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Best Strategies to Prevent Further Delinquency among Adolescent Youth in Detention Facilities

by

Bonnie J. LaFromboise

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Abstract

Adolescents who become incarcerated in detention centers have a number of factors that affect them, such as lack of parenting, drug and alcohol abuse, homelessness, mental illness and school truancy. Some of the factors such as lack of parenting, homelessness and mental illness are found to be present during the upbringing of adolescents, starting at infancy and childhood. There are protective factors and risk factors that involve adolescent youth, and this paper will discuss them. Finally, strategies, including evidenced-based strategies will be provided, and implications for nursing will be discussed.

Best Strategies to Prevent Further Delinquency among Adolescent Youth in Detention Facilities

Adolescent youth are held in detention facilities when they break laws. Many of the adolescent youth have been in and out of detention facilities more than twice in their lives. The purpose of this independent study project is to identify evidenced-based practices that prevent repeated incarcerations among adolescent youth in detention facilities.

Many adolescent youth are placed in detention facilities each year. Youths, numbering 54,148, between the ages of 12-18 during 2013 were confined to residential placement centers in the United States (Office of Juvenile Justice and Delinquency Prevention, OJJDP, 2013). This number represents a 50% decline from 1999. Despite this decrease, the placement rate for minority youth was 2.7 times that of White youth in 2013 (OJJDP, 2013). Challenges remain to reduce racial and ethnic disparities and confinement of youth who commit less serious offenses. Detention centers are intended to temporarily house youth who pose a high risk of re-offending before their trials or who are deemed likely to not appear for their trials.

Differences are found between mainstream youth and youth in correctional facilities. The Minnesota Department of Health (MDH) Minnesota Student Survey (2010) surveyed 584 youth in 22 juvenile correctional facilities across Minnesota. Forty two percent of youth in correctional facilities were treated for a mental health problem compared to fourteen percent for mainstream youth (MDH, 2010). Alcohol and drug use by family were more than double the rate for youth in correctional facilities than mainstream youth (MDH, 2010). Domestic violence toward youth and domestic violence witnessed by youth were also more than double the rate for youth in correctional facilities than mainstream youth (MDH, 2010). Not only do youth in residential placement have highly complex trauma histories and many placement disruptions and

transitions, they also display greater functional impairment when compared to youth receiving services in non-residential settings (Hodgdon, Kinniburgh, Gabowitz, Blaustein, & Spinazzola, 2013). To identify strategies that work to prevent further delinquency and to implement them would give this group of people a better life full of positive possibilities.

Purpose

This independent study paper has two purposes. The first purpose is to look at possible causes for adolescent behavior that leads to delinquency or risk factors and to give reference to protective factors. The second purpose is to identify evidenced-based practices that prevent repeated incarcerations among youth who are institutionalized in detention facilities. After research has been completed, the results will be formulated into a power point presentation and presented to the staff who work with adolescent youth at the Fond du Lac Human Service Division, Cloquet, Minnesota.

Significance

As a starting point in determining best strategies to preventing delinquency, the principal investigator found it relevant to examine the underlying foundation of what is needed in the development of a healthy adolescent. Because as much as 33% of youth in correctional facilities in Minnesota are American Indian, the investigator included some research study results pertaining to this group (MDH, 2010). According to Brendtro, Brokenleg, & Bockern (1998), children require a sense of belonging, mastery, independence, and generosity. A strong sense of belonging was developed through building and maintaining relationships (Brendtro et al., 1998). The art of mastery was significant. When the child's need to be competent is satisfied, motivation for further achievement is enhanced; deprived of opportunities for success, young people express their frustration through troubled behavior or by retreating into feeling helpless

and inferior. (Brendtro, et al., 1998). Barton, Watkins, and Jarjoura (1997) identified critical components for healthy youth development as well. They include safety and structure, belonging and membership, self-worth and an ability to contribute, independence and control over one's life, closeness and several good relationships, and competence and mastery.

The principal investigator will provide information on programs and models that have been developed. Programs and models that are evidenced-based are preferred when working with juvenile facilities. Identifying and implementing evidenced-based programming can have a profound effect with youth and whether they remain institutionalized into adulthood or become successful in their life goals.

Theoretical Framework

The theoretical framework chosen for this specific paper is the Attachment, Regulation and Competency (ARC) framework, which is an evidenced-based, trauma-informed treatment framework, utilized with complexly traumatized youth in residential treatment (Justice Resource Institute, 2010). Hodgdon, Kinniburgh, Gabowitz, Blaustein, and Spinazzola (2013) completed a pilot project and demonstrated a significant relationship between use of ARC and reductions in PTSD symptoms, externalizing and internalizing behaviors, and the frequency of restraints used across programs. A program evaluation by Arvidson (2011) involving complex trauma-exposed Alaskan children ages 3 to 12 years revealed that 92% of children completing ARC treatment achieved placement permanency compared with less than 40% annual permanency rate for the state overall (Arvidson, 2011). This program evaluation showed remarkable results.

Fixon, Naoom, Blasé, Friedman, and Wallace (2005, pp 682-689) defined six stages to the implementation strategy and eight steps within the stages:

Stage 1: Exploration and Adoption – match between the needs of the system and the proposed practice or program is assessed and support for the program is established within the system.

