

Interventions for High-Risk Youth: Applying Evidence-Based Theory and Practice to the Work of Roca

January 26, 2006

Prepared by Crime and Justice Institute



355 Boylston Street • 5th Floor
Boston, MA 02116-3313

T: 617.482.2520 • F: 617.262.8054
www.cjinstitute.org

A division of Community Resources for Justice

Interventions for High-Risk Youth: Applying Evidence-Based Theory and Practice to the Work of Roca

INTRODUCTION

Roca is a values-based, outcomes-oriented, youth and young adult development organization in Chelsea, Revere, and East Boston, Massachusetts. The agency's mission is to "promote justice through creating opportunities for young people to lead happy and healthy lives."¹ Roca chooses to pursue this mission with some of the most marginalized youth in the community, and works with those youth to achieve self-sufficiency and live out of harm's way. After nearly two decades of experience serving this population, Roca is undergoing a thoughtful restructuring to clearly define and measure the work that they do, and ultimately to institutionalize practices that fulfill the agency's mission and goals. As part of this transition to evidence-based practice, Roca is reviewing existing theory and practice that are applicable to its work. This document is a component of that effort.

This literature review focuses on research in criminal and juvenile justice, delinquency prevention, and behavior change. Roca has previously engaged in a review of relevant literature in the field of youth development;² this review will expand upon previous work by viewing Roca through the lens of another discipline. This research is appropriate to apply to Roca because many of its participants are either involved with the court, or at risk of becoming court-involved. The disengaged and disenfranchised youth with whom Roca works possess several of the characteristics that put youth in contact with the criminal justice system, including dysfunctional family relations, alcohol and drug problems, and anti-social companions.^{2,3} The criminal and juvenile justice fields have developed effective, evidence-based practices that can inform Roca's work and provide support for Roca's Theory of Change.⁴

Cited works include theoretical and practical research in delinquency prevention and intervention, and pro-social skill building for high-risk youth. Consistent with Roca's model, the review considers not only programming, but the engagement of individuals and institutions in the change process. Of note, Roca identifies itself as a youth development organization, not as a clinical service provider. Therefore, this review does not offer a review of the clinical practices that have proven successful with court-involved and high-risk youth, as these practices are outside the scope of Roca's services.

¹ Wheeler, W. (2004) *Claiming their Place: Creating Pathways for Employment, Education, and Youth Development for the Most Marginalized and At-Risk Youth Through Roca's VIA Project*. Takoma Park, MD: Innovation Center for Community and Youth Development.

² Gendreau, P., Little, T. and Goggin, C. (1996) "A Meta-Analysis of the Predictors of Adult Offender Recidivism: What Works?", *Criminology* 34(4): 575-607.

³ Andrews, D.A. & Bonta, J. (1998). *The Psychology of Criminal Conduct*. Cincinnati: Anderson Publishing Co.

⁴ Hunter, D.E.K. (June 2006) *Roca Theory of Change*. Unpublished.

ROCA'S APPROACH

Roca works with some of the most challenging populations in the community: those youth who are not able to conform to the requirements of traditional education and human service programs; and those who need caring, creative, personalized attention and programming in order to become engaged and ultimately make life changes. Roca defines its work in terms of core values, core strategies, and outcomes. The values of belonging, generosity, competency, and independence infuse all of Roca's work and inform their interventions with youth; Roca's core strategies form the measurable processes of Roca's daily work, and the outcomes represent the end result of that work. This model is discussed in detail in other Roca publications,⁵ but the following outlines the basic theoretical underpinnings.

Roca's core strategies include outreach and street work, transformational relationships, peacemaking circles, and engaged institutions. While each is distinct, these strategies are built on the importance of developing a strengths-based, pro-social support network for youth. That network can include youth workers, family, friends, and community groups, and it supports the youth as he or she plans for and engages in positive behavior change and builds healthy relationships. As the discussion below demonstrates, there is a great deal of evidence that these types of pro-social engagement lead to positive outcomes for youth.

Roca's programmatic strategies include life skills education, employment, and academic instruction. Research has demonstrated multifaceted links between these factors and either reduction of risk or increase in self-sufficiency. Many types of educational and vocational curricula have been proven effective in improving outcomes for youth, while many others have been proven ineffective; the type of programming used and the way it is implemented makes a profound difference. In addition, education or vocational programs alone are insufficient to reduce the likelihood of further court involvement for high-risk youth. This review of literature highlights these nuances, and references the literature where they are discussed in more depth.

Though Roca is able to define discrete phases in its work, in reality the model represents a continuum of meeting a youth where he or she is, and then maintaining a partnership that helps the youth to achieve success. Rather than address each component individually, this literature review discusses theory and practice that is applicable to the model overall, with reference to individual components.

⁵ Hunter, D.E.K. (June 2006) *Roca Theory of Change*. Unpublished.

HIGH-RISK POPULATIONS

In addition to defining its model, Roca has also defined the populations of high-risk youth with whom it works: young adults ages 14-24 who are gang-involved, immigrants or refugees, young parents, or disengaged/dropout youth. Each of these groups has its own distinct needs, and, in many cases, a dedicated body of literature that warrants some discussion before addressing the more general literature relevant to Roca's model.

Gang-Involved Youth

For nearly as long as gangs have been recognized as a problem, various authorities have sought to intervene to prevent youth from joining gangs and deter gang-involved youth from gang-associated crime and violence. Soon after their implementation, these interventions became the subject of evaluation by interested social scientists. Beginning with Frederick Thrasher's evaluation of the efforts of the New York City Boys Club in 1936,⁶ researchers have sought to define the key aspects of effective gang interventions and understand the process by which youth become involved in gangs. Interest in gang interventions peaked in the late 1980s and 1990s, when the gang problem received a great deal of national attention as communities and police perceived that the gang problem was intensifying. In recent years, the scope of the gang problem has appeared to decrease or at the very least remain unchanged.⁷

Some recent research has sought to identify risk factors associated with youths becoming involved with gangs. A study of youths in Rochester, NY, for example, found that gang membership was predicted by relationships with delinquent peers and early sexual activity.^{8,9} In a study of Seattle youth, researchers examined risk factors in the individual, family, peer group, school, and community. Risk factors that they found to be important included:

- Anti-social behavior, and associating with anti-social peers and siblings;
- Low grades, low test scores, and presence of a learning disability;
- Low educational aspirations, and low commitment and attachment to school;
- Alcohol consumption;
- Lack of social competence;
- Early sexual activity;
- Family instability, family conflict, and pro-violent parental attitudes;
- Low maternal attachment;

⁶ Thrasher, F.M. 1936. The boys' club and juvenile delinquency. *American Journal of Sociology* 41:66-80.

⁷ Egley, A., & Ritz, C.E. (2006) Highlights of the 2004 National Youth Gang Survey. OJJDP Fact Sheet, April 2006 #01. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁸ Bjerregaard B., & Smith, C. (1993) Gender differences in gang participation, delinquency, and substance use. *Journal of Quantitative Criminology* 9:329-355.

⁹ Egley, A., & Ritz, C.E. (2006) Highlights of the 2004 National Youth Gang Survey. OJJDP Fact Sheet, April 2006 #01. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

- Economic deprivation; and
- Growing up in neighborhoods in which drugs are prevalent and available.¹⁰

Another group of researchers studied the predictors of sustained (multiple-year) gang membership versus those of transitory (single-year) membership.¹¹ They found that the best predictors of sustained membership were:

- High interaction with anti-social peers;
- Early antisocial behavior;
- High internalization (i.e. anxiety, depression, withdrawal); and
- High externalizing behavior (i.e. aggression, delinquency, and hyperactivity).

More recently, researchers have attempted to synthesize these risk factors into a developmental theory of gang membership, which, while still in development, shows promise for explaining the process by which children and youth are drawn into gang membership.^{12,13,14}

There are many different types of gang intervention strategies: prevention, youth intervention, suppression, mixed strategies, multi-agency initiatives, comprehensive approaches, and legislative approaches. Prevention strategies seek to deter youth from joining a gang; intervention strategies attempt to influence youth to cease gang activity and curb violent behavior. Suppression strategies usually involve increased enforcement by police and the judicial system. Mixed strategies, multi-agency initiatives, and comprehensive approaches combine aspects of these strategies and frequently involve collaboration of interested parties, including the community. Legislative strategies, which are some of the least evaluated strategies, involve creating enhancements and penalties for the purpose of prosecuting gang-related crimes.

