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Delinquents After Exile: A Review of Aftercare Programs

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The current review was interested in assessing the extent to which theoretical and empirical literature on juvenile aftercare programs were incorporated into practice. Common goals of two aftercare models discussed were the reduction of both juvenile recidivism and the costs associated with continued offending. Both models incorporate assertions from criminological theory (e.g., Strain, Social Control and Social Bonding) and pertinent knowledge from the literature (i.e., program objectives and the best practices for success). The literature review identified six programs that met inclusion criteria and one additional program that was similar to inclusion criteria. The latter program was included for comparison purposes. The primary method of evaluating the identified programs was the Scientific Methods Score, developed at the University of Maryland. Using only the Maryland Scale, these programs had to be placed into the "doesn't work" category. However, the qualitative components of several of the studies revealed plausible reasons for program failure that were not uncovered by the Maryland system. Recommendations for increasing implementation fidelity and for including assessment of the extent to which implementation fidelity are maintained in future efforts is offered.

Keywords: delinquents, juvenile aftercare programs, outcome evaluations, recidivism, rehabilitation

Adolescent years should be times of acquiring, mastering, and experimenting with the skills needed to conquer adulthood. American society expects that all teens learn to live independently, establish a career path, obtain and maintain an education or job, and begin to engage in healthy, meaningful social relationships and leisure activities (Unruh, Gau, & Waintrup, 2009). Evidence of success, in the transition from youth to young adult, is found when teenagers begin to make rational decisions and take the perspectives of others into account as they interact with the world (Berk, 2007). These skills are acquired as youth engage in increasingly complex daily life and compare their experiences to their anticipated outcomes. Included in these interactions are opportunities for youth to violate accepted social conventions.

If the above violations came to the attention of the juvenile court, the court would determine if the indiscretions were minor and could be corrected with minimal supervision. However, if there were more pressing concerns involved then placement of the offender into some rehabilitative or correctional facility would be considered. The ultimate goal of such facilities is to provide skills, competencies and knowledge the youth need to successfully navigate their way into adulthood so that they will not engage in further illegal activities. Annually, about 110,000 youth are sent to such out-of-home care (Unruh et al., 2009), with about the same number released every year (Abrams,

Shannon, & Sangalang, 2008). Consequently, approximately 523,000 youth in some form of taxpayer-funded intervention at any given moment (Montgomery, Donkoh, & Underhill, 2006). When this placement is in a juvenile correctional facility, rather than foster care or an independent living arrangement, the average cost is \$240.99 per day, accounting for about \$5.7 billion in annual funds to address delinquent youth in such institutions (Petteruti, Walsh, & Velazquez, 2009).

Traditionally, youth in the care of the juvenile corrections system were subjected to psychotherapeutic techniques, in an attempt to cure delinquency. These interventions have not proven successful (Spencer & Jones-Walker, 2004). Recidivism, or re-offending of youth, has averaged between 45% (Abrams et al., 2008) and 55% (Unruh et al., 2009) for youth completing placement programming and returning to their communities. Often, youth who commit new offenses are returned to some form of institutional setting, with new programming and added cost to taxpayers.

Thus, chronic juvenile re-offending has resulted in overcrowded institutions. Overcrowded facilities will tend to place more financial resources into the security of the institution rather than treatment of the offenders (Previte, 1997). Juveniles residing in overcrowded systems are more likely to be assaulted, both physically and sexually (Previte, 1997; Wordes & Jones, 1998). These conditions reduce the legitimacy of the facility, distract from the provision of treatment efforts, and increase the victimization of offenders (Kupchik & Snyder, 2009). The picture becomes clear, recidivistic youthful offenders are placed into institutions where assaults are common, intervention is lacking, and the focus is on external security

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instead of internal calm. Such a state of overcrowding then serves to reinforce the cycle of recidivism and its associated costs, including decreased public safety when victimized and untreated youths are returned to the street.

As a result, in 1987, the Office of Juvenile Justice Delinquency and Prevention (OJJDP) began to investigate strategies to reduce the need for re-commitment of recidivistic youth (Altschuler, Armstrong, & MacKenzie, 1999; Bouffard & Bergseth, 2008). Due to these efforts, juvenile aftercare received academic, legal, and practical attention. Primary among this attention was determining why placement was not working and what could be done to correct the situation.

