

Preventing and Treating Adolescent Violence and Delinquent Behavior

Tom Leversee, LCSW

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Training Flow

- Historical perspective and key themes
- Understanding the origins of youth violence and delinquency
- Risk factors for offending and reoffending
- Assessment processes in the juvenile justice system
- The principles of risk, need, and responsivity
- What works in intervention and prevention
- Future trends in research and practice

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Historical Perspective & Key Themes

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Ten Year Juvenile Arrests Trends

2010-2019

Department of Justice
FBI Uniform Crime Reporting

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Juvenile *Violent Crime* Arrests- 2010-2019

	Males	Females
Violent Crime overall	-41%	-34%
Simple Assault	-42%	-36%
Robbery	-42%	-29%
Aggravated Assault	-41%	-36%
There is no arrest data for non-binary youth		

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Juvenile *Property Crime* Arrests- 2010-2019

	Males	Females
Burglary	-69%	-61%
Larceny-Theft	-67%	-74%
Motor Vehicle Theft	-18%	8%
Weapons	-48%	-52%
Drug Abuse	-58%	-24%
There is no arrest data for non-binary youth		

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Racial Composition of Juvenile Population/Arrests 2019

<i>Racial Composition</i>	<i>Arrest for Violent Crime</i>	<i>Arrest for Property Crime</i>
75% White 17% Black 6% Asian/Pacific Islander 2% American Indian	49% White 48% Black 2% Asian/Pacific Islander 2% American Indian	55% White 42% Black 2% Asian 2% American Indian
Not all agencies provide ethnicity data. Therefore, arrest estimates for juveniles of Hispanic ethnicity are not available		

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Racial and ethnic disparities in juvenile & family courts (National Council on Juvenile and Family Court Judges, 2018)

- Youth of color disproportionately represented at every decision point of juvenile delinquency court process
- Face higher arrest rates for similar conduct, fewer opportunities for diversion, and are far more likely to be detained and incarcerated

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Juveniles Detained or Committed to Juvenile Facilities (Sentencing Project, 2019)

- **Black youth** are more than four times as likely to be detained or committed in juvenile facilities as their white peers
- **Tribal youth** ("Tribal youth" are by definition non-Hispanic/Latinx) were more than three times as likely to be detained or committed in juvenile facilities as their white peers
- **Latinx youth** were 28% more likely to be detained or committed in juvenile facilities than their white peers

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Structural, institutional, or systemic bias

- A set of processes that produce unfairness in the courtroom
- Lock in past inequalities, reproduce them, and . . . exacerbate them
- Cumulative and compounding effects of an array of factors that systemically privilege white people and disadvantage people of color

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Racial Disproportionality in School Discipline

(Rudd, 2017)

- Black students disciplined more often and receive more out-of-school suspensions and expulsions than white students
 - Three-and-a-half times more likely to be suspended or expelled
- 70 percent of students involved in school-related arrests or referred to law enforcement were Hispanic or Black
 - ***“School to prison pipeline”***
- Implicit bias heavily implicated as a contributing factor when the causes of racial disproportionality in school discipline were analyzed

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Juvenile Arrests and Justice System Involvement Positive Trends

- Many states and communities ***instituting legislative, policy, and practice changes to reduce juvenile arrests even further***
- Growing evidence underscores ***harmful effects that system involvement and confinement*** can have on healthy adolescent development
- Many jurisdictions examining and developing ways to ***divert non-serious offenders*** from entering the system (OJJDP, 2011).

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Five **key themes** relevant to treatment of juvenile offenders
(Hoge, Guerra, & Boxer, 2008)

1. Most youth do not engage in serious offending- **small group of chronic offenders** should be primary focus of treatment programs
2. Serious offending behavior learned over time- reflects **confluence of individual and contextual risk factors** that are affected by life events
3. Assessment of risk factors must **address sources of dynamic risk** that can be changed while simultaneously **building on strengths**
4. Treatment using **evidence-based principles** and programs is effective
5. There are **subgroups of offenders** with unique risk profiles who require focused interventions

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Developmental Life Course perspective on offending

- Integrates **risk and protective** factor framework
- Emphasizes **individual development over the life-course**
 - **Trajectories** of offending
 - **Onset**- analysis of predictors of early delinquency
 - **Course**- length of delinquent career (duration), increases or decreases in delinquency over time (escalation or de-escalation)
 - **Desistance**- moving away from delinquent activity
- Why do serious and chronic offenders desist from a delinquent lifestyle and move toward more conventional goals?

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Life-Course perspective- Persons in Context
(Laub, 2018)

- Individuals are embedded in broader structures
- Individual behavior is the product of interaction between personal development and social context—family, school, neighborhood, etc.
- The justice system directly and indirectly impinges on these intersecting domains
- These direct and indirect effects are often cumulative and can compound over time

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Delinquent Behavior in Context

(Haney, 2020)

- Analyzing problematic outcomes **without pathologizing** those who engage in them
- Criminal behavior often an **adaptive response** to otherwise pathological, destructive past histories and present environments
- Negative consequences of exposure to risk factors and criminogenic conditions are largely **learned behaviors** that are highly modifiable
- Because behavior was driven by adverse experiences, rather than inborn, fixed internal traits, it is subject to being addressed with appropriate resources and changed circumstances

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Understanding the origins of youth violence and delinquency

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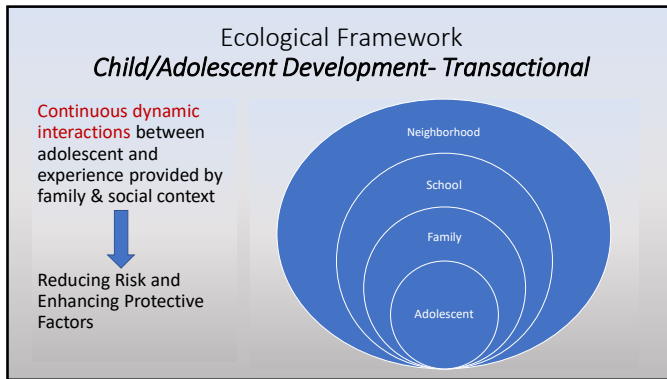
Developmental Framework

(as cited in Davies, 2011)

Developmental- Maturational

- **Developmental stages** in juvenile justice system
 - Childhood, Early adolescence, Mid-Adolescence, Late Adolescence
- **Developmental competencies**
 - Cognitive, physical, social/emotional, moral, language, etc.)
- **Developmental Tasks**
 - Adolescence = **Identity**, Acceptance, Affiliation

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Juveniles and the Law

(Miller vs. Alabama Amicus Brief)

Neuroscience and Psychosocial Development

- Juveniles are less capable of mature judgment than adults
- Juveniles are more vulnerable to negative external influences
- Juveniles have a greater capacity for change and reform

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Biopsychosocial Model
(Dodge and Pettit, 2003)

Transactional Developmental Model of Conduct Disorder

- Biological Predispositions and Individual Level Factors
- Sociocultural context
- Life experiences and Immediate Systems Level Factors

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Biological Predispositions and Individual Level Factors

- Moderate degree of **heritability**
 - *For aggression, delinquency, and antisocial behavior*
- **Prenatal exposure** to toxic or diseased environment
 - *Includes opiates, methodone, alcohol, marijuana, cigarette by-products, lead poisoning (before or after birth)*

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Biological Predispositions and Individual Level Factors

- Autonomic nervous system hyperactivity
- Neuro-transmitters
- Neurological functioning
- Cognitive factors
- Temperament and Emotional Regulation

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Sociocultural Context

- **Sociocultural context** into which a child is born
- Early contexts of **disadvantage** place child at risk for later conduct problems
- **Risk factors** for youth violence relative to ethnicity and culture
 - Shared risk factors
 - Risk linked to minority experience
 - Unique risks for each ethnic group

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Early Life Experiences

- Parenting
- Peer experiences
- Social experiences with major institutions
- School failure

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Ethnicity, Youth Violence, and the Ecology of Development

(Guerra & Williams, 2006)

- Role of ethnicity in understanding and preventing youth violence in multicultural society
- Overrepresentation of ethnic minority youth from disadvantaged niches among both perpetrators and victims
- Multidimensional, ecological framework for understanding and preventing youth violence

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Sociocultural Context of Youth Violence

- How does individual development unfold within a specific ecological niche?
- How does this affect behaviors such as violence?
- What are the implications for treatment and supervision?