Immigrant Youth

One in four children in the United States is an immigrant or the child of an immigrant, predominately from Latin America, and more than one-third live below the poverty line.¹⁵ Working with this population poses many challenges, mainly due to the diversity of the group and the challenging circumstances under which many of these children live. Bridging

¹⁰ Hill, K.G., Howell, J.C., Hawkins, J.D., Battin-Pearson, S.R. (1999) Childhood risk factors for adolescent gang membership: Results from the Seattle Social Development Project. *Journal of Research in Crime and Delinquency* 36(3):300-322.

¹¹ Battin-Pearson S.R., Guo, J., Hill, K.G., Abbott, R.D., and Hawkins, J.D. (1999) Early predictors of sustained adolescent gang membership. Unpublished manuscript. Seattle, WA: University of Washington, School of Social Work, Social Development Research Group as cited in Howell, J.C. (2000). *Youth Gang Programs and Strategies*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

¹² Thornberry, T.P., Krohn, M.D., Lizotte, A.J., Smith C.A., & Tobin, K. (2003). *Gangs and Delinquency in Developmental Perspective*. New York: Cambridge University Press.

¹³ Thornberry, T.P., Lizotte, A.J., Krohn, M.D., Smith C.A., & Porter, P.K. (2003). Causes and consequences of delinquency: Findings from the Rochester Youth Development Study. In T.P. Thornberry & M.D. Krohns (Eds.) *Taking Stock of Delinquency: An overview of findings from contemporary longitudinal studies* (pp. 11-46). New York: Kluwer Academic/Plenum.

¹⁴ Howell, J.C. & Egley, A. (2005) Moving risk factors into developmental theories of gang membership. *Youth Violence and Juvenile Justice* 3(4):334-354.

¹⁵ Duncan, J and Morland, L (n.d.) *Bridging Refugee Youth and Children's Services*. A presentation at the US Conference of Catholic Bishops Adoption Summit. Available online at: <http://www.hunter.cuny.edu/socwork/nrcfpp/downloads/ppt/USCCB-Adoption%20Summit%20PowerPoint%208-3-06.pdf?search=%22trauma%20and%20immigrant%20youth%22>.

Refugee Youth and Children's Services (BRYCS) has developed *Growing Up in a New Country: A Positive Youth Development Toolkit for Working with Refugees and Immigrants*.¹⁶ The Toolkit stresses a positive youth development¹⁷ approach to working with newcomers, and outlines the following principles:

- Engage refugee/immigrant community leaders, families, and youth in the program
- Recruit bilingual/bicultural staff
- Support family relationships
- Provide socialization, safety, and security
- Support academic and educational achievement
- Include adults as role models and mentors
- Advocate for and with refugee clients

In addition to the language and cultural considerations that are implicit in working with this population, Roca staff is also concerned with the high prevalence of trauma histories among this group. Some of these youth come from impoverished or war-torn regions of the world, and a history of witnessing violence in one's homeland has been linked to post-traumatic stress, as well as other negative mental health and behavioral outcomes.^{18,19} In recent years, a significant body of research has been dedicated to effective practices for working with individuals impacted by trauma. The bulk of the research has been done with women who have co-occurring mental health and substance use disorders, many of whom have histories of family violence and sexual assault. The applicability of the principles with men and with immigrant/refugee populations is not yet known. The principles of trauma-informed care, described in the table below, can be applied in many settings; though some clinical consultation and intervention may be required.

A youth's immigrant or refugee status is a lens through which all policies and programs should be viewed, and the heterogeneity of the immigrant/refugee population must be considered. Fortunately, literature specific to many newcomer populations is available to guide the development and implementation of culturally appropriate programming.

¹⁶ Schmidt, S Morland, L and Rose, J. (2006) *Growing Up in a New Country: A Positive Youth Development Toolkit for Working with Refugees and Immigrants*. Available online at <http://www.brycs.org/documents/growingupinanewcountry-web.pdf>

¹⁷ Butts, J, Mayer, S, and Ruth, G (October 2005). "Issue Brief: Focusing Juvenile Justice on Positive Youth Development." Chapin Hall Center for Children at the University of Chicago: Author.

¹⁸ Geltman, PL (2005) The "Lost Boys of Sudan": Functional and Behavioral Health of Unaccompanied Refugee Minors Resettled in the United States. *Archives of Pediatrics & Adolescent Medicine*. 159(6), p.585-591.

¹⁹ Berthold, SM. (2002) *War Traumas and Community Violence: Psychological, Behavioral, and Academic Outcomes Among Khmer Refugee Adolescents*. Journal of Multicultural Social Work. 8(1-2), p.15-46.

Table 1: Ten Principles of Trauma-Informed Services²⁰

1. Recognize the Impact of Trauma on Development and Coping Strategies	Some of the behaviors that clients are striving to change may be maladaptive responses to trauma. The impact of the trauma must be acknowledged.
2. Identify Recovery from Trauma as a Primary Goal	Trauma recovery may be essential to addressing any other types of behaviors or lifestyle changes.
3. Employ an Empowerment Model	Victimization often results in fear and hopelessness; clients need to experience a renewed sense of control over their lives.
4. Maximize Choices and Control Over Recovery	Choice and control helps clients rediscover their right to direct their own lives and define their own goals.
5. Base Services in a Relational Collaboration	Healing must take place in the context of supportive, collaborative interpersonal relationships.
6. Create an Atmosphere Respectful of the Need for Safety, Respect, and Acceptance	Policy, practice, and physical environment should create a welcoming, safe place. Boundaries and roles between and among staff and clients should be well-defined.
7. Emphasize Strengths, Adaptations, and Resilience.	Validate resilience, and show an understanding of maladaptive behaviors.
8. Minimize the Possibility of Retraumatization	Aggressive, confrontational, or hierarchical interactions can mirror a client's experience of victimization.
9. Understand each Client in the Context of Experiences and Culture	Providers must understand the client's cultural context and their own, and how both influence interpersonal and programmatic interactions.
10. Solicit Consumer Input and Involvement in Designing and Evaluating Services	Provide clients a formal opportunity to have input into how services are implemented and evaluated.

Young Parents

The teen birth rate in Chelsea, MA, where Roca is located, has declined in the past decade, but is still well above the state average. In 2004, the teen birth rate in Chelsea was 66.2 per 1000 girls ages 15-19, as compared to the state average of 22.2 per 1000 girls.²¹ Young parents are less likely to graduate from high school and more likely to become homeless, which puts their children at risk for negative health and educational outcomes.²² Many community-based resources are available to young parents, but parents are often reluctant or unable to seek out resources in the community. Thus, home-based services are considered effective in working with this population, provided that they can connect families with other community resources.²³

One of the most popular interventions with teen parents are home visiting programs, which usually focus on low-income, high-risk parents. The programs are designed to improve health and socioeconomic outcomes for parents and children, with a nurse or paraprofessional serving as a case manager and social support for the young parent. Roca

²⁰ Elliot DE, Bjelajac P, Fallot RD, Markoff LS, Reed BG. Trauma-Informed or Trauma-Denied: Principles and Implementation of Trauma-Informed Services for Women. *Journal of Community Psychology*. 2005; 33(4): 461-477.

²¹ Massachusetts Alliance on Teen Pregnancy (2006) *Trends in Teen Birth Rates for Selected Communities (Rates per 1000 women, ages 15-19)*. Available online at http://www.massteenpregnancy.org/data/birth_local.html.

²² Massachusetts Alliance on Teen Pregnancy (n.d.) *Why Care About Teen Pregnancy?* Available online at <http://www.massteenpregnancy.org/about/index.html>.

²³ Weiss, H.B. (Winter 1993) Home visits: Necessary but not sufficient. *The Future of Children* 3,3:113-28

does engage in home visitation, which allows the staff member to engage in a transformational relationship with the young person and connect them to additional supports in the community.