Step 1: Identify Key Stakeholders

Step 2: Conduct trauma-informed needs assessment identifying five core areas:

- environment – should be a safe, warm place
- training of staff – about trauma and how to work with clients
- staff support & self-care practices
- integration of services
- milieu/program culture

Stage 2: Program Installation – activities needed to establish the practice within the system, including creating structural supports, are conducted before the first client receives the designated service.

Step 3: Build an implementation team or "Trauma team"

Step 4: Train program staff on the impact of trauma, assessment, and intervention

Stage 3: Initial Implementation – the new practice begins within the system and adjustments are made in order to manage inertia or resistance to change encountered within the system.

Step 5: Implement milieu behavioral enhancement initiatives

Step 6: Implement evidence-based practice—individual and group treatment

Stage 4: Full Operation – new learning of the practice is integrated across all levels of the system, including practices, policies, and procedure.

Stage 5: Innovation – the impact and fidelity of the practice is evaluated and needed changes are identified.

Step 7: Evaluate outcomes

Stage 6: Sustainability – strategies to maintain the established program, staff turnover, changes in funding, and emergence of new program policies.

Step 8: Sustain trauma informed services

For a future project, this framework can be utilized as a guide. The principal investigator can identify key stakeholders working with local juvenile facilities. A trauma-informed needs assessment can be conducted, utilizing the five core areas of the ARC framework. Teams of staff can be identified and trained. Using evidence-based practice, programs can be implemented. The ongoing program will be evaluated and needed changes that are identified can be completed. The whole framework can be utilized to improve upon the local juvenile facilities programs.

When the ARC framework was utilized in two residential treatment settings, serving female youth with histories of complex childhood trauma, it showed promising results in some areas. These youth demonstrated a significant decrease in trauma-related symptoms over the course of the project period (Hodgdon et al., 2013). Also, they found youth receiving the ARC intervention experienced a significant decrease in overall level of PTSD symptoms and decreases in aggressive behaviors, attention problems, rule breaking behaviors, anxiety, depression,

thought problems, and somatic complaint over the course of the project. Even though restraint reduction was not an initial focus of the project, over the first 6 months of the project period, both programs displayed a 50% reduction in restraint use; this downward pattern continued until the end of the project period (Hodgdon et al., 2013). The reduction in aggressive and rule-breaking behavior reduced the need for restraints.

Residential staff members felt the training and utilization of skills from the ARC intervention, namely Caregiver Affect Management and Attunement, impacted the way that staff interpreted and reacted to youth behaviors. Another measure, incident debriefings, may have helped to shift the culture, reflecting an underlying belief that staff members should be "tough" and invulnerable to emotions elicited during challenging interactions with their clients (Hodgdon et al., 2013). Found over the course of the initiative, many residential staff members demonstrated improved capacity to effectively intervene with escalated youth and use therapeutic techniques to manage behaviors before resorting to physical management (Hodgdon el al., 2013). This study has shown that providing effective training to staff can have a profound effect on youth residents.

Definitions

Within this paper, the terms juvenile facilities and juvenile detention centers are used interchangeably. Youth and adolescent age youth are both used in the paper to refer to people between 13-17 years of age. The population referred to in this paper include people between 13-17 years of age who have been detained in juvenile detention facilities or centers. The principal investigator observed this population in a juvenile detention center for over two years from January 2015 through March, 2017. In the time frame, it was observed that most youth became detained more than once. Some of the youth were detained two or more times.

Process

The population referenced in this paper focused on adolescent age youth who end up in juvenile detention centers. As part of this paper, the principal researcher has included information that pertains to the American Indian population adolescent age youth. The findings in this paper will be presented to human service employees who work in an American Indian tribal community and employees who work at a juvenile detention center in which at least one third of the adolescent youth are American Indian.

This literature review provided information about effective strategies in preventing further delinquency among adolescent age youth. The Harley French Library online through the University of North Dakota Website provided access to CINAHL. The principal researcher used the following keywords: adolescent, prevention strategies, delinquency. It delivered 18 articles.Of the 18 articles, six of them possibly would provide information on the topic. The topics of the six chosen to use with this literature search included delinquency among maltreated youth, services to support children with special needs, interventions with conduct disorder and delinquency, risk and protective factors, perceived racial discrimination, and services for at-risk urban youth. These happen to match the topic of this paper. The other 13 articles of the CINAHL literature search included topics:

Alcohol problems
Black adolescents and stress
Cannabis study
Cultural circles
Gang membership

Genetic and non-genetic influences
Hate crimes
Inhalant use
Pregnancy and parenting
Nurses and gang violence
Self-care
Weapons screening
Youth development

The principal investigator determined that the 13, did not pertain to youth in detention centers. The researcher went to Psychology Information website and used articles with the same three words: adolescent, prevention strategies, delinquency. This website provided 219 articles. After reviewing all the articles, the principal researcher chose 19 of the articles that were appropriate from this website. Of the 19 articles chosen, information was provided on evidenced-based programming, risk and protective factors, what is needed by youth in order to excel, circumstances that contribute to youth incarceration and interventions shown to be effective. Most of the 200 articles not chosen were for the following reasons:

Adolescences and gambling
Adolescent bereavement
Adolescent fathers and incarceration
Adolescent sex offenders

Aggressive children
Alcohol use only
Anti-social behavior only
Attention-deficit/hyperactivity disorder
Authoritarian parent
Cannabis use only
Clinical psychology
Cognitive skills
Coping resources
Cost of crime
Dating violence
Exploring gender differences
Fire setters
Gang membership
HIV prevention
Inhalant use
LGBT and micro-aggression
Literature from other countries and in foreign languages
Male sexual problems
Motivational interviewing
Online predators
Outpatient treatment

Pain therapy
Pedophilia
Peer influence
Preventing mental illness
Refugee youth
Religious socialization
Resilience
School shooting
Self-esteem and coping
Sexually transmitted diseases
Shame
Substance use only
Suicide ideation
Violence prevention
World trade center-treatment of children
Young children

Additional to these resources, the researcher went to the Minnesota Department of Health website and found useful information about an action plan for working with adolescent health issues in the state of Minnesota. The Office of Juvenile Justice and Delinquency Prevention website provided some useful statistics. Finally, the researcher was able to find two books that provided useful information on the topic of adolescent delinquency and prevention strategies.

Literature Review

The Institute of Medicine (IOM) collected information through 22 key informants for their report on prevention of mental, emotional, and behavioral disorders among young people. The purpose of their study was to gain understanding of the barriers and facilitators to implementation of the IOM's five recommendations. Evans (2012, p. 60) first provided the major barriers as part of an article she wrote which included:

1. Competing priorities;
2. Lack of infrastructure for implementation;
3. Lack of public education regarding mental health; and
4. Effectiveness of prevention, stigma, and a paucity of facilitating factors.

The facilitators to implementation (Evans, 2012, p. 60) included:

1. Leadership;
2. Flexible resources;
3. Linkage to healthcare reform and legislation;
4) Coordination across agencies and governmental levels; and
5) Additional research

Evans (2012, p. 64) then provided ways that nurses can contribute, which included the following items:

1. To provide information on evidence-based preventive interventions and treatment interventions;
2. To provide (particularly nursing programs at the graduate level) information on translation of science from controlled environments and research studies to practice settings;

3. To be instrumental in identifying and implementing health-promoting activities into the practice setting;

4. To educate the public about mental health and preventive interventions; and

5) To conduct research on preventive or health-promoting interventions, nurse researchers should ensure that cost-effectiveness studies are part of their program of research.

The Minnesota Department of Health (MDH) (2015, para. 1) has made it a priority to improve adolescent health. A few of their recommendations entail increasing access to programs and services that promote transition to adulthood, increasing their usage of preventive health care, involving them in decision making and program planning, creating targeted outreach and building community capacity to engage and support young people to be connected to community, school, and caring adults. Another measure that MDH (2016) does is work with the percent of 9th and 12th graders who indicate they have a mental or emotional problem that lasted at least 12 months. A section of this literature review entailed reviewing articles that provided information on programs that were effective and articles that gave input on what a program should include to be successful. This researcher located a few evidenced-based programs that have been developed to prevent further delinquency.

Protective and Risk Factors

Barton, Watkins, and Jarjoura (1997) stated that families need to re-engage with their adolescent children through greater parental involvement in school-time and after-school activities. In a study by Lonczak, Fernandez, Austin, Marlatt, and Donovan (2007), which was one of the first research groups to examine family structure and its relationship with substance use among American Indian/Alaska Native youth, they found that living in an original two-

parent home may act as a protective factor. Another study was completed by Pharris, Resnick, and Blum (1997). They found protective factors varied with American Indian adolescent females and males. Among adolescent females, it was found that family attention, positive feelings toward school, parental expectations, and caring exhibited by family, adults, and tribal leaders were associated with absence of suicidality and hopelessness. For adolescent males, significant protective factors against suicidality were enjoyment of school, involvement in traditional activities, strong academic performance, and caring exhibited by family, adults, school people, and tribal leaders. Irwin (2004) found that the common protective factor was outside the family and parental expectations about school performance (Irwin, 2004). For girls, additional protective factors included family connectedness and religiosity (Irwin, 2004). In the opinions of adolescent youth, family is an important protective factor.

Risk factors are also important to consider when it comes to trying to understand the issue of delinquency among adolescent age youth. Childs and Sullivan (2013) report adolescents who do not have a healthy emotional bond to a parent will be less concerned with the consequences of disobeying rules and letting the parent down. At the same time, low levels of monitoring and involvement provide greater opportunities to engage in risk-taking behavior (Childs & Sullivan, 2013). Other risk factors may include self-control, characterized by impulsivity and the need for immediate gratification. Risk factors for different age groups were identified by Gerst (2005). Preadolescent risk factors for youth violence include male gender, hyperactivity and low attention span, early antisocial behavior, parental attitudes favorable to violence, low academic performance, involvement with antisocial peers, low family income, availability of drugs, and low neighborhood attachment (Gerst, 2005). Early adolescent risk factors include poor academic performance, social interactions in and outside the classroom, and