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Definitions

Etiology- causes and origins

- **Distal**- far from point of attachment or origin
- **Proximal**- situated close to; next to or nearest point of attachment or origin

Schema

- **Mental structure** to organize and simplify our knowledge of world around us
- Provides basis by which someone relates to events he or she perceives

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Case Formulation What is driving the behavior?



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"Case Example Joe"

Personal and Clinical Reflections on Joe's Case

- Hypothesize as to how Joe's development has unfolded within his specific ecological niche?
- How has this affected Joe's behaviors? What are the factors driving his behavior?
- What are the implications for treatment and supervision?
- Other reflections?

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Personal reflections of a privileged white male Social Worker

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Risk factors for youth violence relative to ethnicity and culture

- **Shared risk factors**
 - Common across majority and minority ethnic and cultural groups
- **Risk linked to minority experience**
 - Common experience based on minority status
- **Unique risks for each ethnic group**
 - Unique conditions experienced by members of particular ethnic group growing up under a set of circumstances

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Ecological Niche

Socio-spatial location where specific groups of people reside- forms child's developmental environment by:

1. Providing **stage** where **social interactions** occur
2. Offering **normative or regulatory structure**- includes costs and benefits of distinct course of action
3. **Providing opportunities** for learning, development, and social interaction

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Disadvantaged ecological niches

- Increase chance *development* will be *compromised* from before birth through adolescence
- Increased likelihood *violence* will emerge as *normalized* type of social currency to navigate these difficult contexts
- Certain ethnic groups have disproportionately grown up in neighborhoods characterized by high levels of segregation and disadvantage

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What is motivating/driving the behavior?

- Internalized norms**
 - Stable dispositional traits, personality disorder traits, antisocial/delinquent orientation
 - Behavior relatively consistent across settings/contexts
- Adaptive behavior**
 - Transient and changeable situational factor
 - Behavior adapted to setting/context
- Differential diagnosis**
 - How consistent are the cognitive, emotional, and behavior processes and patterns across settings?
 - Evaluate both Individual and ecological factors

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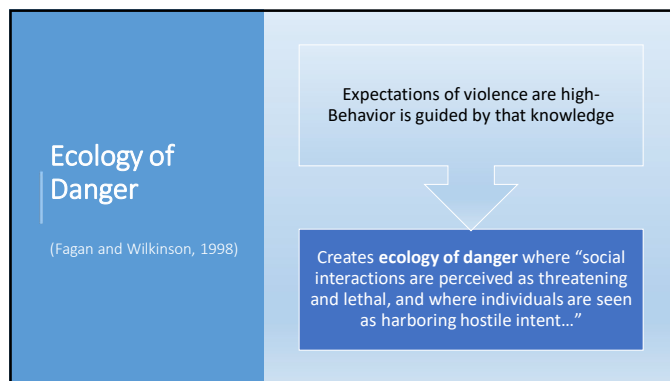
Adaptive Behavior

Between the World and Me

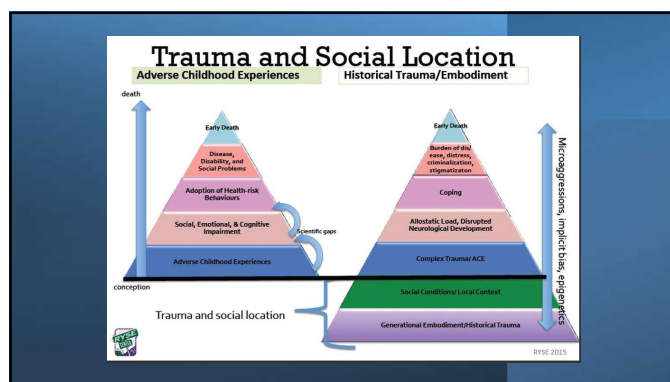
by

Ta-Nehisi Coates

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Expanded ACE's
If it's not racially just, it's not trauma-informed

Two new layers of ACE pyramid addresses need for **transformation** to occur at **systems and community levels**

- **Social Conditions/Local Context**
 - Stressful childhood exposures occurring outside the home, such as community violence, living in unsafe neighborhoods, and racial discrimination
- **Generational Embodiment/Historical Trauma**
 - Cumulative multigenerational, collective experience of emotional and psychological injury in communities and descendants
 - Epigenetics
 - Internalized Oppression

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Youth of Color and Trauma

Svetaz, et al (2020)

Science of trauma reveals that neural circuitry (amygdala) as well as endocrine milieu (increased cortisol level) associated with ***need to be hypervigilant*** leads to many harmful biological results

Strongly suggests that while explicit hatred is toxic, so, too, are ever-present and undermining forces of ***implicit biases, microaggressions, and structural racism***



Because ***they force underrepresented people of color to navigate the world with a constant state of vigilance***

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Commandments of Violence- Code of the Streets

"Alive and Free"

- Thou shalt not snitch
- Thou shalt handle thy business
- Thou shalt do what thy gotta do
- Thou shalt get girls
- Thou shalt not be no punk
- Thou shalt get thy respect
- Thou shalt get thy money on
- Thou shalt put in work
- Thou shalt carry a gun for protection
- Thou shalt recruit
- Thou shalt be down for thy set/hood/crew
- Thou shalt be down for thy homies right or wrong

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Trauma and Juvenile Justice Involved Youth

- More than 80% of report history exposure to at least one traumatic event, and majority report multiple forms of victimization
- Many youth experienced multiple, chronic, and pervasive interpersonal traumas → at risk for chronic emotional, behavioral, developmental, and legal problems
 - Interpersonal relationships; cognitive functioning; mental health disorders, including PTSD, substance abuse, anxiety, disordered eating, depression, self injury, and conduct problems
- Can increase likelihood of involvement in delinquency, crime, and the justice system

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Trauma and Juvenile Justice Involved Youth

- Youth exposed to traumatic stressors while in juvenile justice supervision or detention prone to problem behaviors that endanger other youths and adults
- Therapeutic treatment of psychosocial after-effects of childhood exposure to traumatic stressors key component in development of trauma-informed juvenile justice systems

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Complex Trauma

(Ford, et. al., 2012)

