be dropped and the participants can apply to have them removed from their criminal history record. After a defendant is found eligible to participate in the program, they attend an orientation session at the Metropolitan Public Defender's office. It is ultimately up to the defendant to decide to participate in the diversion program or take the case to trial.

Defendants who decide to participate in the STOP Program attend another orientation session at InAct, a private, not-for-profit agency that provides all outpatient treatment services to program participants (referrals to inpatient and methadone maintenance clinics are made to other service providers when necessary). Participants meet with admission counselors to create a treatment schedule, where they are assigned to a group for group counseling and to a counselor for individual therapy sessions. Admission counselors also schedule appointments for acupuncture treatments, an intake assessment with the participant's counselor, and a physical examination with a naturopathic doctor. After 2 weeks, participants appear in the drug court to officially declare if they wish to continue treatment or if they decline participation.

For those that continue in the program, participants are required to make court appearances before the drug court judge. During court appearances, the judge is informed of the participant's progress through reports from the participant, the treatment liaison from InAct, and the District Attorney's Office. The judge provides encouragement for program participants who comply with treatment requirements and imposes sanctions against those who are not in compliance. If a

participant does not appear before court as required, a bench warrant is issued by the judge.

Drug court judges can use a variety of graduated sanctions, which include the sit sanction (participants are required to sit in court and observe the day's proceedings), the forest work camp (participants still receive treatment while they do 2 to 3 weeks of conservation work at a local camp), a jail sanction (where a sentence can range from 1 day to 7 days), and community service (an alternative for women to the forest work camp because there is no camp for females). One option that judges use is called the "impose but suspend" rule. Under this rule, the judge imposes a certain sanction but it is suspended until the participant's next court date. If the participant is doing better or completed specific tasks required by the judge, the sanction is not imposed. If the participant has not done better, the sanction is imposed.

The program uses what is known as a "STOP clock," which is the amount of treatment days a participant has been in the program. To graduate, participants must spend 365 days in the program, but if the participant absconds or a bench warrant is issued, the STOP clock is stopped. When a participant returns to the program, the STOP clock starts again.

The STOP Program has three phases of treatment that vary in length, depending on the needs of the participant. During phase 1, participants are required to attend three group counseling sessions and three acupuncture treatments per week, as well as monthly individual meetings with their personal counselor. During phase 2, participants are typically required to attend two group counseling sessions per week. They may stop attending acupuncture treatment but they must still meet weekly with their counselors. By phase 3, participants must attend one group counseling session per week as well as one individual counseling session per month. In addition to treatment requirements, participants are randomly given a urinalysis (UA) drug testing at least once a week (participants are required to call the "UA line" to see if their number has been chosen for the day).

To graduate from the program, participants need to complete 365 days in treatment, have six consecutive clean UA tests, and get a recommendation from their individual counselor. Graduation proceedings take place at the drug court. Aftercare is not required, but is available to participants who have graduated from the program. Graduates may attend as many group counseling sessions as needed and continue to meet with their individual counselor. They can also attend educational classes and receive mental and physical health services, provided by InAct.

Key Personnel

The STOP Program's team members include the judge, the treatment coordinator/court liaison, the public defender, the public defender's legal assistant, and the District Attorney's Office.

Program Evaluation Outcomes

Finigan (1998) found statistically significant differences between the treatment group that participated in the Sanction Treatment Opportunity Progress (STOP) Drug Diversion Program and the comparison group that were eligible for the program but did not participate.

Subsequent Arrests

STOP Program participants (graduates and non-graduates) had 61 percent fewer total subsequent arrests compared to the matched defendants. Compared to non-graduates, program graduates had 49 percent fewer total new arrests over the 2-year period and had 76 percent fewer arrests than comparison group members.

Subsequent Convictions

The analysis found a significant 57 percent difference between the treatment group and comparison group in total convictions over a 2-year period. There was a 51 percent difference between program graduates and non-graduates in total subsequent convictions and a 74 percent difference between graduates and comparison group members.

Subsequent Serious Felony Arrests

A separate analysis looked at the rearrest rates for serious crimes, including Felony Type A and B. Program participants (graduates and non-graduates) had 64 percent fewer subsequent felony arrests. Also, program graduates had 56 percent fewer total felony arrests than program participants that did not graduate and 80 percent fewer total felony arrests than the comparison group.

Subsequent Drug Arrests

There was a significant 72 percent difference in total subsequent drug-related arrests between STOP Program participants and comparison defendants. There was also a 56 percent difference in total drug arrests between program graduates and non-graduates, and an 85 percent difference between program graduates and comparison group members.