Roca is a replication site of the Healthy Families America program, a nation-wide home visiting model utilizing paraprofessionals as supports for first-time young mothers. Overall, programs using paraprofessionals have shown a modest impact on maternal and child health and well being;^{24,25} however, many of these evaluations have often been limited to three years or less. The evaluation of Healthy Families Massachusetts, conducted by Tufts University, reported that Massachusetts programs did show a positive impact in the areas of “enhanced educational and economic attainment, promoting healthy child development, and reducing child abuse and neglect.”²⁶ Families also reported positive experiences with the program. Program fidelity has been a significant issue with state-level home visiting programs, and Massachusetts is no exception. Lack of consistent funding, poor training and quality assurance, and incomplete implementation of services have led to inconsistent outcomes for programs.²⁷ However, Healthy Families America does have a national infrastructure, including training and research support, which could potentially overcome these limitations in the model.²⁸

Disengaged/Dropout Youth

Data on the number of youth who fail to graduate from high school varies widely, but it is estimated that nearly one-third of youth nationwide never earn their diploma. These youth enter the workforce at a distinct disadvantage, if they enter the workforce at all. They are more likely to be unemployed, and those that are employed earn, on average, less than \$25,000 per year. The earning potential of high school dropouts has decreased over the past 30 years, due to the changing nature of the economy. Without additional training and educational opportunities, these youth are unlikely to achieve self-sufficiency.^{29,30}

The most obvious solution to this issue is to offer educational and vocational programming to these youth. However, this has proven more easily said than done. These youth are not sufficiently engaged by traditional educational services, and the efficacy evaluations of non-traditional educational and vocational training programs are mixed.^{31,32} The program model and the fidelity with which it is implemented determine whether or not these programs are

²⁴ Daro, DA and Kathryn, AH. (1999) Healthy Families America: Using Research to Enhance Practice. *The Future of Children* 9(1) p. 152-176

²⁵ Gomby DS, Culross, PL, and Behrman, RE. (1999) Home Visiting: Recent Program Evaluations-Analysis and Recommendations. *The Future of Children* 9(1) p.4-26.

²⁶ Jacobs, F et al (2005) *Healthy Families Massachusetts: Final Evaluation Report*. Tufts University. Available online at <http://ase.tufts.edu/mhfe>

²⁷ Wasserman, M. (2006) *Implementation of Home Visitation Programs: Stories from the States* Chapin Hall Center for Children Issue Brief. Available online at http://www.chapinhall.org/article_abstract.aspx?ar=1433&L2=61&L3=129.

²⁸ Ibid.

²⁹ Bridgeland, JM et al. (2006) *The Silent Epidemic: Perspectives of High School Dropouts*. Bill and Melinda Gates Foundation. Available online at: <http://www.gatesfoundation.org/nr/downloads/ed/TheSilentEpidemic3-06FINAL.pdf>

³⁰ Barton, PE. (2005) *One-Third of a Nation: Rising Dropout Rates and Declining Opportunities*. Educational Testing Service. Available online at <http://www.ets.org/Media/Research/pdf/PICONETHIRD.pdf>.

³¹ Office of Juvenile Justice and Delinquency Prevention (n.d.) *Vocational/Job Training*. Available online at http://www.dsgonline.com/mpg2.5/vocational_job_prevention.htm.

³² Office of Juvenile Justice and Delinquency Prevention (n.d.) *Alternative Schools*. Available online at http://www.dsgonline.com/mpg2.5/alternative_school.htm.

successful, as well as the context in which they are implemented. For example, field-specific job training is ineffective if the economy cannot support jobs in that field. In addition, segregating high-risk youth away from their mainstream counterparts, even for the purpose of providing intensive services, can be counterproductive if antisocial peer influences overwhelm prosocial educational goals.³³

Several characteristics of successful alternative education programs have been defined (See Table 2). In addition, several types of model and promising programs have been identified.

Table 2: Characteristics of Successful Alternative Education ^{34, 35}
• Strong leadership
• Low student-to-staff ratio
• Carefully selected personnel
• Early identification of student risk factors and problem behaviors
• Intensive counseling/mentoring
• Prosocial skills training
• Strict behavior requirements
• Curriculum-based on real-life learning
• Emphasis on parental involvement
• Districtwide support of the programs

-Office of Juvenile Justice and Delinquency Prevention

The Educational Testing Service points to alternative high schools, second-chance GED and vocational training programs, and dropout prevention programs within schools as potential avenues for reaching this population.^{36,37} A promising program that Office of Juvenile Justice and Delinquency Prevention points to as an effective practice in the area of education and vocational training is the Career Academy.

The Academy is a “school within a school,” so the model is not strictly applicable to a setting like Roca, but its fundamental principles are transferable. The Academy serves primarily low-income, urban, minority youth. It has small class sizes and students stay with a group of teachers for three to four years, in order to create a better sense of community and offer more personalized attention. Vocational training is interspersed with academic instruction with the goal of preparing students for a career. Academies also create partnerships with local employers to facilitate mentoring, job shadowing, employment, and exposure to a variety of career options.³⁸ A randomized trial involving 1,700 youth found that youth at high risk of

³³ Dodge, KA, Dishion, T. J., & Lansford, J. E (2006) “Deviant Peer Influences in Intervention and Public Policy for Youth.” *Social Policy Report*. 10(1), page 15.

³⁴ Office of Juvenile Justice and Delinquency Prevention (n.d.) *Vocational/Job Training*. Available online at http://www.ojjdp.gov/mpg2.5/vocational_job_prevention.htm.

³⁵ Coffee, J.; and S. Pestridge. (2001) *Career Academy Concept*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention

³⁶ Barton, PE. (2005) *One-Third of a Nation: Rising Dropout Rates and Declining Opportunities*. Educational Testing Service. Available online at <http://www.ets.org/Media/Research/pdf/PICONETHIRD.pdf>.

³⁷ Office of Juvenile Justice and Delinquency Prevention (n.d.) *Alternative Schools*. Available online at http://www.ojjdp.gov/mpg2.5/alternative_school.htm.

³⁸ Office of Juvenile Justice and Delinquency Prevention (n.d.) *Career Academy*. Available online at http://www.ojjdp.gov/mpg2.5/TitleV_MPQ_Table_Ind_Rec.asp?id=96

dropping out were successful in the program. Outcomes included increased completion of high school, better attendance, and more credits earned in academic and vocational subject areas.³⁹

The results for vocational programs vary even more, with most evaluated programs showing modest benefits. The “gold standard” of the evaluated programs is JobCorps, a residential, educational and vocational program for low-income dropout youth. Evaluations of JobCorps indicate improved educational and vocational attainment up to three years after completion of the program. However, residential programming is not feasible for many youth. JOBSTART, a community-based model based on JobCorps, has not demonstrated the same benefit.⁴⁰

The lack of evaluated programs that are effective with this population are likely indicative of the challenge inherent in attempting to engage this group. The research indicates that simply offering educational or vocational programming is insufficient; the program must be rigorously tested and carefully implemented to ensure that resources are being used effectively.

PROMOTING POSITIVE YOUTH DEVELOPMENT

Roca’s program focuses on high-risk and disengaged youth. While many of these youth need interventions to reduce high-risk and criminal behavior, a focus on eliminating problems is not sufficient. The youth also need to build a repertoire of skills, knowledge, and personal and social assets to function well and develop into healthy adulthood.⁴¹ The National Research Council and Institute of Medicine reviewed and synthesized available data on community interventions and programs to promote positive outcomes for adolescent development.⁴² They outlined a set of personal and social assets—in physical, intellectual, psychological, emotional, and social domains—that increase the healthy development of adolescents and facilitate successful transition into adulthood. The authors further identified the environmental features of settings that promote development of these positive personal and social assets. Table 3 describes the features of positive developmental settings. These environmental features usually work together synergistically. Programs with more features are likely to provide better support for positive development.⁴³

³⁹ Ibid.

⁴⁰ Office of Juvenile Justice and Delinquency Prevention (n.d.) *Vocational/Job Training*. Available online at http://www.ojjdp.gov/mpg2.5/vocational_job_prevention.htm.

⁴¹ National Research Council and Institute of Medicine. (2002). *Community Programs to Promote Youth Development*. Washington, DC: National Academy Press.

⁴² Although the authors’ primary focus was youth age 10-18, they indicate that program features they identify are relevant for older adolescents as well.