- Exposure to traumatic stressors in early childhood compromises **secure attachment** and associated ability to **self-regulate emotions**
- Tends to be **multifaceted** (i.e., several forms of traumatic stressors) and **cumulative** (i.e., involving repeated revictimization)
- Revictimization occurring repeatedly in several different forms ("**polyvictimization**") associated with especially particularly severe emotional and behavioral impairment

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Childhood maltreatment → → → Alternative neurodevelopmental pathway
(Teischer)

Stress Response Pathway

Brain- sensitive period in post natal life



Exposure to high levels of stress hormones (corticosteroids)



Programs enhanced stress response



Adaptation to survive in a malevolent stress filled world

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Brain in survival mode Chronic Changes

(Ford, et. al., 2012)

Psychological and behavioral functioning

- Hypervigilance, dysphoria, reduced tolerance for frustration, delayed gratification, impulsivity)

Central and **autonomic** nervous systems

Biological changes severely compromise **physical health**

Override and reduce functionality of **key learning networks**:

- Reward and motivation, distress tolerance systems, and “executive” systems

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Complex Trauma Manifestations

(Ford, et. al., 2012)

- Persistently diminished adaptive arousal reactions
- Episodic maladaptive hyperarousal
- Impaired information processing and impulse control
- Self-critical and aggression-endorsing cognitive schemas
- Peer relationships that model and reinforce disinhibited and aggressive ways of thinking and behaving

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Complex Trauma

(Ford, et. al., 2012)

Places children at risk:

- Serious **internalizing** problems (e.g., fear, depression, somatic complaints)
- **Externalizing** problems (anger, aggression, oppositional defiant, conduct disorder, substance abuse)
- Adolescents and young adults at risk for PTSD, depression, suicidality, substance use disorders, and legal problems and incarceration

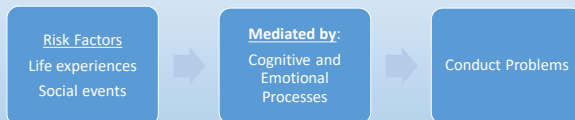
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Victim to Victimizer → Negative Social Maps

"A child comes to understand how the world works through the lens of his own abuse...children draw the conclusion that aggression is a successful way of getting what they want" (Dodge)

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Proximal Mechanisms in Aggressive Behavior



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Mental (cognitive and emotional) Processes

- **Social knowledge structures**
 - Working models of hostile interpersonal relationships
 - Relational schemas of hostility
 - Self schema
 - Social norms
- **Social information processing patterns**- processing social cues
 - Chronic conduct problems can be predicted from characteristic *styles of processing social cues* at each step

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Characteristic styles of processing social cues Aggressive Children/Adolescents

(Dodge and Pettit, 2003)

1. Selectively attend to **hostile cues**
2. Display **hostile attributional biases**
3. Readily **access aggressive responses** and fail to access many competent responses
4. Evaluate **aggressive responses as morally acceptable** and as relatively likely to lead to desired outcomes (or act impulsively)
5. **Skills** for enacting nonaggressive, assertive responses are relatively **deficient**

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Implications for Intervention

- Cognitive-Behavioral/Skills-Based
- Caregiver Involved/Ecological
 - Decrease risk factors/enhance protective factors
- Trauma Informed

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Antisocial Involvement Defining Features

Timing and Duration

Life Course Persistent → **Stable & Persistent**

Adolescent-Limited → **Temporary & Situational**

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Developmental Taxonomy- Course of Delinquent Involvement

Life-Course Persistent

- Stable and persistent
- Continuous course → changing manifestations
- Personality coherence
- Causal factors origins in childhood
- Neuropsychological risks/deficits
- Child abuse and neglect
- Intergenerational transmission
- 5% to 6% account for 50% of known crimes

Adolescent-Limited

- Temporary and situational
- Discontinuity is hallmark
- Personality disorder plays no part
- Causal factors- proximal & specific to adolescent development
- Adaptive response to contextual circumstances → maturity gap
- 75% of delinquent 13 yr. olds expected to cease all offending
- Exit maturity gap; consequences shift; availability of alternatives

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Risk factors for offending and reoffending

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Risk Factors for Delinquency/Behavioral Problems (as cited in OJJDP, 2015)

Personal Traits

Characteristics of the Environment

Conditions in the family, school, or community

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Types of Risk Factors

Static

Historical, can't be changed

Dynamic

Can change over time because of **treatment** and/or **normal developmental process**

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Risk Factor Domains

- **Individual**- biological and psychological predispositions, attitudes, values, knowledge, skills, problem behaviors
 - Stem from genetics, early moral development, personality traits, negative life events, and attitudes toward delinquency
- **Family**- function, management, bonding, abuse/violence
- **Peer**- norms, activities, attachments
- **School**- bonding, policy, climate, performance
- **Community**- bonding, norms, resources, poverty level, crime

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Risk Factors – Indicators

(OJJDP, 2015)

- Includes **static** (historical) and **dynamic** (changeable) risk factors
- Risk Factors-Indicators utilized in development of instruments designed to **assess risk and treatment needs**
- Dynamic Risk Factors = **Treatment Targets**
- Implications for **Intervention/Treatment Planning**

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Individual Level Risk Factors and Indicators (OJJDP, 2015)	
Risk Factors	Indicators
Antisocial behavior and alienation (delinquent beliefs, general delinquency involvement)	Attempted suicides Juvenile arrests for vandalism, drug abuse, or general alcohol- or drug-related arrests Reported gang involvement School truancies
Gun possession (illegal gun ownership or carrying a gun)	Antisocial personality Self-report of gun carrying on school property Juvenile arrests for weapons or gun possession
Favorable attitudes toward drug use, early onset of substance use	Gun confiscations at school Positive attitudes toward alcohol abuse or drug use Juvenile self-reported first and/or regular use of alcohol or drugs Drug use initiated before age of 13
Early onset of aggression or violence or other problem behaviors	Aggression in grades K-5 Juvenile arrests for violent crime and serious violent crime Juvenile extrajudicial behavioral problems Drop out of school before 9th grade
Violent victimization and children exposed to violence	Injured in a physical fight Threatened or injured by a weapon Dating violence Peer physical or sexual abuse
Cognitive and neurological deficits, mental behavioral health disorders	Learning disabilities Emotional disturbances Traumatic brain injury Attention deficit hyperactive disorder (ADHD) Low self-control, impulsiveness Special education enrollment Low IQ Sensation seeking

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Family Level Risk Factors and Indicators (OJJDP, 2015)	
Risk Factors	Indicators
Family history of problem behavior/parent criminality	Family members in alcohol or other drug treatment programs Pregnant mothers using alcohol Babies born with fetal alcohol syndrome Parents with criminal records, arrests and convictions of parents Incarcerated parents
Family management problem/poor parental supervision and monitoring	Children living outside of the family Lack of parental involvement in child's school Office of Juvenile Justice and Delinquency Prevention www.ojjdp.gov 6 Poor supervision Lack of caring, supportive adults
Poor family attachment/bonding	Large families Single-parent homes Absence of caring adults Youth in foster care Death of a parent
Child victimization and maltreatment	Reported child abuse and neglect cases Unpaid child support Requests for social service intervention
Pattern of high family conflict and/or violence	Divorce Domestic violence arrests Intimate partner violence, intimate murders 911 calls for domestic violence
Sibling antisocial behavior	Juvenile arrests for other siblings Older siblings encouraging antisocial behavior
Parental use of physical punishment/harsh and erratic discipline practices	Inconsistent discipline Harsh discipline No discipline or few rules at home Poor supervision
Low parental education level/literacy	Low educational attainment (less than 12 years of school) Low adult literacy Low involvement of parents in school