commitment to and level of interest in school activities (Gerst, 2005). Finally, pre-adulthood risk factors for violent behavior include hitting a parent or teacher, picking fights, hitting someone with intent to hurt, threatening with a weapon, and using force or threats of force (Gerst, 2005). Aiyer, Williams, Tolan, and Wilson (2013) found a significant interaction between aggression and discipline. They concluded that prevention efforts should be devoted to aggressive, male youth living in stressful family and neighborhood contexts (Aiyer et al., 2013). Another factor to consider involves discrimination and its effects on adolescent youth. Tobler, Maldonado-Molina, Staras, O'Mara, Livingston, and Komro (2013) said regardless of intensity, adolescents who experienced racial/ethnic discrimination at least occasionally were more likely to report greater physical aggression, delinquency, suicidal ideation, younger age at first oral sex, unprotected sex during last intercourse, and more lifetime sexual partners. They also reported that experiences of racial/ethnic discrimination contribute to maladaptive behavioral and mental health outcomes among adolescents (Tobler et al., 2013). Maltreatment at any age increases the risk of future offending, implying that investments in prevention and intervention strategies throughout childhood and adolescence may reduce delinquency and crime (Mersky, Topitzes, & Reynolds, 2012). Several risk factors contributed to and are associated with delinquency and adolescent youth.

Effective Interventions

This researcher finds it useful to mention interventions found to be effective as part of the solution. Gerst (2005, p. 63) found conflict resolution skills to be an important tool to teach youth, and the benefits include:

1. To increase one's knowledge of nonviolent means to resolve conflicts;
2. To facilitate the development of a more positive attitude toward nonviolent conflict

Resolution;

3. To increase one's ability to apply non-violent methods; and
4. To reduce the frequency of violent confrontations.

Jenson and Bender (2014) concluded that prevention programs that focus on social and emotional learning are the most effective in preventing or reducing substance abuse, delinquency, violence, and dropout rate. Many of these programs are provided in a manual and use a step-by-step skill training method to teach social, cognitive, and behavioral skills (Jenson & Bender, 2014). Also, making the program culturally relevant has been shown to be effective (Jenson & Bender, 2014). Communities that are looking for solutions will find adding these interventions useful with program planning and implementation.

Another study completed by Chilenski and Greenberg (2009) sought to determine if community context had relevance with substance use and delinquency in rural areas. Compared to the national statistics, these communities have relatively low rates of poverty, crime, single-family households, mobility, and smaller presence of minorities. However, their rates of early adolescent substance use and delinquency are comparable or higher than national averages (Chilenski & Greenberg, 2009). This study found that community risks and resources were not consistently related to early-adolescent risk behaviors (Chienski & Greenberg, 2009). Finally, they found that it may be important for districts to integrate family outreach into their mission and practices and to be careful to set realistic goals.

Youth who have limited resources may benefit from certain programs, according to various studies. Stone and Zibulsky (2015) reported systems involved youth who earn lower grades and have lower levels of overall standardized achievement are at greater risk for grade retention and disproportionately drop out of school. Stone and Zibulsky (2015) also found youth

are likely to be eligible for or receive special education services and that there is evidence that maltreatment appears to be one common thread that links systems-involved youth; this maltreatment often precedes systems involvement. They mentioned some approaches that show promise in a school-based environment. One model is for school psychologists to provide services to affected youth. Another approach enhances protective factors of youth with complex needs. Socioemotional learning programming that enhances social skills, goal setting, and decision making as well as to prevent poor outcomes, such as school dropout and engagement in risky behaviors is another approach.

The Triple P Positive Parenting Program, which is based on a public health framework, is designed to prevent and intervene upon behavioral, emotional, and developmental problems in children. It builds core parenting skills in five areas, including creating safe and engaging home environments and productive learning environments as well as assertive discipline, parent expectations, and parent self-care (Stone & Zibulsky, 2015). Nowak and Heinrichs (2008) found evidence indicating the program reduced child behavior problems, increased parenting skills, and decreased parenting stress. Prinz, Sanders, Shapiro, Whitaker, and Lutzker (2009) found evidence that the Triple P Positive Parenting Program reduces population-level substantiated maltreatment reports, out-of-home placements, and maltreatment-related injuries.

Another program called Communities That Care (CTC) is designed to increase the likelihood that communities will select evidenced-based prevention strategies tailored to their profiles of risk and protection. The CTC program works with planned interventions that fully implement and integrate the services and activities of existing organizations in intervention communities (Hawkins, Catalano, & Arthur, 2002). The CTC operating system provides manuals, tools, training, and technical assistance to activate communities to use advances in

prevention science to plan and implement community prevention services to reduce adolescent substance use, delinquency, and related health and behavior problems (Hawkins, Catalano, Arthur, Egan, Brown, Abbott & Murray, 2008). CTC, guided by the social development model (SDM), hypothesizes that bonding is created when people are provided opportunities to be involved in a social group such as a coalition, family, or classroom, when they have the skills to participate in the social group, and when they are recognized for their contributions to the group. The Community Youth Development Study (CYDS) was the first community-randomized trial by CTC, and the 5-year experimental study was conducted in 24 communities across seven states. To test the effects of CTC in achieving observable reductions in targeted risk factors, delinquent behavior, and substance use, the intervention communities were asked to focus their prevention plans on interventions for youths aged 10 to 14 years and their families (Hawkins et al., 2008). This study found that students in control communities were significantly more likelyto initiate delinquent behavior between fifth and seventh grades than were students in CTC communities. No significant intervention condition effects on substance use initiation between grades 5 and 7 were observed (Hawkins et al., 2008). The CTC program and training is available to the public.