Diagnosing the Problem

One of the most pervasive findings in the OJJDP investigation was that treatments provided within the juvenile corrections system were significantly less effective than those provided by outside agencies (Altschuler & Armstrong, 2002). It did not appear that youths were failing to make progress while institutionalized, but that the progress was not carried beyond the walls of confinement. In this regard, researchers suggested that these failures of in-system care were related to two important variables: the lack of attention to factors from the youths' communities¹ and a discontinuity of services between the placement and the community (Altschuler & Armstrong, 2002; Spencer & Jones-Walker, 2004). Failure to give attention to the youths' community characteristics when planning rehabilitative programming was seen to be detrimental because a majority of the youths returned to these environments, where their criminogenic behaviors had either initiated or were perpetuated (Spencer & Jones-Walker, 2004). Additionally, the variegation and discontinuity/disruption of services between the placement agency, probation department, and in-community programming created voids in or duplication of services to the youth (Altschuler & Armstrong, 2002): On the one hand, the youth did not receive needed services, on the other, the youth received the same or, more often, conflicting services by several agencies.²

Amid this information, OJJDP commissioned the development, implementation, and evaluation of the Intensive Aftercare Program (IAP), with the driving goal of improving the changes institutionalized youths made while in placement and sustaining these offenders once they were returned to their communities (Altschuler et al., 1999). Two specific aims of IAP were identified to improve the systemic response to delinquency addressing: the lack of preparation for return to the

¹While, initially, the incorporation of a youth's community characteristics into institutional programming may appear impossible in this country, it is being undertaken across the globe in cases of African child soldiers, with success (see Boothby, Crawford, & Halperin, 2006 for excellent details).

²This author has observed this many times in the system. From instances where youth would not receive needed services because one agency thought the other was providing the service, to conflicting therapeutic modalities and targets, to the outright refusal of agencies to provide information to the probation department—most notably for substance abuse test results (e.g. urine screens)—based on faulty interpretations of Health Information Privacy and Portability Act (HIPPA) regulations.

community and the lack of monitoring and reinforcement of lessons taught in the placements (Altschuler & Armstrong, 2002; Wiebush, Wagner, McNulty, Wang, & Le, 2005). These improvements were to occur in three general phases: a) pre-release institutional programming; b) structured transition services as the youth reenter their communities; and c) post-release community supports with decreasing contacts (Altschuler & Armstrong, 2002). The OJJDP model serves as the basis for most contemporary approaches to juvenile aftercare programming. OJJDP carefully chose this model, in part, because of its foundations on theory and extant knowledge.

Theoretical Building Blocks of Aftercare

There exists considerable evidence that programs built on theoretical foundations are more likely to find scientific support (Spencer & Jones-Walker, 2004). The aftercare programs found in American juvenile justice systems today follow either the OJJDP model or the Serious and Violent Offender Reentry Initiative (SVORI) model. The SVORI model was developed with collaboration between the U.S. Departments of Justice, Labor, Education, Housing and Urban Development, and Health and Human Services. Both models are based on several theoretical assertions. Before turning attention to these, it is important to note that building aftercare models necessarily incorporates two distinct sub-fields of criminological investigation: intervention research and community restraint research. This is largely due to the fact that aftercare programming must include aspects of both treatment and surveillance (Altschuler et al., 1999). As such, the theories of both of these sub-fields may be seen in contemporary aftercare design.³

Several authors (e.g., Altschuler & Armstrong, 2002; Gies, 2003; Wiebush et al., 2005) indicated that the OJJDP model incorporated aspects of Strain, Social Learning, and Social Control theories into its activities. To some extent, it is argued that the strain between aspirations and outcomes creates an opening for engaging in the initial criminal activity, as well as the return to delinquency after release from a program that ill-suited the offender to life on the streets (strain theory). Once in the juvenile institution, offenders are exposed to interventions thought to increase definitions favorable to acceptance of the law and to peers demonstrating appropriate behavior, both of which were believed to translate into new behaviors for offenders (social learning theory). These new behaviors are then observed and controlled in the community by probation officers, community agents, and parents (social control theory).