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Peer Level Risk Factors and Indicators (OJJDP, 2015)	
Risk Factors	Indicators
Gang involvement or gang membership	Gang activity participation Police reports of youth gang activity Perceived peer gang involvement
Peer alcohol and drug use	Peers' positive attitudes toward alcohol abuse or drug use Reported use of alcohol and drugs by friends
Association with delinquent or aggressive peers	Violent friends Peer arrests for violent offenses Peer rejection by prosocial peers Antisocial romantic partners

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School-Level Risk Factors and Indicators (OJJDP, 2015)	
Risk Factors	Indicators
Low academic achievement/academic failure	Average student reading, math, and science proficiency Academic failure beginning in elementary school (grades 3-6)
Negative attitude toward school/low bonding, low school attachment, low commitment to school	Suspensions or expulsions from school Frequent school transitions Low academic aspirations Low parental college expectations for child Low commitment to school
Inadequate school climate/poorly organized and functioning schools/negative labeling by teachers	Disciplinary problems in elementary school Exposure to abuse by students, bullying Violence/crime in schools Teacher attitudes, job satisfaction Physical decay of school High levels of distrust between teachers and students
School dropout	School dropout status Truancy, frequent absences, chronic absenteeism

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Community-Level Risk Factors and Indicators (OJJDP, 2015)	
Risk Factors	Indicators
Availability of alcohol and other drugs	Total alcoholic beverage sales by location Trends in exposure to drug and alcohol use Perceived availability of alcohol and drugs
Availability of firearms	Firearms in the home Firearms safety
Community crime/high crime neighborhood	Violent crime rate Weapons-related charges Murder rate, murders by weapon Gang-related activity reported by law enforcement agencies Adult drug- and/or alcohol-related arrests Adult property-crime arrests
Community instability	Children moving or high rates of mobility Low home ownership rates Rental occupied housing Property vacancy
Economic deprivation/poverty/residence in a disadvantaged neighborhood	Aid to Families with Dependent Children (AFDC), Temporary Assistance for Needy Families (TANF) Children and/or families living below poverty level, living without health insurance Food stamp program recipients Participation in free and reduced lunch programs Unemployment rates
Social and physical disorder/disorganized neighborhood/feeling unsafe in the neighborhood	Poor external housing conditions/physical deterioration Vandalism and graffiti Broken light fixtures in public areas Non-enforcement of building code violations/condemned buildings Resident self-report on safety and fear of crime

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Individual Protective Factors/Indicators (as cited in OJJDP, 2015)	
Factors	Indicators
High expectations and positive/resilient temperament	Resilient personality; Prosocial orientation Easy-going temperament; Sense of purpose & positive future; Socially outgoing; Low irritability & impulsivity
Social competencies and problem-solving skills	Self-efficacy; Feelings of self-worth; Employment; Conflict resolution skills; Life skills; Resistance skills; Communication skills; High IQ
Healthy/conventional beliefs and commitment to community and school	Planning to go to college; Interest in/commitment to school, hobbies, and work; Involved in meaningful activities; Academic aspirations; Cultural identity
Religiosity/involvement in organized religious activities	Frequency of praying and attending religious events; Perceived importance of religion; Religious identity

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Family Protective Factors/Indicators

(as cited in OJJDP, 2015)

Factors	Indicators
Effective/positive parenting and having a stable family	Parental care; Family love and support; Clear rules and appropriate consequences; Consistent discipline; Responsiveness; Monitoring and supervision; High expectations; Clear family rules; Fair and consistent discipline practices
Good relationship with parents/bonding and attachment to family	Presence of a parent (during key times); Emotional bonds to parents/family; Commitment/connectedness to parents and family; Marital quality; Family cohesion
Opportunities and rewards for prosocial bonding	Opportunities for involvement in prosocial activities in family; Rewards and recognition for involvement in prosocial activities in family

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Peer Protective Factors/Indicators

(as cited in OJJDP, 2015)

Factors	Indicators
Good relationships with peers	Support from friends; Healthy relationships with peers; Conflict resolution skills; Peers who engage in prosocial behaviors; Non-delinquent peers
Involvement with positive peer group activities and norms	Participation in prosocial activities; Positive peers; Parental approval of friends; Strong social support; Extracurricular activities at school; Healthy leisure activities; Endorsement of conventional beliefs
Positive peer role models	Peers/friends with positive attitudes; Peers with good grades; Peers not involved in risky behaviors; Peers with close relationships to parents

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School Protective Factors/Indicators

(as cited in OJJDP, 2015)

Factors	Indicators
High expectations and above average academic achievement/reading ability and mathematics skills	Academic achievement; High GPA; Scholarships available; College attendance; Scores on reading and mathematics tests; High expectations
High-quality schools/clear standards and rules for appropriate behavior	Adherence to school policies and rules; Safe and drug-free school policy; Anti-violence and guns policy
Opportunities and rewards for prosocial student bonding/involvement	Involvement in class activities & school policies; Involvement in extracurricular activities, school clubs, & organizations; Consistent acknowledgement or recognition for youths' good work
Strong school motivation/positive attitude toward school and student bonding	Feelings of school connectedness; Attachment to teachers and other caring/supportive adults; Safe and caring environment; Use of proactive classroom-management strategies; Low teacher turnover rate; Parental support for school; High teacher morale

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Community Protective Factors/Indicators (as cited in OJJDP, 2015)

Factors	Indicators
Non-disadvantaged neighborhood and safe, supportive environment	Community safety; Community crime rates; Neighborhood cohesion; Connection to community; Positive social norms
High expectations for youth	School graduation rates; Scholarships available from community; Public education campaigns; Incentive programs for graduating high school
Presence and involvement of caring/supportive adults	Availability of caring supportive adults and neighbors; Neighborhood associations; Positive relationships with adults outside family; Support and caring received from adults other than family members
Prosocial opportunities/opportunities for participation/availability of neighborhood resources	Meaningful ways to participate in community activities; Structured recreational activities; Availability of prosocial activities; Community service opportunities and volunteerism

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Assessment processes in the juvenile justice system

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Assessment in Juvenile Justice Systems

- Developmental Perspective
- Core Correctional Principles
- Criminogenic/Dynamic Risk Factors
- Assessment Instruments/Procedures
- Risk Assessment

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Assessment in Juvenile Justice Systems

Developmental Perspective

- **Maturation**
 - Child's innate characteristics
 - Stages of development
 - Developmental domains
- **Transactional**
 - Product of continuous dynamic interactions between child and experience provided by family and social context

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Core Correctional Principles

(Andrews et al, 1990)

Assessment Processes  Treatment and Supervision

- Risk principle
- Need principle
- Responsivity principle

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Risk Principle

- **Match levels** of treatment and supervision to risk level of offender
- Focus limited resources on youth who need most intensive treatment and supervision interventions
- Avoid over involvement in lives of low-risk youth

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Need Principle

- Identifying the **specific targets** of treatment and supervision have greatest impact on **reducing risk**
- Target **dynamic risk factors**/criminogenic needs for change