Another successful approach is called PROSPER – Promoting School – Community – University Partnerships to enhance resilience. PROSPER is intended to be a prevention system, comprised of process steps and tools that communities can use to select prevention programs and design community-wide initiatives to enhance positive youth development (Spoth & Greenberg,2011). Richard Spoth developed this program, and it requires local communities toselect, implement, and monitor efficacious school or family prevention programs. Its core components are based on principles of collaboration and built on elements of prevention science

(Jenson & Bender, 2014). Data assessing risk and protective factors for problem behaviors and self-reported substance use and antisocial behavior were collected annually from approximately 12,000 students in the sixth to ninth grades between 2002 and 2008 (Jenson & Bender, 2014). Findings indicated that PROSPER had a positive effect on reducing risk, increasing protection, and preventing substance use and other problem behaviors (Redmond, Spoth, Shin, Schainker, Greenberg, & Feinberg, 2009; Spoth, Redmond, Clair, Shin, Greenberg, & Feinberg, 2011). This option is for communities aiming to put a prevention program in place.

Reclaiming Futures (RF) is an innovative evidence-based model and approach to systems and community change that is designed to enable young people who have substance abuse issues and are in the criminal justice system to become successful (Nissen & Merrigan, 2011). It was created with help from the Robert Wood Johnson Foundation and brought together many coalitions and agencies who work with juvenile justice systems, juvenile court, adolescent alcohol and drug treatment, mental health, and community leaders. It is comprised of six steps and two overarching elements. Community stakeholders provided input into what they believed was needed in order for young people to be successful. They invariably cited the need for a caring and culturally relevant community network where youth could find a positive sense of identity, opportunity, and meaningful connections (Nissen, 2011). To be successful in this context, youth need opportunities for education, leadership, positive engagement, meaningful service, and work as well as the opportunity to fulfill their requirements to the court, including formal substance abuse treatment (Nissen, 2011). This model was implemented over ten sites in the United States that demonstrated effort to change the inter-organizational systems used to deliver substance abuse services for young offenders. As part of a national evaluation of Reclaiming Futures, the Urban Institute and Chapin Hall Center for Children at the University of

Chicago conducted biannual surveys in each community participating in Reclaiming Futures (Butts & Roman, 2007). The surveys tracked the quality of juvenile justice and substance abuse treatment systems as reported by twenty to forty expert informants in each community (Butts & Roman, 2007). Most indicators measured by the evaluation improved significantly during the course of the RF initiative (Butts & Roman, 2007). Improvements were especially dramatic in the ratings for treatment effectiveness, the use of client information in support of treatment, the use of screening and assessment tools, and overall systems integration (Butts & Roman, 2007). This Reclaiming Futures framework could be utilized to develop a program in communities in which adolescent youth have substance abuse issues and are in the criminal justice system.

Discussion

Interpretation of Results

The literature review findings demonstrate that there has been an awareness to develop effective strategies when working with youth in detention centers. Several strategies show promise and some success in this area. The theoretical framework provides a guideline to follow when implementing programming in this setting and began by calling a team of people to come together who work in the specific setting. With public health, a thorough assessment is always one of the first steps. With the ARC framework, a thorough assessment is also required and examines five core areas. A team of people who will be involved with the whole program come together, and they put programming in place, including education for the staff who work with the youth. Evidenced-based interventions are utilized, and after the program is in place and operating, evaluation is the next step. The program is evaluated to determine if it is working and effective for the youth whom it is set up to help. When ARC was tested, there were positive findings.

Some of the articles in the literature review provided pieces of advice when working with youth. Gerst (2005) delved in to the importance of conflict resolution skills as an important tool. Jenson & Bender (2014) reported that social and emotional learning practices in prevention are the most effective. Chienski and Greenburg (2009) found it may be important to integrate family outreach and to set realistic goals. In school-based environments, Stone and Zibulsky (2015) mentioned the importance of utilizing school psychologists and social emotional learning programming. Another program, the Triple P Positive Parenting Program provides parents with core parenting skills.

As part of this paper, protective and risk factors were provided. It is important to mention that the Center for Disease Control and Prevention (2008) public health approach to successful program development can be utilized. Other evidenced-based programs are Cognitive Behavioral Therapy and Multisystemic Therapy. These approaches are helpful with this population.

Communities That Care (CTC) is an evidenced-based program that comes with manuals, tools, training, and technical assistance to reduce adolescent substance use, delinquency, and related behavioral problems (Hawkins et al., 2013). This program uses the social development model and believes bonding is created when people are provided opportunities to be in social groups. PROSPER is a system to help communities choose an effective program that focuses on prevention (Spoth & Greenberg, 2011). The last program this researcher mentions is Reclaiming Futures and was developed specifically for use with young people who have substance abuse issues and are in the criminal justice system. Research completed on Reclaiming Futures has

shown it to be a successful evidence-based program (Nissen & Merrigan, 2011). These are three well-researched programs and are proven to be effective.