Built into the community restraints of aftercare programs are assertions from the Classical/neo-Classical schools (Gies, 2003), meaning that aftercare services should both deter and incapacitate youths from further deviance. Under deterrence theories, punishments for offending must be swift, certain and severe enough to outweigh the perceived benefits of crime (Paternoster, 1987, 2010; Ward, Stafford, & Gray, 2006). Under

³For brevity, only theories attributed to criminological authors, as applied to aftercare models, are reviewed herein. Readers unfamiliar with these are encouraged to seek additional information from any criminological theory text (but see especially Bernard, Snipes, & Gerould, 2010; Kubrin, Stucky, & Krohn, 2009; Shoemaker, 2005; Williams & McShane, 2004).

this paradigm, the conditions of aftercare supervision (e.g., unannounced probation visits, strict curfews, and community service work) will be developed so that youths see their experiences as detracting from the gains of their previous criminal activity. As these offenders work their way through the program, and earn less secure supervision, they will remember the unpleasant living arrangements they encountered and be specifically deterred (i.e., less desirable of returning to a life of crime). Meanwhile, both incarceration and increased supervision of youth through intensive probation measures (e.g., increased reporting frequency, random urine screens, electronic monitoring) arose directly from incapacitation arguments: Offenders have less of an opportunity to commit new offenses while under lock-and-key or intense formal scrutiny (Spohn, 2009).

According to Unruh et al. (2009), aftercare programs may create an opportunity to disrupt the delinquent behaviors of youth through service provision. These services offer the life-circumstance changes needed for youth to reach desired adult outcomes. Several developmental studies (e.g., Fagan & Piquero, 2007; Paternoster & Brame, 1997; Piquero, Farrington, Nagin, & Moffitt, 2010; Sampson & Laub, 1990; Simons, Wu, Conger, & Lorenz, 1994) have identified opportunities like social engagement (e.g., school and civic organizations), employment, and apprenticeships, and the subsequent bonds they create (e.g., intra-personal relationships), as instrumental in overcoming earlier childhood delinquency (Kumpfer & Summerhays, 2006; Laub & Sampson, 1988; Sampson & Laub, 1990; Unruh et al., 2009).

Incorporating any or all of these theoretical propositions into a workable aftercare model hinged on appropriately determining the targeted goals of aftercare programs, as well as suggesting the best methods to be employed in order to reach these goals. A review of the extant information has elucidated several best practices which are to be included in contemporary juvenile aftercare programs. Common to all are attention to the five "continuities" identified by Frederick (1999, as cited in Altschuler & Armstrong, 2002): a) control; b) range of services; c) service and program content; d) social environment; and e) attachment. Systemic failure to attend to these continuities has been noted as a reason that the successes achieved in rehabilitative programming are not replicated by the youth when he or she returns to the community. These are discussed next, in their relation to aftercare components.

From Theory to Best Practices

As noted above, the two most common models for juvenile aftercare programs, OJJDP's IAP and SVORI, both follow a three phase approach. These are the pre-release development of: vocational, educational, and social skills; structured transitional services designed to integrate institutional learning with community living; and support/surveillance contacts in the community (Bouffard & Bergseth, 2008). These three phases give attention to eliminating the discontinuities in services between placement and home by increasing collaboration between the agencies responsible for the supervision and treatment of each youth (Gies, 2003). It is important to under-

stand how this is to be accomplished before evaluating the programs located in the review.

Rather than a single pathway or set of variables leading to delinquency, aftercare designers start with the basic belief that there is a complex set of interactions between the offender's personal history, criminogenic factors, socio-environmental, and instability factors that lead to criminal behavior (Altschuler & Armstrong, 2002). Supporting this contention is evidence that violations of probation and criminal history alone do not predict recidivism well: Low-risk offenders, especially teens, react negatively to highly intrusive supervision strategies (Altschuler & Armstrong, 2002; Altschuler et al., 1999). In order for programs to be successful, research has shown that they must: a) give attention to the interactions of these characteristics and factors within offenders' daily lives; b) incorporate considerations for communities from where offenders came and to where they will return; c) be designed on research knowledge and implemented based on this design; d) have integrity of implementation (i.e., the activities and plans are fully implemented at the institution); e) be of the appropriate dosage; and f) be multi-modal in delivery (Altschuler et al., 1999; Spencer & Jones-Walker, 2004).