⁴³ National Research Council and Institute of Medicine. (2002).

Table 3: Features of Positive Developmental Settings

Physical and Psychological Safety	Safe and health-promoting facilities; practice that increases safe peer group interaction and decreases unsafe or confrontational peer interactions.
Appropriate Structure	Limit setting; clear and consistent rules and expectations; firm-enough control; continuity and predictability; clear boundaries; and age-appropriate monitoring
Supportive Relationships	Warmth; closeness; connectedness; good communication; caring; support; guidance; secure attachment; and responsiveness.
Opportunities to Belong	Opportunities for meaningful inclusion, regardless of one's gender, ethnicity, sexual orientation, or disabilities; social inclusion, social engagement and integration; opportunities for socio-cultural identity formation; and support for cultural and bicultural competence.
Positive Social Norms	Rules of behavior; expectations; injunctions; ways of doing things; values and morals; and obligations for service.
Support for Efficacy and Mattering	Youth-based; empowerment practices that support autonomy; making a real difference in one's community; and being taken seriously. Practices that include enabling; responsibility granting; and meaningful challenge. Practices that focus on improvement rather than on relative current performance levels.
Opportunities for Skill Building	Opportunities to learn physical, intellectual, psychological, emotional, and social skills; exposure to intentional learning experiences; opportunities to learn cultural literacies, media literacy, communication skills, and good habits of mind; preparation for adult employment; and opportunities to develop social and cultural capital.
Integration of Family, School, and Community Efforts	Concordance, coordination; and synergy among family, school, and community.

Source: National Research Council and Institute of Medicine. (2002). *Community Programs to Promote Youth Development*.

Roca's stated goals are to: (1) build relationships with individuals, institutions and systems, (2) create opportunities for young people that promote and support physical, mental, emotional, and spiritual development, and (3) practice, live, and promote the values of belonging, generosity, competence, and independence.⁴⁴ Roca organizes the outcomes it helps young people achieve in terms of these four values; these values all fit within the framework for positive developmental settings outlined in Table 3:

- Similar to this framework, Roca also aims to create a sense of **Belonging**, grounded in the belief that all young people need to understand that they matter and have a place in the world, and they need to experience meaningful connections with individuals, family, and community. Research indicates that programmatic strategies that foster positive bonding are effective for adolescents at risk for antisocial

⁴⁴ Hunter, D.E.K. (June 2006). *Roca Theory of Change*. Unpublished report.

- behavior.⁴⁵ Educational psychology shows the importance of belonging for school engagement,⁴⁶ and developmental psychology shows the importance of belonging for identity development.⁴⁷
- Roca’s value of **Generosity** refers to the development of a sense of purpose and value, that the young person has something to give, and experiences their contribution as meaningful. This overlaps with the features of *Efficacy and Mattering* and *Positive Social Norms* for positive developmental settings.
- Roca’s value of **Competence** aims to help youth make positive choices, learn skills, share them, and meet and overcome challenges to advance their physical, emotional, mental and spiritual development. This value aligns with *Opportunities for Skill Building* in the features of positive developmental settings.

The lynchpin of Roca’s work is the development of “**transformational relationships**” between a young person and a designated youth worker. The youth workers seek out at-risk youth in the community and build trusting and supportive relationships to help them engage in a process of positive development and change. Roca’s focus on transformational relationships fits within the positive developmental feature of *Supportive Relationships*. Having quality relationships with adults is central to youth development.

The impact of one caring adult at school has been shown in studies of resilience and of the role of school advisors.^{48, 49} The evaluation of the Big Brothers, Big Sisters mentoring program found that adolescent outcomes were especially positive for mentors who developed “youth-centered” relationships with the adolescent participants rather than more controlling relationships.⁵⁰ The evaluation also found an association between longer-term relationships and better youth outcomes. Broadly, research suggests that good relationships with adults include providing emotional support and guidance that is useful to young people.⁵¹ These qualities rest more in the adolescent’s perception of the adult and experience of their

⁴⁵ Catalano, R.F., Berglund, M.L., Ryan, J.A., Lonczak, H.S., and Hawkins, J.D. (1999). *Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs*. Seattle, Washington: Social Development Research Group, University of Washington School of Social Work.

⁴⁶ Goodenow, C. (1993). Classroom Belonging Among Early Adolescent Students: Relationships to Motivation and Achievement. *Journal of Early Adolescence*. 13(1):21-43.

⁴⁷ Erikson, E. *Identity: Youth and Crisis*. New York, NY: Norton.

⁴⁸ Masten, A.S. (1994). Resilience in Individual Development: Successful Adaptation Despite Risk and Adversity. In M.C. Wang and E.W. Gordon, Eds., *Educational Resilience in Inner City America: Challenges and Prospects*. Hillsdale, NJ: Lawrence Erlbaum Associates. As cited in National Research Council and Institute of Medicine. (2002). Community Programs to Promote Youth Development.

⁴⁹ Galassi, J.P., Gulledge, S.A., and Cox, N.D. (1997). Middle School Advisories: Retrospect and Prospect. *Review of Educational Research*. 67:301-338. As cited in National Research Council and Institute of Medicine. (2002). Community Programs to Promote Youth Development.

⁵⁰ Grossman, J. and Rhodes, J. (In press). *The Test of Time: Predictors and Effects of Duration in Youth Mentoring Relationships*. American Journal of Community Psychology.

⁵¹ National Research Council and Institute of Medicine. (2002). *Community Programs to Promote Youth Development*. Washington, DC: National Academy Press.

interactions than with purely objective qualities of the adults.^{52, 53} Consequently, one adult's approach may not be the best fit for every young person; it is important to be responsive to the orientation of individual adolescents and match staff appropriately.⁵⁴ The relationship between the adult and youth also needs to be compatible with the referent cultural model of the youth (e.g., level of deference to authority, autonomy, etc.)⁵⁵ In the Roca program model, the youth workers develop long-term relationships with the youth, working with them for up to three years. (We do not yet know how the workers and staff are matched.)

Roca's **engaged institutions strategy**, which focuses on building collaborative partnerships with other agencies, touches on the *Integration of Family, School, and Community Efforts*. Finally, in terms of the feature *Appropriate Structure*, we do not have information on the types of structures that Roca imposes, including rules, expectations, and monitoring.

APPLYING BEHAVIOR CHANGE THEORY

Roca's Theory of Change has underpinnings in several social science and behavior change theories. These theories are based on research, and have been applied to a variety of practical approaches in human services and criminal justice. Selected prominent theories are highlighted below.

Transtheoretical Model

The Transtheoretical Model, or “Stages of Change” reflects the thought processes that many individuals engage in when making a behavior change. It recognizes that behavior change is not one event, but a series of decisions and actions over time^{56,57} The stages are described below.

⁵² Clark, R.M. (1983) Family Life and School Achievement: Why Poor Black Children Succeed or Fail. Chicago, IL: University of Chicago Press.

⁵³ Eccles, J.S., Arbreton, A., Buchanon, C.M., Jacobs, J., Flanagan, C., Harold, R., MacIver, D., Midgeley, C., Reuman, D., and Wigfield, A. (1992). School and Family Effects on the Ontogeny of Children's Interests, Self-Perceptions, and Activity Choices. In J. Jacobs, Ed., *Developmental Perspectives on Motivation, Volume 40 of the Nebraska Symposium on Motivation*. Lincoln, NE: University of Nebraska Press.

⁵⁴ National Research Council and Institute of Medicine. (2002). Community Programs to Promote Youth Development. Washington, DC: National Academy Press.

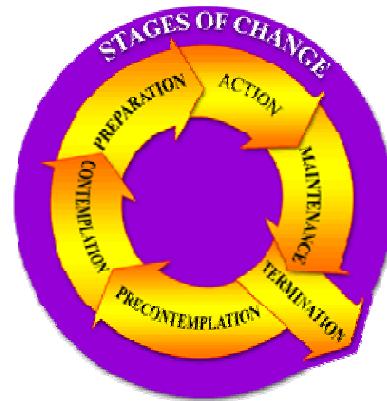
⁵⁵ LaFromboise, T., and Graff Low, K. (1998). In J. Gibbs and L. Huang, Eds., *American Indian Children and Adolescents. Children of Color: Psychological Interventions with Culturally Diverse Youth*. San Francisco, CA: Jossey-Bass.