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Responsivity Principle

- Provides guidance on how treatment is delivered
- Delivering treatment and supervision interventions in **style** and **mode** consistent with **ability** and **learning style**

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Responsivity Factors

- Motivation and readiness for change
- Intelligence
- Learning style or disabilities
- Attention problems
- Mental Health
- Behavioral problems
- Developmental issues
- Personality
- Anger/hostility
- Cultural factors
- Religious beliefs

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Assessment Components and Tools

Assessment Components	Assessment Tools
Clinical Assessment	Structured Psychosocial Interview
Motivation Interview	
Criminogenic Risk and Needs Assessment	<ul style="list-style-type: none"> Youth Assessment Screening Instrument (YASI) Youth Level of Service- Case Management Inventory (YLS-CMI) Structured Assessment of Violence Risk in Youth (SAVRY) Sex Offense-Specific Risk/Need Measures (as needed)
Alcohol and Drug Screening/Assessment	Juvenile Automated Substance Abuse Evaluation (JASAE)
Trauma Exposure/Symptom Assessment	<ul style="list-style-type: none"> Trauma pre-screens UCLA PTSD Reaction Index for Children/Adolescents

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Assessment Components and Tools

Assessment Components	Assessment Tools
Mental Health Screening/Assessment	Massachusetts Youth Screening Instrument (MAYSI) Structured Diagnostic Interview
Psychological Screening/Evaluation (as-needed)	Millon Adolescent Clinical Inventory (MACI)
Neuropsychological Screening/Evaluation (as-needed)	TBI screens Neuropsych screens
Medical and Dental Screening/Examination	
Education and Vocational Appraisal	Weschler Intelligence Scale for Children (WISC-IV) Woodcock-Johnson

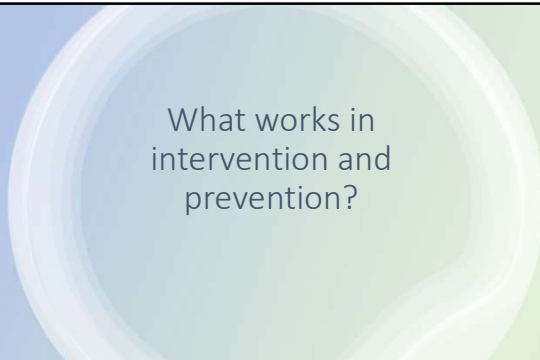
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Functional Behavioral Analysis

(Beech, Fisher, & Thornton, 2003; Latham, 2011)

- Does the behavior occur in all settings or just some?
- Does the behavior occur frequently or infrequently?
- Does youth understand what he/she/they is supposed to do as well as what he/she/they is not supposed to do?
- What is value of the behavior from youth's perspective?
- Does youth have the necessary skills to engage in a positive replacement behavior or is there skill deficit?
- Does youth have the ability to control behavior or does he/she/they need external support?
- If he/she/they have the skills to perform desired behavior, does he/she/they have the motivation to perform it?

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What works in
intervention and
prevention?

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Definition of Evidence-Based Practice

APA, 2005

"The integration of the best available
research with clinical expertise in the
context of patient characteristics,
culture, and preferences"

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Assessing Risk

No single risk factor can
predict

Effect is *cumulative*

Prolonged exposure may
increase risk
Age of exposure can
amplify this

More risk factors
→ greater the
probability

Younger child and
longer period of
exposure= greater
the risk

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Implications for Prevention & Public Policy

(Dodge & Pettit)

- High risk children can be identified early in life
- Prevention during early stages more likely to be successful
- Interventions should target **sociocultural context & individual child domains**
- Must be sensitive to the **cultural context** and **developmental level** of the child

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Prevention Programs

(Whitehead & Lab, 2018)

- Parent Training Programs
- Preschool Programs
- Skills Training
- Mentoring Programs
- Conflict Management/Resolution
- Multi-Component Programs
- Restorative Justice

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Primary & Secondary Prevention Programs

- David Olds Nurse Home Visitation Program
- Prenatal/Early Infancy Project
- Preschool Education for at risk three and four year olds
- School and classroom-based programs
- Bullying Prevention Program
- Life Skills Training
- Project STATUS
- School Transitional Environmental Program (STEP)

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Community-Based Interventions

- **Diverting youth** out of juvenile justice system
- Youth placed on informal or formal **probation**
- Youth on **parole returning** to the community

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Community-Based Interventions

Most successful emphasize family interactions

- Functional Family Therapy (FFT)
- Multisystemic Therapy (MST)
- Multidimensional Treatment Foster Care

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Multisystemic Therapy

- Intensive **family** and **community-based** treatment
- **Overarching goals**
 - Decrease rates of antisocial behavior and other clinical problems
 - Improve functioning (e.g. family relations, school performance)
 - Reduce use of out of home placements
- **Social Ecological Framework**
 - Youth as embedded within multiple interconnected systems
 - Major determinants of identified problems consider the reciprocal and bidirectional nature of influences between youth and social network

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MST- Design and Implementation

- **Multidetermined nature** of serious clinical problems
 - Reciprocal interplay individual, family, peer, school and community factors
- **Caregivers** as key to long-term positive outcomes
- Integration of **evidence-based** practices
- **Intensive services** that overcome barriers to service access
 - Home-based model overcomes barriers to service delivery
- Rigorous **quality assurance** system
 - Includes training and monitoring to assure treatment fidelity

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MST Core Treatment Principles

1. Finding the fit
2. Positive and strengths focused
3. Increasing responsibility
4. Present focused, action oriented, and well-defined
5. Targeting sequences
6. Developmentally appropriate
7. Continuous effort
8. Evaluation and accountability
9. Generalization

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MST Model of Service Delivery

- Low caseloads to allow intensive services (4-6 families)
- Delivery of services in community settings
- Time limited duration of treatment (3-5 months)
- 24 hour a day and 7 days a week availability of therapists

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Institutional Settings

Strategies to improve program effectiveness

- Focus on **dynamic or changeable** risk factors
- **Individually tailoring** programs to client needs using evidence-based methods
- Focusing interventions on **higher-risk youth**

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Critical Components of Programming for Juvenile Offenders

Highly structured interventions rather than unstructured programs

Involve a **cognitive** component linked to specific **skills**

Engage families and reduce familial risk for delinquency

More comprehensive and address **multiple risk factors across different contexts**

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Institutional Settings Program Models that Work

- Cognitive-behavioral therapy
- Aggression Replacement Training (ART)
- Multidimensional Treatment Foster Care

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Aggression Replacement Training

Cognitive Behavioral Intervention- Three Components

- Anger Control
- Behavioral Skills
- Moral Reasoning

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Cognitive-Behavioral Skills Module

- Cognitive Conceptualization as Framework
- Cognitive self-change case example
- Examples of beliefs
- Cognitive Self-Change
- Cognitive Self-Change- NIC
- Thinking Report
- Structured Learning Training
- Malik Skills

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Cognitive Conceptualization as Framework

Initial questions to initiate the Process of Case Formulation

1. What are the current problems; how did these problems develop and how are they maintained?
2. What dysfunctional/maladaptive thoughts/beliefs are associated with the problems
3. What reactions (emotional, physiological, and behavioral) are associated with his/her thinking?