Subsequent Parole and Probation Violation Arrests

STOP Program participants also had significantly fewer parole or probation violation arrests. There was an 80 percent difference between all program participants and comparison group members in total subsequent violations. The results were exactly the same when looking at program graduates and comparison defendants. There was no difference in parole or probation violations between program graduates and non-graduates.

Program Costs

There have been several cost analyses of the Multnomah County Sanction Treatment Opportunity Progress (STOP) Drug Diversion Program. The most recent analysis, by Finigan, Carey, and Cox (2007), looked at the impact of the drug court program over 10 years of operation (from 1991 to 2001). The study used a modified Transaction Cost Analysis Approach to conduct a cost–benefit analysis. This approach views an individual's interaction with agencies that receive public funding as a set of transactions in which the individual uses resources contributed from multiple agencies. Transactions are those points in a system where resources are consumed and/or change hands. The analysis compared the outcome costs of STOP Program participants (n=6,502) and comparison group of defendants who were eligible but did not participate in the program (n=4,600). The analysis found that over a 5-year period, the outcome

cost per program participant was $38,537 while the outcome cost per comparison group member was $50,755. This resulted in a difference of $12,218. Over a 10-year period, this would result in an outcome program savings of nearly $79.5 million. This translates into a cost–benefit ratio of 1:2.63, which means for every $1 invested in the STOP Program, the criminal justice system experiences a return of $2.63. The analysis also looked at the total costs of STOP Program participants and comparison group members. Over a 5-year period, the total cost per program participant was $43,705, while the total cost per comparison group member was $57,315, a difference of more than $13,000. Over a 10-year period, this would result in a total program savings of almost $88.5 million.

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PROMISING: Adolescent Diversion Program (ADP-NY Problem-Solving Court Program)

Fact Sheet

PROGRAM AREA

- Youth

PROGRAM TYPE

- Alternatives to Detention
- Alternatives to Incarceration
- Diversion

PROGRAM SETTING

- Courts

AGE

- 16 - 17

GENDER

- Male and Female

RACE/ETHNICITY

- Black, White

ENDORSEMENTS

- National Institute of Justice: Promising Program
- Model Programs Guide

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Program Description

Program Goals/Target Population
The Adolescent Diversion Program (New York State), or ADP, is a diversion program for 16- and 17-year-old defendants in New York state's adult criminal justice system. The program seeks to divert older adolescents from the adult criminal justice system, providing them with age-appropriate alternatives and services. Overall, the goal of the ADP is to provide services to 16- and 17-year-old juveniles and reduce the use of conventional criminal penalties, while ensuring that recidivism does not increase and public safety is not jeopardized.

In the state of New York, 16- and 17-year-old defendants are automatically considered adults rather than juveniles, regardless of the crime they commit. As a result, each year between 40,000 and 50,000 16- and 17-year-olds are arrested and prosecuted as adults. In 2011 the state sought to rethink its approach and developed a process that would divert older youths from formal processing in the adult criminal justice system and provide them with age-appropriate services. Thus, New York implemented a pilot project (the ADP) in nine jurisdictions throughout the state, which included the five boroughs of New York City, as well as Erie, Nassau, Onondaga, and Winchester Counties (Rempel et al. 2013).

Program Theory
The ADP uses diversion as its framework. Diversion attempts to redirect youthful offenders from formal prosecution in the adult justice system because of the potential negative consequences of being involved with the system, such as the loss of voting rights and access to school, employment, and housing. Employers and landlords can use an individual's criminal record as a means of not hiring an individual or refusing housing, both of which can impede an individual's ability to reenter society (Cox et al. 2014). Responding to the potential lifetime consequences of processing juveniles in the adult criminal justice system (Lundman 1993), the ADP program sought to create a diversion program that would enable eligible 16- and 17-year-old defendants to avoid formal prosecution and receive services that aim to apply a rehabilitative, developmentally appropriate response to late adolescent behavior.