⁵⁶ Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51, 390-395.

⁵⁷ Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of health behavior change. *American Journal of Health Promotion*, 12(1), 38-48.

- Precontemplation: The individual sees no problem with the current behavior and has no desire to change.
- Contemplation: The individual has reason and desire to change, but has no plan to make a change and may lack self-efficacy to make a change.
- Preparation: The individual has a strong desire to change and is making a plan for change. The individual may still lack the self-efficacy to act.
- Action: The individual enacts the plan.
- Maintenance: The individual is able to maintain the new behavior.

Figure 1: The Stages of Change



If the individual moves successfully through the cycle, he or she may be able to permanently stop the old behavior when the new behavior becomes habitual, and the desire and need for the new behavior continually outweigh the desire or need for the old. This is the point of exit or termination from the change cycle. An example is an individual who has quit smoking and either no longer experiences cravings, or no longer succumbs to them. In many cases, individuals do not complete the cycle, and they can regress to or from any stage.

A key feature of this model is that it recognizes the potential for relapse in individuals undergoing behavior change; in many cases, multiple attempts will be needed before a behavior change will become permanent. Providers working with individuals who are making behavior changes need to recognize relapse as a time to begin to engage individuals in the process of change, learning from relapse in order to decrease the chances that it will happen again. It is not a time to give in to failure.

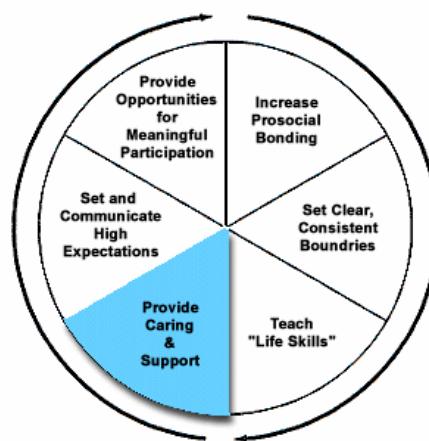
The Transtheoretical Model is useful to service providers as a tool to assess where an individual is in the change process, and to match the services and support provided accordingly. For example, an individual in precontemplation lacks the desire and need to change, and so may benefit from motivational interviewing (discussed below) rather than the development of action steps. It is also possible to measure change processes to assess how individuals are moving through the stages. For example, an individual who asks for the address of an AA meeting may be entering the preparation stage. For several behaviors, most notably smoking, practitioners and researchers have developed and validated tools to measure and track progress through the stages of change, and have correlated that progress with the client's ultimate behavior change.

Resiliency Theory

The risk factors that increase a child's likelihood of delinquency, dropping out of school, and poor academic performance are well known, but what was poorly understood until the last decade were the factors that allowed some children to

flourish despite a multitude of risk factors. Resiliency Theory identifies the protective factors that allow a youth to recover from trauma and overcome a negative environment; the theory was originally developed to identify factors that are predictive of academic success for children.^{58,59} The theory posits that the development of resiliency factors, rather than simply the mitigation of risk factors, will improve outcomes for youth. The central tenant of the model is that a caring, supportive relationship with at least one non-parent adult is an essential component of success. Resiliency theory provides the underpinning of many mentoring programs, and provides theoretical support for Roca's transformational relationships, peacemaking circles, lifeskills education, and engaged institutions (see Figure 2). Activities that encourage prosocial bonding and skill development increase the likelihood that youth will be able to overcome the negative impact of their environment.

Figure 2: The Resiliency Wheel



Social Learning Theory

Humans learn most of their behavior from observing others. We watch how another person (the model) behaves, and make note of the consequences of those behaviors. We then decide if we're going to reproduce those behaviors, based on the outcomes that we see, the regard that we have for the model, and our sense of self-efficacy. It is possible for a person to learn a behavior, but still not be motivated to replicate it.^{60,61} Social norms develop when behaviors are continuously reinforced through many social interactions, especially when individuals who are considered role models promote the behavior, and then the behaviors are replicated. This theory informs many social learning activities, from classroom education to mentoring programs to television commercials. Social learning can reinforce prosocial or antisocial behaviors. Mentoring programs are based on social learning theory; the mentor serves as a positive role model who demonstrates and reinforces prosocial life skills. If the mentor is held in high regard, then their behaviors will be more likely to be replicated. However, the behavior of antisocial peers can also be replicated if it is seen as positive (such as money gained from dealing drugs). When high-risk youth are segregated from mainstream youth, antisocial learning can produce negative outcomes.⁶² Roca's model of

⁵⁸ Henderson, N. (nd) The Resiliency Quiz. Available online at <http://www.resiliency.com/htm/resiliencyquiz.htm>.

⁵⁹ Henderson, N and Milstein, M (1996) Resiliency in Schools: Making it Happen for Students and Educators. Thousand Oaks, CA: Corvin Press.

⁶⁰ Bandura, A. (1977). Social Learning Theory. New York: General Learning Press.

⁶¹ Ormrod, J.E. (1999). Human learning (3rd ed.). Upper Saddle River, NJ: Prentice-Hall

⁶² Dodge, K.A., Dishion, T. J., & Lansford, J. E (2006) "Deviant Peer Influences in Intervention and Public Policy for Youth." *Social Policy Report*. 10(1), page 15.

transformational relationships demonstrates an application of this theory, attempting to create prosocial relationships and disengage youth from negative ones.

Social-Ecological Model

The social ecological model is a guide for developing interventions that acknowledge the many factors that influence individual behavior.^{63,64} In addition to an individual's own knowledge, ideas, and beliefs about our behavior, each person is influenced to some extent by the people, institutions, and society around him or her. Individuals can make the personal decision to change a behavior, but they are more likely to be able to sustain a change if interventions take place at all of these levels, which are described in more detail below.

Table 4: The Social-Ecological Model^{65,66}

Figure 3: Eight Guiding Principles for Reducing Risk and Recidivism.

Intrapersonal	An individual's knowledge, attitudes, and skills that influence personal behavior. For example, a man's beliefs about the role of fathers may impact whether he stays involved with his children.
Interpersonal	The influence of other individuals' knowledge, attitudes, skills, and behaviors on an individual. An older brother that is gang involved may influence a sibling's decision to join.
Institutional	The influence of an organization's culture, policies, and practice on individual behavior. A company that offers educational incentives may encourage its workers to get a degree.
Community	Social norms in a community influence behavior. The extent to which gangs are able to control the streets unchallenged will influence whether youth join.
Societal	Societal expectations, including public policy, have a strong yet diffuse pull on behavior. Funding for and support of youth development agencies have an impact on the agency's and employee's ability to work.

Effective interventions incorporate all five levels of the model, so that positive behaviors are reinforced in multiple contexts. Roca acknowledges this model by developing transformational relationships, using peacemaking circles, and engaging institutions; these can all be used to leverage the influence of individuals and organizations on a client.

⁶³ Glanz, K and Rimer, B. (1997) *Theory at a Glance: A guide for health promotion practice*. National Institutes of Health. Available online at: <http://www.nci.nih.gov/PDF/481f5d53-63df-41bc-bfaf-5aa48ee1da4d/TAAG3.pdf>.

⁶⁴ McLeroy KR, Bibeau D, Steckler A, Glanz K. (1988) An ecological perspective on health promotion programs. *Health Education Quarterly* 15:351–377.