Some of the programs identified in the literature review focused on providing youth with assistance in the school and community setting. It was important to incorporate these programs because some of the interventions can be beneficial to youth who are in detention centers as well. A few programs have been designed specifically for youth in detention centers. More effective programs can be developed and created by taking what is already known through protective and risk factors. Researchers are discovering effective interventions that will be beneficial to youth in detentions centers.

Implications for Nursing

Practice. With the literature review this researcher found that there is a huge need for behavioral and mental health services for youth in detention centers. Nurse practitioners are ideally positioned to play a critical role in evaluating and intervening with teenagers at risk for violent behavior (Gerst, 2005). Evans (2012) identified ways that nurses can contribute to improved care, and they include providing information on evidence-based preventive interventions as well as treatment interventions. Evans (2012) went on to say that nurses can identify and implement health-promoting activities and can educate the public about mental health and preventive interventions. Advocacy is often an effective instrument to draw attention to important issues, and nurses have multiple opportunities to advocate for preventive interventions as private citizens, as members of advocacy organizations, and as members of professional organizations (Evans, 2012). There are many ways in which nurses can contribute to improving the interventions and implementation of programs that involve adolescent youth.

A pivotal effort must target the training of youth, their families, and the public to understand the importance of mitigating risks for mental, emotional, and behavioral (MEB) disorders (National Research Council and Institute of Medicine (NRCIM), 2009).

Research. Graduate level nurses are in a good position to provide more research studies in this area as well. With research, nurses should ensure that cost-effectiveness studies are included, according to Evans (2012). There is ample opportunity for nurse researchers to implement and evaluate the implementation of evidence-based preventive and health-promoting interventions in health practices and in community settings (Evans, 2012). Other areas nurse researchers can contribute which include physiological research on neural development and interventions to prevent the effects of stress and trauma on young people (Evens, 2012). Many areas can be researched by graduate level nurses and evidenced-based practice can be a product of the research completed by nurses.

Recommendations from the NRCIM (2009) state the NIH, with input from other funders of prevention research, develop a comprehensive 10-year research plan, targeting the promotion of mental health and prevention of mental, emotional, and behavioral disorders. With this plan, NRCIM (2009) suggests including a mechanism for assessing and reporting progress. Finally, NRCIM (2009) recommends that research funders establish parity between research on preventive interventions and treatment interventions. The National Institute of Health (NIH) andother federal agencies should increase funding for research on prevention and promotion strategies that reduce multiple MEB disorders and that strengthen accomplishments of age-appropriate developmental tasks (NRCIM, 2009).

Education. Increasing the numbers of nursing students who become nurse practitioners with advanced degrees, either a master's or a doctor of nursing practice is a recommendation of

the NRCIM (2009). Prevention training related to MEB disorders in nursing is an important opportunity (NRCIM, 2009). Most training programs in major disciplines, such as medicine, education, psychology, social work, and public health, do not include core components on the prevention of MEB disorders of young people, including how to identify and manage the risks and preclinical symptoms of these disorders (NRCIM, 2009).

Policy. Awareness that disparities in access, engagement, and successful completion of services for youth of color (particularly those who are poor) are resistant to system improvement (given long and persistent overrepresentation of youth of color in both justice and child welfare systems) and must be continually and rigorously explored, and new solutions advanced (Nissen, 2011).

Summary

Various factors play a role with troubled youth. Some of the areas that have afflicted this population of youth has stemmed from poverty, maltreatment, violence against themselves and people in their lives, poor parenting, lack of safety, and lack of supportive, loving adults. Protective factors also have a strong influence on youth and play a vital role in the health of youth as they become adults. When they arrive in a juvenile detention center, the staff have the responsibility to provide a safe environment for them; if they stay in a detention center for long periods of time, other cares are bestowed upon staff. Youth attend school and treatment programs while in a detention center. They develop friendships with other youth who are placed in the detention center as well. Staff members are role models, caregivers, disciplinarians, teachers, and overall guidance leaders. It is like a "T" in the road for youth, many times. They can choose to go down a road of destruction for themselves and others in their lives, or they can choose a life with purpose and accomplishment. Many times, youth need to heal from situations

that happened to them and learn new ways of coping. If they are provided with effective and successful ways of living, it can be the difference of a fruitful life or a life of torment. The juvenile detention center can provide meaningful and superior programming to youth. It can be a place where youth can heal and grow. The youth can leave with tools and coping skills that can help them become happy, productive adults.