Program Components
ADP functions as a diversion program for 16- and 17-year-old juveniles involved in the adult criminal justice system, not the juvenile justice system. The program begins at the initial arraignment. If the case is not resolved during the arraignment, it is assigned to a specialized court through the ADP. The presiding judge—who had previously received training on adolescent brain development, trauma, substance abuse, family dysfunction, and other topics that may affect older adolescents—completes a clinical assessment of the juvenile and has the discretion to order age-appropriate services for the adolescent. Although the services vary by jurisdiction, court-ordered services can include individual counseling, family mediation, drug or mental health treatment, educational/vocational programming, or community service. In some instances, a youth may participate in the ADP as part of a predisposition agreement, meaning that the youth has not pled guilty or received a case disposition. In other cases, the defendant is

required to enter into a guilty plea before participating in the ADP program. Whether the adolescent participates in the ADP program predisposition or postdisposition, completion of his or her assignment typically results in dismissal of charges or reduction of the charge to a noncriminal level. It is also possible that the judge offers an Adjournment in Contemplation of Dismissal (ACD) in exchange for service participation or offers an ACD following participation. An ACD is an agreement between the district attorney's office and the defense to adjourn a defendant's case for 6 months, with the hope that the case will eventually be dismissed as long as the defendant does not commit another crime. ACDs are not offered in felony cases (Murray 2012).

Participation in the ADP program is voluntary. Regarding offense type, all jurisdictions accept adolescents charged with misdemeanors, while two (Erie and Nassau) also accept felonies. All jurisdictions except Manhattan and Staten Island allow some juveniles to begin court-ordered services before disposition, as part of the pretrial diversion. Even if the youth is not diverted through the ADP, the common goal of avoiding a criminal record is the same.

Program Evaluation Outcomes

Study 1
Rempel and colleagues (2013) found that the Adolescent Diversion Program (New York State), or ADP, showed no evidence that diverting 16- and 17-year-old defendants from the adult criminal justice system had any effect on participants' recidivism rates. Similar rates of recidivism were found for ADP participants and comparison group members. The nonsignificant differences between the groups supported the hypothesis that diverting older adolescents would not increase recidivism and risk to the public.

Recidivism
Number of Rearrests (All Sites)
The average number of rearrests at the 6-month follow-up period across both ADP and comparison sites was the same (0.32).

Any Rearrest (All Sites)
At the 6-month follow-up period, a similar arrest rate was found for ADP participants and comparison group participants (22 percent and 21 percent, respectively). The difference was not significantly different between the groups.

Any Violent Arrests (All Sites)
The 6-month follow-up period also found similar arrest rates for violent felony charges for ADP participants and comparison group members (4 percent and 5 percent, respectively). Again, the difference was not significantly different between the groups.

Any Felony Arrest (All Sites)
ADP participants were, however, significantly less likely than comparison participants to be rearrested for a felony charge at the 6-month follow-up. Eight percent of ADP participants were

arrested for a felony, compared with 10 percent of comparison group members—a significant difference.

Criminal Penalties
Case Disposition
At the 6-month follow-up period, 36 percent of both groups pled guilty. However, significant differences were found between ADP and comparison group participants in terms of adjournment in contemplation of dismissal (ACD) and case dismissals. Significantly fewer comparison group participants had their cases dismissed, compared to the ADP participants (13 percent of the comparison group versus 24 percent of the ADP group). Conversely, significantly more comparison group participants received an ACD compared with ADP participants (52 percent of the comparison group compared to 40 percent of the ADP group).

Use of Jail
There were no significant differences in the use of jail or length of stay in jail between the ADP and comparison participants. Jail was used for 4 percent of the ADP and comparison groups, while length of stay was 2.21 days for the comparison group and 1.89 days for the treatment group.

Sentence
If sentenced, the type of sentence varied for ADP and comparison group participants. Of those sentenced, ADP participants were less likely to be placed in jail (10 percent versus 13 percent of the comparison participants), significantly less likely to receive time served (1 percent versus 17 percent of the comparison participants), significantly less likely to be fined (0 percent versus 8 percent of comparison participants), and significantly less likely to receive a conditional discharge (0 percent versus 37 percent of comparison participants). ADP participants (89 percent) were also significantly more likely to receive community and/or social service as their sentence than were the comparison participants (23 percent). However, straight probation was received similarly by both groups (1 percent of ADP group versus 2 percent of the comparison group).

Program Costs

There is no cost information available for this program.

<div align="center">**References**</div>

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PROMISING: Front-End Diversion Initiative

Fact Sheet

PROGRAM AREA
- Mentally Ill Offenses
- Youth

PROGRAM TYPE
- Crisis Intervention/Response
- Diversion
- Family Therapy
- Probation/Parole Services
- Motivational Interviewing

PROGRAM SETTING
- Other Community Setting

AGE
- 12 - 16

GENDER
- Male and Female

RACE/ETHNICITY
- Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other

ENDORSEMENTS
- National Institute of Justice: Promising Program
- Model Programs Guide

Program Description

Program Goals

The Front-End Diversion Initiative (FEDI) seeks to divert juveniles with mental health needs from adjudication in the juvenile justice system by using specialized supervision and case management. FEDI was originally implemented in four Texas probation departments: in Bexar, Dallas, Lubbock, and Travis Counties. In Texas, probation intake is the gatekeeper to the juvenile court and therefore was an ideal point to implement a preadjudicatory diversion strategy. The primary diversion strategy was the use of specialized juvenile probation officers. The efforts of the initiative supported the development, implementation, and evaluation of the use of specialized juvenile probation officers.