Furthermore, the more successful programs approach changes that are relevant to the daily lives and communities of the youth. These programs comprehensively target each youth's individual dynamic (changeable) and criminogenic characteristics via age and developmentally appropriate methods (Altschuler & Armstrong, 2002; Altschuler et al., 1999; Gies, 2003; Spencer & Jones-Walker, 2004; Wells, Minor, Angel, & Stearman, 2006). Such methods include the cognitive behavioral therapy, social learning, and behavioral management techniques (Altschuler et al., 1999; Spencer & Jones-Walker, 2004). These methods seek to develop or increase interpersonal skills, proactive coping skills, educational or vocational knowledge, employment opportunities, and a sense of self-efficacy (Altschuler & Armstrong, 2002; Gies, 2003; Spencer & Jones-Walker, 2004).

Moreover, when the aforementioned individual approaches are planned and implemented by a trained staff member or a therapist, carefully matched to the offender, who maintains frequent contact with the youth, even greater successes are found (Gies, 2003; Spencer & Jones-Walker, 2004). In these cases, the positive changes made in confinement are carried into the community and delinquent networks and behaviors are disrupted. Once back at home, youths' advocacy from the treatment staff or community overseers has been shown to help maintain these changes over time (Altschuler & Armstrong, 2002; Spencer & Jones-Walker, 2004). The extent to which this has actually reduced recidivism and discontinuities are examined next.

Evaluating Aftercare Success

A note on the scientific methods score. The assertion of Wells et al. (2006, p. 221) that "reentry and reintegration research with juveniles has shown mixed results, with some 'impressive results' for lowered recidivism" appears accurate. At the same time, "(r)esearch on juvenile aftercare has been plagued by a predominance of null findings for program effect,

as well as small sample sizes, implementation difficulties, and little consistency in program implementation and/or evaluation methodology across studies" (Bouffard & Bergseth, 2008, p. 297). Not only are these mixed results inconsistent, there are currently only a few studies which evaluate the outcomes of aftercare programs: The current review uncovered only seven such studies since the last comprehensive review available in literature (Altschuler et al., 1999). Developing a strategy for meta-analysis across these studies appeared to be more time-consuming than valuable; hence, the current review employs the Scientific Methods Scale (SMS) developed at the University of Maryland, as outlined in the revised edition of *Evidence-Based Crime Prevention* (Sherman, Farrington, Welsh, & MacKenzie, 2006).

Summarily, the SMS is a five-point rating system evaluating the scientific methods employed in quantitative studies of crime prevention programs. Firstly, a "1" notes that the study employed one-time correlations between an independent variable and the outcome. Secondly, a "2" indicates that pre- and post- intervention outcomes' measures were taken, with no control group. Thirdly, a "3" is assigned to studies where both a pre- and post- intervention measure occurs, with a control condition. Fourthly, a "4" would suggest that an evaluation utilized both multiple control and treatment areas and pre- and post- intervention measures. Lastly, a "5" is assigned to random controlled experiments of an outcome. According to Sherman et al. (2006), the evaluator can adjust these scores based on factors other than research design, should there be justification. For instance, if the evaluator has knowledge that the study's author is also the developer of the program being assessed and has been deeply involved in its implementation, an

evaluator could lower the ultimate SMS score from a "5" to a "4." When such adjustments are made herein, a discussion of reasoning is offered.

Finding aftercare program evaluations. The current paper sought to identify all outcomes' evaluations of juvenile aftercare programs in the United States since the last comprehensive study by Altschuler et al. (1999). Searches were performed for various combinations of the keywords "delinquency," "aftercare," "outcomes evaluation," "reentry," "reintegration," "juvenile," "community reintegration," and "social reintegration." The databases searched were Google Scholar, JSTOR, SAGE, NCJRS Abstract Library and EBSCOHOST⁴. This search identified more than 1,840 articles. In order to qualify for this review, an article had to be printed in the English language, be available in full text form, needed to include a quantitative analysis of outcome variables for at least one juvenile aftercare program, with the results able to be attributed to the aftercare program itself. There were six articles that met these criteria (see Table 1). One additional article (Wells et al., 2006) encompassed evaluations of both a boot camp and its aftercare component, but was kept in the evaluation for comparative and descriptive purposes.