⁶⁵ Glanz, K and Rimer, B. (1997)

⁶⁶ McLeroy KR, Bibeau D, Steckler A, Glanz K. (1988)

APPLYING CORRECTIONAL EVIDENCE-BASED PRACTICE

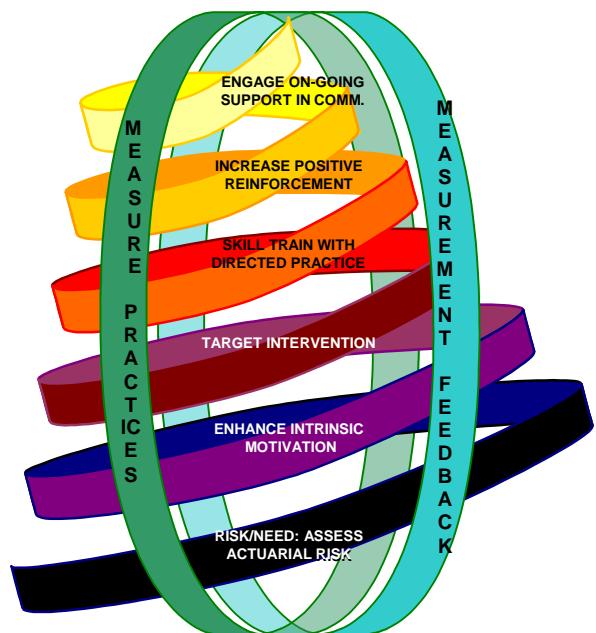
As Roca moves forward with the implementation and evaluation of its Theory of Change Model, the agency will be attempting to establish an evidence base for the effectiveness of its programming. Roca has looked to many other evidence-based models, primarily in the youth development field, for incorporation into their interventions. Below is a review of some of the gold-standard evidence-based practices in the criminal and juvenile justice fields, with discussion of their possible usefulness to Roca.

Eight Guiding Principles for Reducing Risk and Recidivism

In 2002, the National Institute of Corrections and the Crime and Justice Institute entered into a cooperative agreement to develop and implement an integrated model of evidence-based practice in community corrections.

The model includes three elements: Collaboration, Organizational Development, and Evidence-Based Principles.⁶⁷ The principles represent the most current research in the field as to what works in reducing recidivism among offenders in the community. Many of the principles are relevant to the high-risk population with which Roca works. These eight evidence-based principles have been of interest to Roca as they develop their new integrated service model, and therefore the eight steps themselves and their relevance to Roca are discussed in some detail here.

Figure 3: Eight Guiding Principles for Reducing Risk and Recidivism.



Step One: Assess Actuarial Need

Evidence and common sense tells us that targeting resources to high-risk individuals, i.e. those who show the greatest propensity towards anti-social and criminal behavior, is the most effective use of resources, since those are the people most likely to continue to harm themselves, others, or the community. Roca has made the decision to target the youth that they consider most at risk in their community, and at present rely on the experience of youth workers to determine who those young people are. Some known risk factors guide these choices, as discussed above: gang involvement and lack of connection to school or work, for example. However, individual judgment is not necessarily adequate to determine each individual's risk factors for continuing anti-social behavior, nor assessing pro-social protective factors. Actuarial risk assessment instruments provide objective information on an individual's risk to engage in anti-social behavior based

⁶⁷ Crime and Justice Institute (2004) *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention*. Boston, MA: Author. Available online at: <http://crjustice.org/cji/evidencebased.pdf>.

on measurement of risk and protective factors. These instruments can be used to guide the creation of a case management plan.

Some of the risk factors are static: for example, the younger a person is when they become involved in criminal behavior, the more likely it is that they will continue that behavior, and no intervention can change that fact. Other factors, however, are dynamic: drug and alcohol problems increase the risk of criminal behavior, and they are treatable. Assessment instruments identify dynamic risk factors that are amenable to treatment, so that case management plans can be developed to address those factors. Evidence demonstrates that when interventions are targeted based on risk and needs, re-offending is reduced.

Actuarial risk assessment tools also consider the relevant risk of a population. Tools such as the Level of Service Inventory-Revised (LSI-R) (which has adult and juvenile versions) are validated against each population so that, in general, a population will fall along a normal curve of high, medium, and low risk individuals. The population can then be “triaged” based on risk, and the amount of intervention can then be tailored to the risk level of the individual, with medium and high risk persons receiving the bulk of services.^{68,69,70,71} There are assessment tools for juveniles that incorporate assessment of resiliency, including strengths and protective factors.

The study and validation of risk and needs assessment instruments has taken place in criminal/juvenile justice settings, and there is not a body of literature discussing how these assessments could be applied in a human services setting such as Roca. Many of the youth that Roca works with are court-involved or at risk of becoming involved, so a criminogenic risk assessment may be relevant. The risk assessment may be helpful in elucidating the risk factors of each individual, such as substance abuse and poor family relations, and potentially in separating services for low- and high-risk youth. (Exposing low-risk youth to high-risk youth can actually increase the risk of future anti-social behavior.) The assessment may also help Roca identify youth that need to be referred to more intensive treatment services, such as drug treatment or family therapy. Because Roca’s population spans the mid-teens and early twenties, Roca would have to consider whether to use an adult or youth assessment tools or a combination of tools; in the criminal justice system, most youth eighteen and older are considered adults and assessed with adult instruments. This is generally a matter of policy rather than evidence-based practice.

However, Roca’s goals in their youth work do not necessarily align with the goals of criminogenic assessments, which address criminogenic needs that correlate to criminal activity. The risk assessment tools are designed to define appropriate levels of supervision and evidence-based treatment, and Roca is not a supervision agency or a treatment provider. The youth that Roca works with many have many other needs that are worthy of time and resources, such as educational activities, that are not necessarily criminogenic needs and

⁶⁸ Crime and Justice Institute (2004) *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention*. Boston, MA: Author. Available online at: <http://crjustice.org/cji/evidencebased.pdf>.

⁶⁹ Andrews, D.A., Bonta, J., and Hoge, R. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior* 17:19-52.

⁷⁰ Andrews, D.A. & Bonta, J. (1998). *The psychology of criminal conduct*. Cincinnati: Anderson Publishing Co.

⁷¹ Gendreau, P., Little, T. and Goggin, C. (1996) ‘A Meta-Analysis of the Predictors of Adult Offender Recidivism: What Works!’, *Criminology* 34(4): 575-607.

therefore would not be identified by a risk assessment instrument. Certainly, the strength and resiliency assessment components can apply to Roca's population. Additional validation and evaluation research would be necessary to determine the applicability of these tools to Roca's population.

Step Two: Enhance Intrinsic Motivation

Participation in any type of intervention is only useful if the participant perceives it as useful. Individuals who do not have a desire, reason, or need to change, or those that do not think they are able to change, will not benefit from an intervention designed to instill a behavior change. In order to engage the individual in the intervention, the individual must connect to a source of intrinsic motivation—something within themselves that makes them want to change. For example, a new mother may feel a strong responsibility to take care of her child, and this motivates her to stop using drugs. This is in contrast to extrinsic motivation, which is a penalty or reward imposed on a person externally. For example, a substance user on probation may be threatened with jail time if she uses. This extrinsic motivator may make her want to stop using, or it may make her want to be more careful about not getting caught. Also, after the period of probation has ended, the person will have no reason not to continue using. Extrinsic motivators can compel behavioral *compliance* over a period of time, without inspiring behavioral *change*.

To develop intrinsic motivation in offenders, corrections professionals are increasingly using Motivational Interviewing, a counseling technique that improves the likelihood of behavior change by encouraging change talk in clients.⁷² “Change talk” is an individual’s own desire, ability, reason, and need to change. For example, a gang member saying “I’m just tired of always having to watch my back” may be showing a desire to change that behavior. Motivational Interviewing research has shown that the more change talk elicited from an individual, the more likely he or she is to change his or her behavior.

Traditionally, counselors, educators, and other professionals would try to elicit change talk by debating with a client. The counselor would list all of the negative aspects of using drugs, causing the client to counter with all of the positive aspects. In the end, the client would be more convinced by his or her own arguments, and would be likely to continue using. The client would also become more “resistant” and less likely to engage with the counselor. William Miller and Stephen Rollnick, the creators of Motivational Interviewing (MI), saw that this confrontational style was ineffective, and developed a set of techniques that allowed the clients to explore both sides of the behavior with direction from the counselor. Miller and Rollnick reframed resistance as ambivalence, i.e. everyone feels two ways about changing a behavior, and needs to explore both sides before making a change. MI uses open-ended questions, reflective statements, and other discussion questions to allow the client to “unpack” the ambivalence and move towards change talk. The counselor shows respect for the client’s decision process, but is also directive in the way the skill is used in order to move the client towards behavior change, rather than allowing him or her to remain ambivalent.

⁷² Miller, WR and Rollnick, S. (2002) *Motivational Interviewing: Preparing People for Change* (second edition). The Guilford Press: New York.