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Cognitive-Behavioral Skills Programs

Address one or more of the following:

- Cognitive self-control
- Anger management
- Social problem solving
- Social perspective taking
- Empathy
- Moral reasoning
- Changing attitudes and beliefs

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Cognitive Self Change

(Bush, 2006)

Cognitive Self Change consists of four skills:

1. Learn to observe objectively your own thoughts and feelings, attitudes, & beliefs
2. Learn to recognize the thinking (thoughts, feelings, attitudes, beliefs) that lead you to offending behavior
3. Find new thinking that does not lead you to offending behavior, and that helps you feel good about yourself when you use it
4. Practice using it until you are good at it

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Skill Train with Directed Practice

(Bandura, 1971; Glick, 2006)

1. **Define the skill**- discussion of steps of skill being taught
2. **Modeling**- demonstrating picture-perfect representation of steps that comprise skill being taught
3. **Discuss youth's current need for skill**- engage each group member to commit to how, when, and with whom they would use skill
4. **Role playing**- giving youth opportunities to try out what they saw facilitators demonstrate in modeling display
5. **Performance feedback**- focused discussion on how well youth followed sequenced skill steps using praise and reinstruction if necessary
6. **Transfer training**- homework and techniques that increase youth's chances of using newly acquired skill outside group in real-world situations

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FEMALE DELINQUENCY

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Risk factors predict involvement JJ system More predictive for girls in red

- Maltreatment
- Parent criminality
- Harsh parenting
- Poor parental monitoring
- Caregiver transitions
- Runaways
- Older male friends and partners
- Delinquent peer affiliations
- School failure
- Neighborhood poverty
- Early pubertal timing
- Early-onset delinquency

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Additional Differential risk factors Female vs. Male Delinquents

- **Mental health problems** more prevalent
- Tend to have more **relationship problems**
- More likely to exhibit **relational aggression**, an indirect form of aggression
- Moderate to severe substance abuse problems more prevalent for males.
Comorbidity with mental health problems might be greater for girls who have substance use problems
- Engagement in **risky sexual behavior**
 - Increases significantly when accompanied by co-occurring substance use disorders

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Gender-specific services

(OJJDP)

- Racism, sexism, and economic oppression cannot be overlooked
- Larger social issues of poverty, and race and gender inequalities profound impact lives of women and girls
- Must relate to social realities from which women and girls come and to which they will return
- Sensitive to cultural differences and expectations (Bloom & Covington, 1998)

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Gender-specific services

(OJJDP)

- Designed to meet unique needs of female offenders
- Value the female perspective
- Celebrate and honor the female experience
- Respect and take into account female development
- Empower girls and young women to reach their full human potential
- Change established attitudes that prevent or discourage girls and young women from recognizing potential

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Gender responsive interventions for girls

- *Holistic*- targeting girls' needs in multiple areas of life
- *Safe*- building trust and using trauma-informed principles
- *Strength-Based*- encouraging development of confidence and competencies
- *Relational*- recognizing ways that female development hinges on positive relationships
- *Culturally responsive*- addressing needs and risks in context of diversity related to culture, race, ethnicity, religion, class, and sexual orientation
- Special attention and accommodation to unique concerns related to girls' *sexual health* (e.g. girls who are pregnant or already mothers)

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Subgroups of serious, violent, chronic juvenile offenders Childhood Onset Conduct Problems

- Youth with high Callous-Unemotional (CU) Traits
- Youth with childhood-onset conduct problems without CU traits

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Delinquent Youth with Callous-Unemotional (CU) traits

Minority of youth with childhood onset antisocial behavior

- **Unemotional**- Lack of emotional responsiveness
- **Callous**- Lack of normal empathy responses
- **Uncaring**- Not emotionally invested in others or conventional achievement

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Youth with CU traits- Causal Processes

- Less distressed by negative effects of behavior on others
- More impaired in moral reasoning and empathic concern toward others
- More predatory in violence

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Antisocial Youth with Callous-Unemotional traits

- More pervasive patterns of violence
- Lengthier and more persistent histories of aggression and violence
- Violence includes both **reactive** and **instrumental**
 - **Reactive**- response to real or perceived threat
 - **Instrumental**- means to an end, obtain some reward

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Youth with CU traits- Causal Processes

- Stronger genetic influence
- Associated with:
 - Fearlessness, thrill and adventure seeking
 - Lower levels of anxiety
 - Reduced sensitivity to cues of punishment
 - Reduced reactivity to threatening and emotionally distressing stimuli

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Tribe of One Hypothesis

(Caldwell, 2021)

- Develop a view that they are the only member of their “tribe”
- The world is a rival tribe who are viewed as indifferent or malicious
- No shared experiences, use or be used

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Treatment Implications

(Caldwell, 2021)

- Punishment and coercion will not change youth with CU characteristics
- Focus on utilitarian moral reasoning- what benefits the youth
- Victim empathy work is unlikely to help
- Trauma informed care may be helpful when appropriate
- Erode the attribution of malice to others
- Behavioral change counts- don't ignore it

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Treating CU Youth- Mendota Juvenile Treatment Center

(Caldwell, 2012; 2014)

Treating Difficult Youth

1. Identify **essential feature** that defines person in treatment setting (i.e. aggression)
2. **Define target** of intervention in clearly observable terms
3. **Measure indicator** of problem behavior. Make it something easy to see

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Treating CU Youth- Mendota Juvenile Treatment Center

(Caldwell, 2012; 2014)

Behavioral Assessment: Guiding Principles

- **Continuity**- Behavior assessed continuously throughout day
- **Clarity**- Clearly observable benchmarks describe preselected behaviors
- **Simplicity**- Staff rates if behavior has never occurred, occurred once, or more than once
- **Relevance**- Assess behavior relevant to treatment goals, scores reflect overall level of functioning
- **Integrity**- Staff members fully trained and ratings completed on consensus basis

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Behavioral Assessment and Change (Caldwell, 2021)

- Use graph for review with youth in therapy sessions
- Ask the youth to explain the days that they did well and why. Focus on strengths and exceptions to problems
 - Get youth thinking about strengths and resiliency
- Can use objective behavioral data (graphs) to make treatment decisions (e.g. effectiveness of psychotropic medication/dosage, etc.)
- Very reward focused program. Rewards need to be rapid and consequences short-term

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Youth with childhood onset conduct problems without CU traits

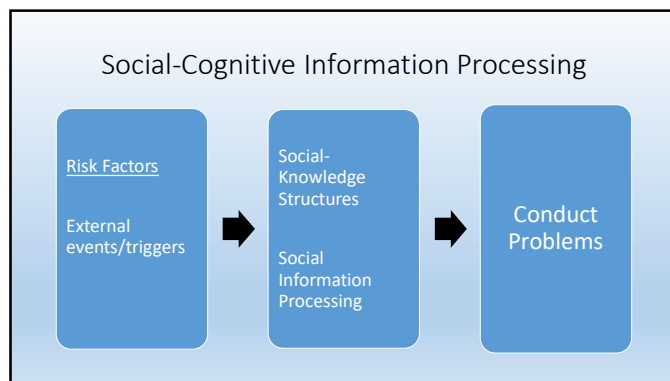
- Aggression and violence *less severe*
- Confined to *reactive aggression*
 - More highly reactive to emotional and threatening stimuli
 - Poor emotional regulation possible *causal factors*:
 - Inadequate socialization
 - Deficits in intelligence
 - Temperamental problems
- *More distressed* by negative effects of behavior on self and others