⁴Databases searched under EBSCOHOST included Academic Search Complete, CINAHL, CINAHL with Full Text, Criminal Justice Abstracts, EconLit, Education Research Complete, ERIC, Legal Collection, MAS Ultra- School Edition, MEDLINE, MEDLINE with Full Text, MLA Directory of Periodicals, MLA International Bibliography, Philosopher's Index, Primary Search, Psychology and Behavioral Sciences, Religion and Philosophy Collection, SocINDEX with Full Text, Teacher Reference Center, The Serials Directory and the Sociological Collection.

Table 1.
Program Evaluation Summary

Author/Program	SMS Score & Sample	Description	Findings	Comments
Wells, Minor, Angel and Stearman (2006) CLEP	3 Treatment (n = 68) Matched Sample Control Group (n = 68)	Military style boot camp program with aftercare component. Aftercare component was four months and followed IAP model.	Significant difference for recommitment of control group, despite non-significant re-offending differences	Cannot separate aftercare effects from boot camp effects. Employed as a comparison program in this evaluation.
Trupin, Turner, Stewart and Woods (2004) Washington State JRA	2 Treatment group only (n = 44) Pre- and post testing of planned services.	Aftercare planning program for mentally ill juvenile offenders. Followed participants to first year post-release.	Receipt of post-release mental health and financial assistance and increased youth to staff contacts related to decreased recidivism.	
Wiebush, Wagner, McNulty, Wang and Le (2005) OJJDP's Model IAP Programs	5 Random assignment Site/Total/Treatment/Control CO/111/67/51 VA/97/63/34	OJJDP sanctioned evaluation of three remaining IAP model programs, funded by OJJDP.	VA and NV IAP more technical violations; IAP in CO more reincarceration; VA IAP less time to new offense	Inconsistent implementation of services, especially for community advocacy, across all sites
Abrams, Shannon and Sangalang (2008) Midwest TLP	2 reduced from 3 Treatment (n = 46, all male) Non-equivalent Control (n = 15 male and 22 female) One time-series control	TLP added as six-week aftercare component to an existing program to increase community planning and contact. Residential only.	(No p levels reported): TLP more recidivistic; TLP higher rates of felony convictions.	Qualitative component uncovered activities irrelevant to return living; low dosage; lack of post release community activity
Bouffard and Bergseth (2008) Midwest Reentry	3 Treatment (n = 63) Neighboring County Control Group (n = 49)	Built on IAP and SVORI models. TC's worked with youth in all county placements to plan and supervise reentry.	Tx group significantly less total court contacts, felony contacts and positive drug tests; significantly increased staff to youth contacts	
Unruh, Gau and Waintrup (2008) Project SUPPORT	2 reduced from 3 Treatment (n = 230) TRACS Control (n = 531)	Three-phase IAP model for special education or mental health disability identified youth. TS coordinated activities at all three phases.	Descriptive only: Tx group less recidivism at 12 months (15%) and 24 months (28%) versus control 12 months (33%) and 24 months (42%).	Low quality statistical analyses.
Lattimore and Visher (2009) SVORI Model Juvenile Programs	4 Random assignment and matched sample variations Four sites across four states, total n = 337 juveniles	Model SVORI programs.	15 months post-release, significant for non-SVORI housing independence; SVORI more likely employed with benefits	Three month reduced self reported substance use for SVORI group not sustained to nine and 15 months. Implementation issues.

Programs and their Outcomes

Kentucky cadet leadership education program (CLEP). Wells et al. (2006) evaluated the impact of a boot camp and its integral aftercare program, CLEP. This study earned a SMS score of "3" as it employed a matched control group of non-boot camp participants (n = 68) to compare results against the boot camp participants (n = 68) from the first seven cycles of CLEP. CLEP participants underwent a four-month treatment in a military style juvenile boot camp which included counseling and behavioral interventions. The aftercare component, also four months in length, consisted of many of the strategies recommended by both IAP and SVORI models. These focused on: "(a) preparing youth for freedom; (b) teaching youth to become involved in the community; (c) working with targeted community support systems; (d) developing new supports and resources; and (e) continually monitoring interaction between the youth and the surrounding community" (Wells et al., 2006, p. 223). Control group participants underwent traditional interventions in a Kentucky juvenile rehabilitation institution for equivalent time periods. The only significant difference found between boot campers and traditional offenders was increased re-commitment for traditional offenders over boot campers, despite non-significant differences in re-offending rates. The authors attributed this finding to the likelihood that juvenile justice practitioners were somewhat more willing to overlook the indiscretions of the more intensely treated boot campers; hence, practitioners were less likely to return boot camp participants to placement when new offenses were observed (see Table 1 for a summary of this program and the other programs discussed in the current review).