Program Theory

A central aspect of FEDI is diversion, which is "an attempt to divert, or channel out, youthful offenders from the juvenile justice system" (Bynum and Thompson 1996). Diversion is based on the labeling theory, which suggests that processing certain youths through the juvenile justice system may do more harm than good because of the potential for stigmatization (Bynum and Thompson 1996).

In addition, youths with mental health disorders (such as anxiety disorders, depression, attention deficit/hyperactivity disorder) may be at greater risk of experiencing the negative consequences of juvenile justice system involvement. Anywhere from 50 percent to 70 percent of adolescents in the juvenile justice system suffer from a mental health disorder, compared with only 9 percent to 20 percent of adolescents in the general population (Colwell, Villarreal, and Espinosa 2012). Research suggests that those with mental health disorders are less capable of understanding the juvenile justice system, treated more harshly than those without a mental illness, and more vulnerable to delve further into the system as a result of their disorder (Colwell, Villarreal, and Espinosa 2012).

Target Population/Eligibility

As a result of the Texas Family Code, probation officers, the juvenile, and a caregiver have the ability to enter into an informal agreement of deferred prosecution for up to 6 months. To be eligible to participate in the FEDI program, juveniles had to qualify for deferred prosecution; receive MAYSI–2 scores that indicated additional mental health screening may be needed, such as four or more cautions or two or more warnings; have a current mental health diagnosis; and have a parent or guardian who is willing to participate in the program.

Program Components

The FEDI program used several specialized supervision and case management strategies that were considered best practices, such as small caseloads, specialized trained officers, internal and external service coordination, and active problem solving (Colwell Villarreal, and Espinosa 2012). In following this model, FEDI included specialized juvenile probation officers whose caseload did not have more than 15 juveniles with mental health needs, which is smaller than a

traditional caseload for juvenile probation officers in Texas. These officers were trained in motivational interviewing, family engagement, crisis intervention, and behavioral health management.

Although all the various FEDI program sites implemented a similar framework, each site varied on specific program components. For example, in Dallas referrals to the FEDI program can be made by intake officers, psychological staff, deferred prosecution officers, field assessment officers, and the detention referee. Once a youth is determined eligible–following the same core criteria–a face sheet, MAYSI scores, a case history, a social history, and a psychological evaluation/screen (if available) must be submitted to the FEDI supervisor. Next, the FEDI supervisor assigns a probation officer to the case, who decides whether the FEDI program is appropriate for the youth based on the documentation provided, as well as on information gained through the Family Suitability Interview (Spriggs 2009).

If a child is accepted into the FEDI program, the initial case plan is completed within the first 72 hours. This plan includes the goals for the child and family to work toward, as well as services in the community. The plan also identifies the educational needs of a child and the child's overall strengths and values. This plan is reviewed monthly during the youth's participation in the FEDI program. Once a goal is obtained, the officer determines new goals for the child and family to work toward completing. Finally, once the program is completed the officer develops a discharge plan that links the child and family with services in the community (Spriggs 2009).

To become specialized juvenile probation officers, the Front End Diversion Initiative (FEDI) required probation officers to receive training. The Specialized Officer Certificate Program included training in motivational interviewing, family engagement, crisis intervention, and mental health (Spriggs 2009). A copy of the FEDI Program Policy and Procedure Manual can be accessed here: http://www.modelsforchange.net/publications/372.

Program Evaluation Outcomes

Study 1
Adjudication
Colwell, Villarreal, and Espinosa (2012) found that juveniles who participated in the Front End Diversion Initiative (FEDI) program were significantly less likely to face adjudication compared with those who only received traditional supervision while on probation. Only 7.7 percent of the FEDI treatment group were adjudicated, compared with 22.0 percent of the comparison group.

Further, the results from the logistic regression found that juveniles in the comparison group were 11 times as likely to have been adjudicated in the 90 days since receiving traditional supervision while on probation, compared to the FEDI treatment group.

Program Costs

There is no cost information available for this program.

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References

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Bynum, Jack E., and William E. Thompson. 1996. *Juvenile Delinquency: A Sociological Approach (Third Edition)*. Needham Heights, Mass: Allyson and Bacon.