MI was originally developed and tested for use with substance users, and evidence shows it to be highly effective in eliciting change talk and ultimately leading to behavior change. MI is now being applied in several other fields, including corrections. Motivational Interviewing can be applied in any setting where professionals and paraprofessionals are working with individuals towards behavior change, as is the case with Roca. Staff members trained in Motivational Interviewing can apply the skills in conversations with youth, as well as more formally during intake, assessment, and the development and implementation of a case plan.

Step Three: Target Intervention

It is essential that agencies and programs do not take a “one-size fits all” approach to working with any population. Each individual has different needs, different strengths, and different levels of motivation to achieve different goals. Once the needs, risks, and strengths of an individual have been assessed, a case plan should target interventions where they are most needed, and in the areas where the client is most motivated to change. This step compiles several principles for intervention. In a criminal justice context, interventions include both treatment and supervision of offenders. The supervision aspect is likely not applicable to Roca, though it may be applicable to Roca youth who are simultaneously under parole, probation, or Department of Youth Services supervision.

Table 5: Targeting Interventions⁷³

Risk Principle ^{74,75}	The highest risk individuals have the most to gain from treatment, and should receive the most intense services. Lower risk individuals can be harmed by interventions that expose them to higher-risk, antisocial peers.
Need Principle ^{76,77,78}	To reduce recidivism, treatment should be targeted to the criminogenic needs identified through a validated risk/needs assessment.
Responsivity Principle ^{79,80}	Interventions should be responsive to the learning style, motivation, temperament, gender, and culture of the client.
Dosage Principle ^{81,82,83}	High-risk clients should be structured 40-70% of the time for 3-9 months.
Treatment Principle ^{84,85,86}	Treatment should be integrated into all aspects of supervision and other interventions.

⁷³ Crime and Justice Institute (2004) *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention*. Boston, MA: Author. Available online at: <http://crjustice.org/cji/evidencebased.pdf>.

⁷⁴ Gendreau, P., Little, T. and Goggin, C. (1996) ‘A Meta-Analysis of the Predictors of Adult Offender Recidivism: What Works!’, *Criminology* 34(4): 575-607.

⁷⁵ Andrews, D.A. & Bonta, J. (1998). *The psychology of criminal conduct*. Cincinnati: Anderson Publishing Co.

⁷⁶ Ibid

⁷⁷ Harland, A. T. (1996). Choosing Correctional Options that Work: Defining the Demand and Evaluating the Supply. Thousand Oaks, CA: Sage.

⁷⁸ Lipton, D. S., D. Thornton, et al. (2000). Program accreditation and correctional treatment. *Substance Use & Misuse* 35(12-14): 1705-1734.

⁷⁹ Guerra, N. (1995) *A program planning guide for youth violence prevention*. Boulder, CO: Center for the Study and Prevention of Violence.

⁸⁰ Miller, WR and Rollnick, S. (1991) *Motivational Interviewing*. NY: Guilford Press.

⁸¹ Gendreau, P. and C. Goggin. (1995). Principles of effective correctional programming with offenders. Center for Criminal Justice Studies and Department of Psychology, University of New Brunswick, New Brunswick.

⁸² Palmer, T. (1995). Programmatic and non-programmatic aspects of successful intervention: New directions for research. *Crime & Delinquency*, 41(1): 100-131.

⁸³ Steadman, H., Morris SM, Dennis DL (1995). The Diversion of Mentally Ill Persons from Jails to Community-Based Services: A Profile of Programs. *American Journal of Public Health* 85 (12): 1630-1635.

⁸⁴ Andrews, D.A. & Bonta, J. (1998)

Some of these principles are directly applicable to Roca, such as the risk and responsivity principles. The dosage and treatment principles are not directly applicable, since Roca is not a supervision agency. However, when Roca partners with supervision agencies to serve youth, Roca can be a provider of non-clinical treatment services, and can offer structured activities to court-involved youth. Roca also utilizes the concepts that underlie these principles: programming needs to be tailored to the needs of the individual, youth need interventions that support prosocial behavior change, and services should be targeted to the individual's most pressing needs.

Step Four: Skill Train with Directed Practice

Research has demonstrated that treatment for offenders and high-risk populations is most effective when it utilizes cognitive-behavioral strategies. This involves more than just teaching concepts; participants have the opportunity to see new skills modeled, to practice the new skills, and to receive positive reinforcement. Cognitive behavioral programming does not need to be delivered by clinical staff, but it does require a trained facilitator who understands antisocial thinking and social learning theory.^{87,88,89,90} There are many examples of evidence-based cognitive behavioral programming, and agencies may choose to implement an existing program, as long as it is done with fidelity, or implement their own model, as long as it is rigorously tested. The National Institute of Corrections has compiled a list of evaluated cognitive behavioral programs available for replication.⁹¹ These programs have been proven primarily effective in reducing recidivism; additional evaluations may be needed to measure other outcomes related to self-sufficiency.

Step Five: Increase Positive Reinforcement

When learning new skills and making behavioral changes, people appear to respond better and maintain behavior change for longer periods of time, when given carrots rather than sticks. To promote long-term behavior change, research indicates that a ratio of four positive to every one negative reinforcement is optimal. These rewards can be applied for any reason, and they should go hand in hand with consistent structure and consequences for inappropriate behavior. Positive reinforcement is an extrinsic motivator, so it is not sufficient for behavior change, but this reinforcement demonstrates that a new behavior can have positive consequences, and positive reinforcement of practice can build an individual's self efficacy. Positive reinforcement is most effective when adding incentives rather than removing restrictions.^{92,93,94,95,96}

⁸⁵ Clear, T.R. (1981). Objectives-Based Case Planning. *NIC, Monograph 1981*.

⁸⁶ Palmer, T. (1995)

⁸⁷ Crime and Justice Institute (2004) *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention*. Boston, MA: Author. Available online at: <http://crljustice.org/cji/evidencebased.pdf>

⁸⁸ Lipsey, M. W. and D. B. Wilson (1993). The Efficacy of Psychological, Educational, and Behavioral Treatment. *American Psychologist* 48(12): 1181-1209.

⁸⁹ Lipton, D. S., Thornton, D., McGuire, J. , Porporino, F., & Hollin, C. R. (2000). Program accreditation and correctional treatment. *Substance Use & Misuse* 35(12-14): 1705-1734.

⁹⁰ McGuire, J. (2001). What works in correctional intervention? Evidence and practical implications. Pp. 25-43 in *Offender rehabilitation in practice: Implementing and evaluating effective programs.*, edited by D. F. Gary Bernfeld, Alan Leschied. New York, NY: John Wiley & Sons, LTD.

⁹¹ Van Dieten, M (1997) *Cognitive Behavioral Programs: A Resource Guide to Existing Programs*. Washington, DC: National Institute of Corrections. Available online at <http://www.nicic.org/pubs/1997/014209.pdf>

⁹² Crime and Justice Institute (2004)

⁹³ Gendreau, P. and C. Goggin. (1995). Principles of effective correctional programming with offenders. Center for Criminal Justice Studies and Department of Psychology, University of New Brunswick, New Brunswick.

Step Six: Engage Ongoing Support in the Community

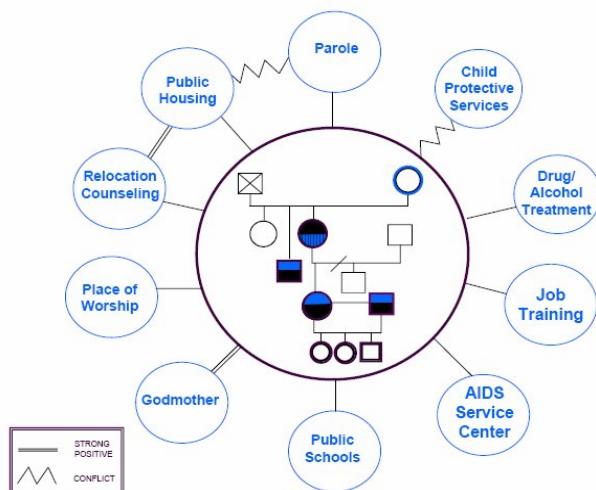
Natural communities can provide an extensive pro-social support network for high-risk individuals. The community can include family, friends, neighbors, mentors, faith-based groups, and any other existing community organizations. Engaging high-risk individuals in any of these groups offers several benefits, summarized by the JSAT Center for Change:⁹⁷

- Positive effects on self-esteem
- Buffers against stress
- Increased educational, material, and emotional support
- A denser network (i.e. more connections), which brings more support
- A network of individuals with similar characteristics (i.e. ethnic/racial background, gender), which also brings more support.