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Best Strategies to Prevent Further Delinquency Among Adolescent Youth in Detention Facilities

Bonnie J. LaFromboise
Advanced Public Health Nursing Tract
NURS Independent Study
University of North Dakota

Purpose of Project

- To identify evidenced-based practices that prevent repeated incarcerations among adolescent youth in detention facilities
- To identify evidenced-based practices that prevent delinquency among adolescent youth
- Identify risk factors and protective factors affecting adolescent youth

Numbers:

- 54,148 (ages 12-18) confined to residential placement centers in US in 2013
- Represents 50% decline from 1999
- Placement rate for minority youth was 2.7 times that of Whites in 2013
- Challenges to reduce racial and ethnic disparities and confinement of youth

  (Office of Juvenile Justice and Delinquency Prevention (OJJDP), 2013)

Minnesota: Youth in Correctional Facilities vs Mainstream Youth

- In 2010, 584 youth in 22 juvenile correctional facilities were surveyed across Minnesota
- 42% were treated for a mental health problem, compared to 14% for mainstream youth
- More than double the rate for: Alcohol (40% vs 17%) and drug use (36% vs 12%) by family

(Minnesota Department of Health, MDH, 2010)

Minnesota: Youth in Correctional Facilities

- More than double the rate for: Family violence toward youth (27% vs 12%) and family violence witnessed by youth (31% vs 14%) (MDH, 2010)
- Have highly complex trauma histories
- Have many placement disruptions and transitions
- Have greater functional impairment (Hodgdon, Kinniburgh, Gabowitz, Blaustein, & Spinazzola, 2013)

Healthy Youth Development

- Require a sense of belonging, mastery, independence, and generosity
  (Brendtro, Brokenleg, & Bockern, 1998).
- Safety and structure, belonging and membership, self-worth, and an ability to contribute, independence and control over one's life, closeness and several good relationships, and competence and mastery
  (Barton, Watkins, & Jarjoura, 1997).

Theoretical Framework

- Attachment, Regulation and Competency (ARC) Framework
- Evidenced-based
- Trauma-informed treatment
- Utilized with complexly traumatized youth in residential treatment

  (Justice Resource Institute, 2010).
- Significant relationship between use of ARC and reductions in PTSD symptoms, externalizing and internalizing behaviors, frequency of restraints

  (Hodgdon et al., 2013)
- Study with Alaskan children revealed 92% completing ARC treatment achieved placement permanency compared with 40% state overall

  (Arvidson, 2011)

ARC Framework

- Stage 1: Exploration and Adoption-match between the needs of the system and the proposed practice
  - Step 1) Identify Key Stakeholders
  - Step 2) Conduct trauma-informed needs assessment identifying five core areas:
    - A. environment-safe, warm place
    - B. training of staff-about trauma and how to work with clients
    - C. staff support & self-care practices
    - D. integration of services
    - E. milieu/program culture

ARC Framework

- Stage 2: Program Installation-activities needed to establish practice, including creating structural supports, are conducted before first client
  - Step 3) Build an implementation team
  - Step 4) Train program staff on the impact of trauma, assessment and intervention

ARC Framework

- Stage 3: Initial Implementation-begin new practice and adjustments are made as needed
  - Step 5) Implement milieu behavioral enhancement activities
  - Step 6) Implement evidence-based practice-individual and group treatment

ARC Framework

- Stage 4: Full operation-new learning of the practice (all levels), including practices, policies, and procedure
- Stage 5: Innovation-evaluation and needed changes are identified

    Step 7) Evaluate outcomes

ARC Framework

- Stage 6: Sustainability-strategies to maintain the program, staff turnover, changes in funding, and emergence of new program policies
  - Step 8) Sustain trauma informed services

ARC in Action

- Utilized in two residential treatment settings serving female youth
- Significant decrease in trauma-related symptoms
- Significant decrease in PTSD symptoms and decreases in aggressive behaviors, attention problems, rule breaking behaviors, anxiety, depression, thought problems, and somatic complaints
- 50% Restraint reduction and downward pattern continued

(Hodgdon et al., 2013)

ARC-staff impact

- Caregiver Affect Management and Attunement-impacted the way staff interpreted and reacted to youth behavior
- Incident debriefings-may have helped shift the culture about belief that staff members should be "tough" and invulnerable to emotions during challenging interactions
- Staff demonstrated improved capacity to effectively intervene, use of therapeutic techniques before resorting to physical management
- This study showed-providing effective training for staff can have a profound effect.

Literature Review

- Institute of Medicine (IOM) (2009) on prevention of mental, emotional, and behavioral disorders among young people.
- Five major recommendations
  - Prioritize youth health with goals and research
  - Develop and implement a strategic approach for health promotion and prevention in young people
  - Develop networked systems to apply resources that are evidenced-based and involve local evaluators
  - National Institute of Health to develop a comprehensive 10-year research plan
  - Research funders to establish parity between research on preventive and treatment interventions

IOM Report-Implementation

- Major barriers: Competing priorities, lack of infrastructure for implementation, lack of public education regarding mental health, effectiveness of prevention, stigma, and a paucity of facilitating factors
- Major facilitators: Leadership, flexible resources, linkage to healthcare reform and legislation, coordination across agencies and governmental levels, additional research

(Evans, 2012)

IOM Report-Nursing

- To provide information on evidence-based preventive interventions and treatment interventions
- To provide (particularly graduate level nursing programs) information on translation of science from controlled environments and research studies to practice settings
- To be instrumental in identifying and implementing health-promoting activities into the practice setting
- To educate the public about mental health and preventive interventions
- To conduct research on preventive or health-promoting interventions, and ensure cost-effectiveness studies are part of their research

(Evans, 2012)