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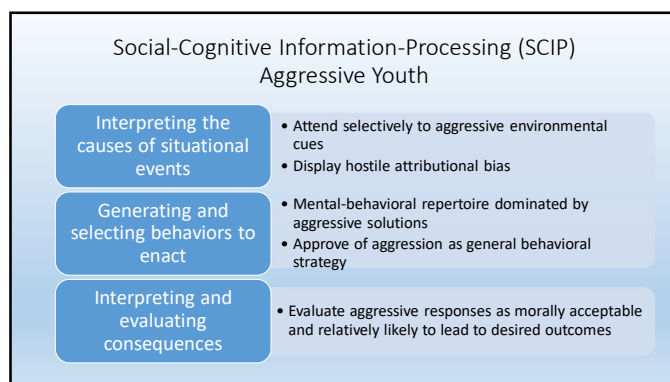
Serious, violent, chronic juvenile offenders Treatment

- Comprehensive, addressing multiple risk factors
- Individualized to address unique causal and maintenance factors across groups
- Multi-systemic and Person Level Interventions

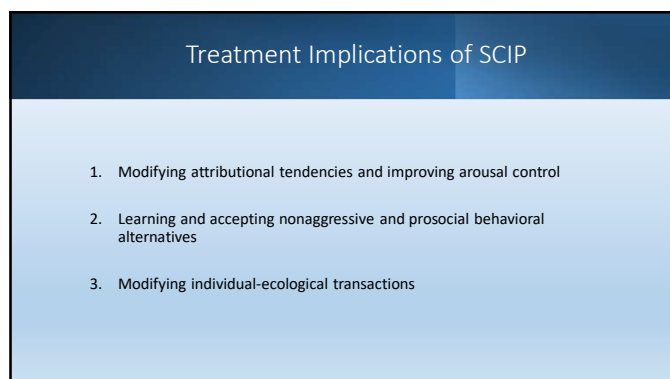
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Modifying attributional tendencies and improving arousal control

- Attention to **internal** (e.g. arousal) and **external** (e.g. provocation) **cues** that support aggressive responding
- **Goals**
 - Reduce tendencies to attribute hostile intent in situations
 - Improve behavioral control over cognitive and emotional reactions to provocations

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Learning and accepting nonaggressive and prosocial behavioral alternatives

- **Behavioral skills training**
 - Role play, frequent practice for developing new behaviors
 - Increasing cognitive accessibility of newly learned nonviolent scripts
- **Modify attitudes and beliefs** that support aggressive responding
 - Fostering consequential thinking- considering long and short-term consequences of behavior
 - Moral Reasoning (e.g. ART)

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Modifying individual-Ecological Transactions

- Implement and maintain changes at all levels of everyday ecology
- Multilevel approaches to foster more prosocial behavioral norms in families, peer groups, and communities

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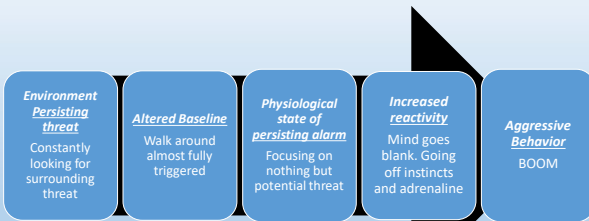
Complex Trauma and Reactive Aggression in Juvenile Justice Settings

(Ford, et. al., 2012)

- **Maladaptive attempts to cope** with trauma-related perceived threats
 - Hypervigilance, hyperarousal, and emotional numbing consistent with PTSD
- **Counter-reaction** to perceived powerlessness, betrayal, and abandonment consistent with complex traumatic stress disorders

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Anthony Trauma Reactive Chain



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Milieu Management

- Interventions that systematically *build*, rather than require or presuppose **competence in self-regulation**
- "24-7" **intensive social learning** experiences that reinforce and lead to sustained use of self-regulation skills taught in classes/therapeutic interventions
- **Staff education** to understand and anticipate trauma-related triggers for aggressive, avoidant, dissociated, or other problematic stress reactions
- Staff not only teach but **actively role model** self-regulated approach to handling stress reactions

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Traumatized aggressive girls in juvenile justice settings

- 70% and 90% report trauma histories, usually multiple ongoing incidents consistent with complex trauma
- Often involved in the child welfare system
- Risk for severe problems with substance abuse, risky sexual behavior, teen pregnancy, intergenerational family and domestic violence, community violence, physical illness, unemployment, school failure, and adult incarceration

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Evidence Base for Treatment of Traumatized Youth

- Most extensively tested intervention is trauma-focused cognitive behavior therapy (TF-CBT)
- Cognitive Behavioral Intervention for Traumatized Students (CBITS)
- Cognitive behavior therapy with prolonged exposure (CBT-PE)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Pharmacotherapy does not have an established evidence base for treating pediatric PTSD

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Future trends in research and practice

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Trauma Informed Care

(Levenson, 2014)

Organizational structure and treatment framework

- Delivers services in way that recognizes prevalence and impact of early trauma on behavior across lifespan
- Responds to maladaptive behavior in context of traumatic experiences
- Enduring neuroplasticity of brain allows for reorganization and accommodation of new experiences
- Corrective emotional experiences allow new skills to be learned, enhanced, practiced and reinforced

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Sanctuary Model

(Sanctuary Institute Website)

- Blueprint for **clinical and organizational** change
- Promotes safety and recovery from adversity through active creation of **trauma-informed community**
- Recognition that **trauma is pervasive** in the experience of human beings
- Focus not only on people who seek treatment, but equally on people and systems who provide that treatment

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Creating Sanctuary in an organization → Creating trauma-informed Culture

- Recognizes the **inherent vulnerability** of all human beings to effects of trauma
- Organizes **system-wide interventions** aimed at mitigating negative effects of adversity and stress that are manifested in clients served and organization itself

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Sanctuary Model- Three Primary Components

1. **Theoretical philosophies** form underpinnings of model
 - Effects of trauma exposure
 - Parallel Process
 - Seven Sanctuary Commitments
2. **Trauma-informed shared language** represented by acronym S.E.L.F.
 - Safety---Emotion Management---Loss---Future
3. Set of practical tools, known as **Sanctuary Tool Kit**
 - Daily Practices= Community meetings, safety plans, SELF treatment planning conferencing, team meetings, self-care planning, SELF psycho-education

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Steps to Implementation

1. **Intensive Training and Consultation**- year one
2. **Supportive Consultation**- year two
3. **Independent Practice and Certification**- year three

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Restorative Justice

(Whitehead & Lab, 2018)

Works to resolve conflict and repair harm

- **Empowerment**
 - Need for all interested parties to be involved
- **Restoration**
 - Repairing the harm done to all participants. Retribution is disallowed
 - Restoration of offender to life that is law-abiding
 - Restoration of victim who has received apology and restitutions
- **Reintegrate**
 - Reintegrate both offender and victim into community without stigma of being an offender or being different
- **Emotional harm**
 - Address the emotional harm to victim and community

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Types of Restorative Justice (Whitehead & Lab, 2018)

	Victim-Offender Mediation	Family Group Counseling	Neighborhood Reparative Boards	Sentencing/Peace making Circles
Who normally participates	Mediator, victim, offender (family)	Facilitator, offender, family (victim)	Board chair, volunteers, offender, family (victim)	Keeper, offender, volunteers, family, victim, offender supporters
Dominant philosophy	Meeting victim offender needs, healing dialogue as transformative	Family group as essential problem-solver	Neighborhood social support and community norm affiliation; neighborhood problem solving focus	Collective healing; community focus beyond individual offense