Natural supports can be engaged in a variety of contexts, and communities often want to be involved. Families are motivated to see their loved one succeed (and “family” can be defined very broadly), while community groups often want to support community stability and safety. Roca’s concept of referrals to partner organizations, engaged institutions, and healing circles are in alignment with this principle.

Family Justice, Inc. in New York is an example of an effective approach to family engagement. Their Bodega Model, named after lessons learned from their direct service agency, La Bodega de la Familia, focuses on family strengths and pro-social supports for individuals returning from incarceration. Bodega staff use family genograms and “ecomaps” (see Figure 4) to understand family connections, both positive and negative, and develop a plan to use those connections in a supportive way. Family Justice also partners with local agencies to assist families in accessing other community supports. Family Justice engages in ongoing evaluation, and their model shows promise in reaching challenging populations such as returning offenders and substance users.⁹⁸

Figure 4: A Family Justice Ecomap



⁹⁴ Bandura, A. (1977). Social Learning Theory. New York: General Learning Press.

⁹⁵ Higgins, S. T. and K. Silverman, Eds. (1999). Motivating behavior change among illicit-drug abusers: Research on contingency management interventions. Washington, DC, American Psychological Association.

⁹⁶ Meyers, R.J. and J.E. Smith. (1995). Clinical Guide to Alcohol Treatment: The Community Reinforcement Approach. NY:NY, Guilford Press.

⁹⁷ JSAT Center for Change (2004) *Additional Information About the Eight EBP Principles*. Unpublished.

⁹⁸ Family Justice. <http://www.familyjustice.org>

Step Seven: Measure Relevant Practices

In order for a practice to be defined as evidence-based, it must be rigorously evaluated to demonstrate its success. Likewise, staff likes to know that they are being successful in their work with participants, and participants like to know that they are being successful. Program monitoring and evaluation provides information on progress towards change at the level of the individual and the organization.⁹⁹ Before practices can be measured, stakeholders need to decide what success means and how success can be measured. At the agency level, this includes the process of developing goals and outcomes, and developing a system for measuring those outcomes. At the client level, it means collaborative development of a caseplan and monitoring of progress on that plan. Roca's progress toward defining outcomes and tracking them on a web-based tracking system will bring the organization into alignment with this principle.

Step Eight: Provide Measurement Feedback

When progress towards a goal is being measured, it is essential that the individual or organization engaged in the change process be given feedback on their progress. The feedback not only holds individuals accountable, but it also serves as a motivating and engaging factor that could lead to improved outcomes. When a person is off track to achieve their goal, mid-course corrections can be made, and when they are on track, they receive positive feedback. Overall, the feedback helps to keep the person or group on track. When a program or agency defines the outcomes that it will measure, it is essential that these intermediate measures be included.¹⁰⁰

Roca can apply this principle to participants as well as staff, and the agency's management information system provides an excellent source of data for staff and client tracking.

Participants and staff should follow progress on the participant's case plan; for example, a discussion of a participant's attendance at their vocational program lets the client know that someone is keeping track, rewards them if they are attending regularly, and allows for troubleshooting if the client is not getting to class. This type of intermediate feedback also keeps the participant focused on longer-term goals such as graduating from the program or finding a job. The same is true with staff; their progress with their participants should be tracked to identify successes and areas for improvement in maintaining transformational relationships.

The Eight Principles are based on a body of research this is relevant to Roca in its work with high-risk youth. However, the goal of the eight principles is very narrow: to reduce recidivism among court-involved individuals in the community. Roca's work has broader goals, and the utility of the principles should be reassessed in that context.

⁹⁹ Crime and Justice Institute (2004) *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention*. Boston, MA: Author. Available online at: <http://crjustice.org/cji/evidencebased.pdf>.

¹⁰⁰ Crime and Justice Institute (2004) *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention*. Boston, MA: Author. Available online at: <http://crjustice.org/cji/evidencebased.pdf>.

CONCLUSION

Over the past two decades, the juvenile justice and human services fields have been moving towards evidence-based models of practice in order to maximize outcomes for youth and families while using resources most efficiently. The rigorous evaluation of policies and programs has identified some highly effective programs, many more that show some promise, and some that lead to no benefit and potential harm. When taken together, a few themes emerge: the importance of comprehensive interventions with high-risk youth, family based services, and involvement in prosocial networks.

Looking strictly at this literature, it would appear that resources are most effectively expended on these types of programs. However, that does not change the fact that many youth have slipped through the cracks of the prevention and safety net services that are available. Immigrant youth who have come to the United States alone cannot engage in family therapy. An aggressive 20 year-old is past the point of middle school bullying interventions. A mother of two cannot go to a residential job training program. Roca has made the conscious choice to work with this group of youth, and therefore must look to the few exemplary programs for working with this population, and must focus on nurturing and evaluating promising practices.

Given Roca's commitment to this challenging population, there is both theory and evidence-based practice that can inform its service model. Based on this preliminary literature review, it is clear that Roca's program model already incorporates many features that are consistent with recommendations of the research literature:

- Roca's core values of Belonging, Generosity (making a meaningful contribution), Competence, and Independence are broadly aligned with features of positive developmental settings for youth.
- Theory and practice strongly support Roca's core concept of **transformational relationships**, as well as its **engaged institutions strategy**; both of these approaches help build the prosocial network and supports that are essential to positive youth development and behavior change to reduce delinquency and risky behavior. One single program cannot address every need a youth may have. Roca's engaged institutions strategy, which focuses on building collaborative partnerships with other agencies, helps to improve coordination of services for youth, as well as to improve the systems and policies affecting youth
- Roca's theory of change and case management approach incorporates the Transtheoretical Model, or "**Stages of Change**" model, which recognizes that behavior change is a series of decisions and actions over time. This allows Roca youth workers to help youth move from precontemplation about changing their behavior through to action and maintenance.

- Roca staff employs **Motivational Interviewing**, a counseling technique that improves likelihood of behavior change. Motivational Interviewing (along with the Stages of Change Model) is consistent with a key evidence-based principle of enhancing intrinsic motivation to reduce risk and recidivism. Roca uses this technique to help youth progress through stages of behavior change.
- At the programmatic level, Roca's program **targets academic education and life skills**, both of which are critical to youth development; Roca also provides a **transitional employment program**. Lack of educational and vocational achievement are both risk factors for criminal behavior. Many of these high-risk youth have criminal records and lack appropriate work place skills; Roca helps them to gain skills and positive work experience in a structured environment.

Our literature review focused on the core elements of Roca's program model and its theory of change. We have not examined how the model is implemented or the specific curricula of the educational and employment programs. The research literature provide models for life skills, educational and vocational training. Programs that allow youth to practice new skills, receive positive reinforcement, and apply them to the real world can lead to lasting behavior change. However, agencies need to be selective and choose evidence-based models. There is also a possibility that Roca may be creating the best practices, and their evaluation results will stand against the modest results now seen in the field.

In summary, Roca's innovative model incorporates many research-based principles for youth development and positive behavior change to reduce delinquency. We look forward to continuing our collaboration with Roca to further study and help refine this highly promising model.

RESOURCES

Center for the Study and Prevention of Violence, University of Colorado at Boulder
<http://www.colorado.edu/cspv/>

The Future of Children
<http://www.futureofchildren.org/>

Growing Up in a New Country: A Positive Youth Development Toolkit for Working with Refugees and Immigrants
<http://www.brycs.org/documents/growingupinanewcountry-web.pdf>

Implementing Effective Correctional Management of Offenders in the Community: An Integrated Model
http://crjustice.org/cji/niccji_initiative.html

Office of Juvenile Justice and Delinquency Prevention Model Programs Guide
http://www.dsgonline.com/mpg2.5/mpg_index.htm

Substance Abuse and Mental Health Services Administration Model Programs
<http://www.modelprograms.samhsa.gov>