Effective Interventions

- Conflict resolution skills taught to youth and the benefits include:
  - To increase one's knowledge of nonviolent means to resolve conflicts
  - To facilitate the development of a more positive attitude toward nonviolent conflict resolution
  - To increase one's ability to apply non-violent methods
  - To reduce the frequency of violent confrontations

    (Gerst, 2005)

Effective Interventions

- Those that focus on social and emotional learning are the most effective in preventing and reducing substance abuse, delinquency, violence, and drop out rate
- Those that make the program culturally relevant have been shown to be effective

(Jenson & Bender, 2014)

Implications

Protective Factors

- Family involvement-school and home
- Original two-parent home
- Positive feeling towards school
- Parental expectations
- Involvement in traditional activities
- Caring exhibited by family, school staff and community members

(Irwin, 2004)

Risk Factors

- Lack of healthy emotional bond to a parent
- Lack of self-control (impulsivity and need for immediate gratification)
- Hyperactivity
- Early antisocial behavior
- Parental attitudes favorable to violence
- Low academic performance
- Poverty, drug availability, antisocial peers, physical violence, discrimination, stressful family and neighborhood, maltreatment

(Tobler et al., 2013)

Triple P Positive Parenting Program

- Based on a public health framework
- Designed to prevent and intervene upon behavioral, emotional, and developmental problems in children
- Builds core parenting skills in five areas, including: creating safe and engaging home environments and productive learning environments as well as assertive discipline, parent expectations, and parent self-care

(Stone & Zibulsky, 2015)

Triple P Positive Parenting Program

- Reduced child behavior problems, increased parenting skills, and decreased parenting stress

  (Nowak & Heinrichs, 2008)

- Reduced population-level substantiated maltreatment reports, out-of-home placements, and maltreatment-related injuries

  (Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009)

Communities That Care (CTC)

- Increase the likelihood communities will select evidenced-based prevention strategies tailored to their profiles of risk and protection
- Works with planned interventions and existing organizations
- Provides manuals, tools, training, and technical assistance
- Guided by the social development model (SDM), hypothesizes that bonding is created when people are provided opportunities to be involved in a social group when they have the skills to contribute and when they are recognized for their contributions to the group

  (Hawkins, Catalano, Arthur, Egan, Brown, Abbott, & Murray, 2008)

Communities That Care (CTC)

- Community Youth Development Study (CYDS)-first community-randomized trial
- Five year experimental study conducted in 24 communities across seven states
- Goal-achieve observable reductions in targeted risk factors, delinquent behavior, and substance abuse
- Focus interventions on 10-14 year olds and their families
- Control communities-significantly more likely to initiate delinquent behavior between fifth and seventh grades than students in CTC communities.
- No Significant intervention condition effects on substance use initiation were observed (Hawkins et al., 2008)

PROSPER-Promoting School – Community – University Partnerships

- Intended to be a prevention system comprised of steps and tools-communities can use to select programs and design community-wide initiatives to enhance positive youth development
  (Spoth & Greenberg, 2011)
- Developed by Richard Spoth
- Core components are based on principles of collaboration and built on elements of prevention science
- Involves school and family
  (Jenson & Bender, 2014)

PROSPER-Promoting School – Community – University Partnerships

- Data collected annually from approximately 12,000 students in the sixth to ninth grade between 2002-2008
- Data assessing risk and protective factors for problem behaviors and self-reported substance use and antisocial behavior
- Findings indicated PROSPER had a positive effect on reducing risk, increasing protection, and preventing substance use and other problem behaviors (Redmond, Spoth, Shin, Schainker, Greenberg, & Feinberg, 2009; Spoth, Redmond, Clair, Shin, Greenberg, & Feinberg, 2011)

Reclaiming Futures (RF)

- Innovative, evidenced-based model
- Designed to enable young people who have substance abuse issues and are in the criminal justice system to become successful

  (Nissen & Merrigan, 2011)
- Created with the help of Robert Wood Johnson Foundation and brought together many coalitions and agencies
- Cited the need for a caring and culturally relevant community network where youth can find a positive sense of identity, opportunity, and meaningful connections
- To be successful in this context, youth need opportunities for education, leadership, positive engagement, meaningful service, and work-as well as the opportunity to fulfill their requirements to the court, including formal substance abuse treatment

  (Nissen, 2011)

Reclaiming Futures (RF)

- Implemented over ten sites in the United States
- Demonstrated effort to change the inter-organizational systems used to deliver substance abuse services for young offenders
- Conducted biannual surveys in each community
- Surveys tracked the quality of juvenile justice and substance abuse treatment systems
- Most indicators improved significantly
- Improvements were especially dramatic in the ratings for treatment effectiveness, the use of client information in support of treatment, the use of screening and assessment tools, and overall systems intergration

(Butts & Roman, 2007)

In Summary

- Various factors play a role with troubled youth – some include poverty, maltreatment, violence against themselves and people in their lives, poor parenting, lack of safety, and lack of supportive, loving adults
- Protective factors – play a vital role in the health of youth
- Nursing can identify and implement health-promoting activities, educate the public about mental health and preventive interventions, and with research, nurses should ensure that cost-effectiveness studies are included
- Research and programs have been developed to improve conditions – much more can be done

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