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Culture and Identity

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The Traumatic Impact of Racism and Discrimination on Young People and How to Talk About It (Svetaz, et al)
[http://www.adolescenthealth.org/SAHM_Main/media/Anti-Racism-Toolkit/Traumatic-Impact-of-Racism-on-Young-People-\(1\).pdf](http://www.adolescenthealth.org/SAHM_Main/media/Anti-Racism-Toolkit/Traumatic-Impact-of-Racism-on-Young-People-(1).pdf)

Reaching Teens, 2nd Edition Strength-Based, Trauma-Sensitive, Resilience-Building Communication Strategies Rooted in Positive Youth Development
 (edited by Ginsburg & McClain) Published by American Academy of Pediatrics

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Culture develops resilience

(Sevatz, et al)

Communities of color often more likely to offer children critical **protective forces that come from group identity**:

- Extended families
- Nurturing cultures
- Neighborhood-based supports

Culture needs to be incorporated into any positive youth development model

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Recognize all their strengths, including their resilience

(Sevatz, et al)

- Many people who have hardest lives also possess deepest levels of compassion and unwavering commitment to lifting others up
- See people as they deserve to be seen and **take great care not to apply labels** to them related only to hardships they have endured
- **Celebrate** with them all the things that they have conquered despite these external forces and start **coaching** them to recognize their own experiences and relational strengths as successes

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Social identity

(Miller & Garran, 2008)

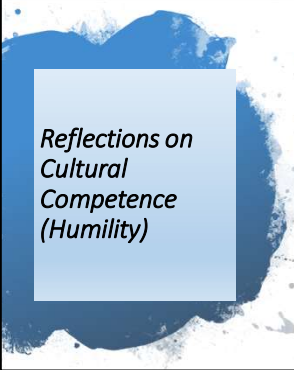
How we see ourselves in relation to others

The ways that we position, align, differentiate, and categorize ourselves

Individualized aspects of self are collectively constructed and shared in formation of one's social identity

While some aspects of our social identity are chosen, others are imposed by outside forces

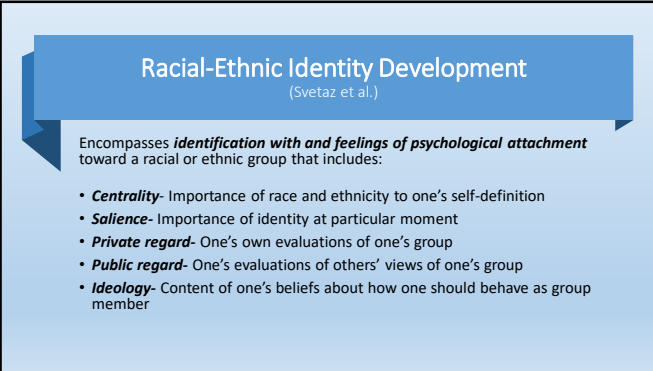
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Reflections on Cultural Competence (Humility)

- **Self-awareness**—refers to developing an understanding of one's own cultural background and the ways in which it influences personal attitudes, values, and beliefs
- **Knowledge**—refers to learning about the worldviews of individuals from diverse cultural backgrounds
- **Skills**—refers to utilizing culturally appropriate interventions

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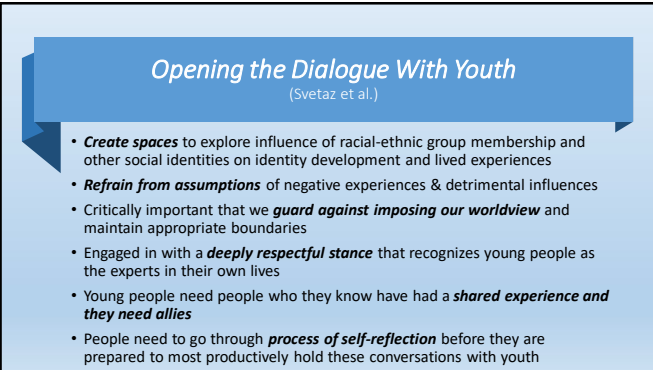


Racial-Ethnic Identity Development
(Svetaz et al.)

Encompasses **identification with and feelings of psychological attachment** toward a racial or ethnic group that includes:

- **Centrality**- Importance of race and ethnicity to one's self-definition
- **Salience**- Importance of identity at particular moment
- **Private regard**- One's own evaluations of one's group
- **Public regard**- One's evaluations of others' views of one's group
- **Ideology**- Content of one's beliefs about how one should behave as group member

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Opening the Dialogue With Youth
(Svetaz et al.)

- **Create spaces** to explore influence of racial-ethnic group membership and other social identities on identity development and lived experiences
- **Refrain from assumptions** of negative experiences & detrimental influences
- Critically important that we **guard against imposing our worldview** and maintain appropriate boundaries
- Engaged in with a **deeply respectful stance** that recognizes young people as the experts in their own lives
- Young people need people who they know have had a **shared experience and they need allies**
- People need to go through **process of self-reflection** before they are prepared to most productively hold these conversations with youth

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Responding to Youth Experiences of Racism

(Svetaz et al.)

- *Validation* (e.g., normalizing and validating racism experiences)
- *Psychoeducation* (e.g., teaching culturally responsive coping strategies)
- *Self-awareness and critical consciousness* (e.g., understanding intersection of race and other historically marginalized identities)
 - Encourage them to use narrative as a healing mechanism: telling one's story can be incredibly empowering and healing for youth
 - Prepare youth for certain encounters using concrete examples of where and how such may occur and how they can best respond depending on the context of such encounters

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Responding to Youth Experiences of Racism

(Svetaz et al.)

- *Culturally responsive social support*- encourage the development of and connection to ethnic community and allies
- *Developing positive identity* (e.g. exploring strengths and opportunities associated with multiracial experiences)
- *Externalizing and minimizing self-blame* (e.g. minimizing internalization of negative race-based messages)
- *Critical examination* of privilege and power and of racial attitudes
- *Advocacy and agency*

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Psychosocial Maturity and Desistance From Crime

(Steinberg, Cauffman, & Monahan, 2015)

- Identify initial patterns of how serious adolescent offenders stop antisocial activity
- Describe role of social context and developmental changes in promoting these positive changes
- Compare effects of sanctions and interventions in promoting these changes

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Indicators of psychosocial maturity

- impulse control
- suppression of aggression
- consideration of others
- future orientation
- personal responsibility
- resistance to peer influence
- global index of psychosocial maturity

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Lessons Learned

- Sample still maturing in each of six indicators of psychosocial maturity at age 25
- Consistent with research on brain development- shows continued maturation of brain systems that support self-regulation well into mid-twenties
- Vast majority of juvenile offenders grow out of antisocial activity as make transition to adulthood
- Most juvenile offending is limited to adolescence

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Implication for practitioners

- Interventions for juvenile offenders should be aimed explicitly at facilitating development of psychosocial maturity
- Are the types of sanctions and interventions that serious offenders are exposed to likely to facilitate or impede this process?
- Special care to avoid exposing young offenders to environments that might inadvertently derail this developmental process

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