Spriggs, Vicki. 2009. *Front-End Diversion Initiative Program: Policy and Procedure Manual Overview*. Austin, Texas: Texas Juvenile Probation Commission.

EXAMPLE

Implementation of Recommended Programs

A combination of evidence-based diversion programs may be implemented to provide a comprehensive strategy for addressing community needs. Below is an example of a prevention, early intervention approach by implementing four programs.

- Positive Action

- Incredible Years

- Adolescent Diversion Project (MSU)

- Youth Courts

Positive Action is implemented in grades K-6 and 7-8 to develop the social-emotional skills among elementary and middle school students. These skills include emotional self regulation (e.g., anger management), interpersonal skills (e.g., communication), and problem-solving (e.g., conflict management). Additionally, the community curriculum is added to the student curriculum to elicit engagement by community residents and stakeholders in problem-solving, decision-making process and support the social-emotional learning process.

Incredible Years Parent curriculum is implemented to develop parenting skills to promote children's social competence, emotional regulation, academic skills and reduce behavior problems. Incredible Years teaches parents how to become involved in their children's education and support school faculty and staff in promoting academic achievement.

Adolescent Diversion Project (MSU-ADP) is implemented in grades 9-12 to develop positive mentoring relationships with at-risk teenage youth and create an alternative to juvenile court for youth who are involved in low-level offenses. Students enrolled in a local university or college are trained as caseworkers and spend 6–8 hours per week with the at-risk youth and low-level offending juveniles in their homes, schools, and communities. The student caseworkers work one-on-one with youth and focus on improving skills in several areas, including family relationships, academic issues, employment, and prosocial recreational activities.

A Youth Court is created as a diversion to juvenile courts and further supports MSU-ADP. School resource officers refer students who commit low-level offenses to the Youth Court where a panel of trained youth (i.e., peer jury) provides dispositions (i.e., sanctions) to the referred youth. The referred youth are all assigned a student caseworker from MSU-ADP to help completion of dispositions, which include restitution, community service and connection, skills development and enrichment activities.

Two sets of evaluations should be implemented: Process and outcome. The process evaluation is assessing the fidelity of program implementation. The evaluators should follow the Principles of Effective Interventions and be knowledgable of the program(s) to be implemented. Several of the recommended programs have strict training requirements and adherence to program standards,

which is one of the factors that the programs were selected. Process evaluation is vital to achieving desired outcomes. Improper implementation of an evidence-based program can lead not only to no effects but possibly harmful effects on program participants and community.

The outcome evaluation may seek to test changes in participant knowledge, attitudes and/or behaviors. Knowledge and attitude changes may be tested by surveys that are based on the program curriculum. For example, a survey may ask the participant to list the steps to avoid negative peer pressure (knowledge), as well as beliefs on whether underage drinking or drug use is appropriate (attitudes). The participant may know how to get out of negative peer pressure to use drugs but may believe it is appropriate for him or her to use drugs for a variety of reasons. Surveys may also be used to ask participant behavior questions, either via self-report, or by others who interact with the participant, such as peers, teachers, workers, and parents. Other behavior measures may already be collected by the organizations, such as school districts and law enforcement agencies. These organizations will likely document behavior problems, types of behavior problems, sanctions given to address behavior problems, etc. Several of the recommended diversion programs may already have surveys developed to test changes in program participant's knowledge, attitudes and/or behaviors. Additionally, past evaluations may also have what measures were used to test program outcomes. Qualitative data may also provide detailed information regarding the implementation of the program and why certain outcomes were obtained and why other outcomes were not accomplished. Qualitative data may be collective via interviews, focus groups, open-ended questions on surveys, and narratives from documentation notes.

One final factor to consider is obtaining a control or comparison group. Both the control and comparison groups do not participate in the intervention program(s). However, the participants are randomly assigned to either the control group or the intervention group whereas there is no randomization in the comparison group. Although the control group is preferred, ethical and practical considerations may not allow random assignment to a control group. The purpose of having a control or comparison group is to increase the confidence that the change in outcomes was due to the actual intervention and not some other factors (i.e., threats to validity).

Evaluating the recommended diversion programs should include the surveys specific to the implemented program(s). Student conduct data and police referrals should be used to assess behavior change. Pilot sites schools should be selected to implement the diversion programs. Schools with similar demographics to the pilot site schools should be selected as the comparison groups and will not have the diversion programs implemented but will have the same data collected to assess outcomes.

This example provides a comprehensive strategy to prevent or quickly address problematic behaviors and increase academic achievement among youth by developing social-emotional skills for students, family management skills for parents, and a problem-solving process to engage community members and stakeholders.