Washington juvenile rehabilitation administration (JRA). Trupin, Turner, Steward, and Woods (2004) evaluated the outcomes for mentally ill juvenile offenders in the Washington State's JRA. This evaluation received a SMS score of "2" as there were only pre- and post-intervention testing for the group of youth (n = 44). Inclusion criteria included that the youth had to have at least one DSM-IV diagnosis and had to be identified as an increased user of mental health services by juvenile authority. Aftercare programming included assessment of mental health functioning, the development of a community aftercare plan based on individual need and advocacy, and support in the community upon the offenders' return home.

Although mostly descriptive, assessments of success included: whether the youth received planned services in the community, whether receipt of services was related to pre-release identified need, and overall sample recidivism. Findings were that receipt of mental health services, receipt of financial assistance, and frequency of post-release discharge planning contacts were related to re-offending: Offenders who received post-release mental health and financial services were less likely to re-offend, as were those who received more contacts with staff in the community. Additionally, offenders identified prior to release with increased mental health needs were more likely to receive mental health and substance use services, as well as post-release discharge planning contacts.

The results of this study appear to support the contention that aftercare programs, which identify (pre-release) and pro-

vide or advocate community related services (post-release), are more successful in reducing recidivism. It is necessary to caution that this study employed a small sample (n = 44) which was inappropriate for its chosen statistical analysis, logistic regression. Also, it is important to note that the overall sample in this study re-offended (47.7%) within 12 months at about the same rate as the national average discussed earlier.

OJJDP IAP evaluation. Wiebush et al. (2005) reviewed three of the OJJDP funded model IAP sites across the country⁵. These were: Clark County, NV; Metropolitan Denver, CO; and Norfolk, VA. This evaluation received a SMS of "5" herein; as it employed random assignment to the IAP and control groups with initial appropriate sample sizes. It is important to note that each site suffered subsequent attrition and resultant loss of sample membership (final samples- site: Overall N/Treatment n/Control n- NV: 220/100/120; CO: 111/67/51; VA: 97/63/34). As this model is described in much detail above, only the five key features of the model programs are discussed here. Each of these programs was to implement strategies to ensure that offenders received a five step case management system: (1) assessment and classification; (2) individual case management planning; (3) intensive surveillance and community services; (4) incentives for positive behavior and graduated sanctions for violations; and (5) links to the external community and social resources. Institutional stays for all IAP groups averaged 6.7 months (NV), 10.3 months (CO), and 8.2 months (VA), while aftercare stays averaged 7 months (NV), 8.4 months (CO), and 5.8 months (VA). All control groups served equivalent time at their institutions and in their aftercare components. No significant within or between-group demographic differences were found in pre- or post test analyses.

Analyses between treatment and control groups at each site indicated significant differences for technical violation arrests for IAP groups in VA and NV, but only for re-conviction in VA. CO IAP members experienced significantly more re-incarceration than their control group comparisons and VA IAP members spent significantly less free time than controls until they were charged with a technical violation (Weibush et al., 2005). Regression analyses across all sites and all groups revealed no significant predictors of recidivism. At all sites, 80% to 85% of all participants were observed to re-offend within 12 months.

At the first view, these results seem to detract greatly from purported success of the IAP model. However, it is important to note that the implementation evaluation offered plausible explanations for these failures. Across sites, implementation of the full IAP model was inconsistent, especially in relation to community advocacy. According to the authors, each site suffered significant attrition that led to decreased statistical power and that Colorado's findings were confounded by the fact that state officials expanded aftercare services to the control group during the study period. Based on these concerns, the IAP model cannot be completely discounted.

⁵There were four sites to originally receive funding for these model programs. However, the fourth site, Essex and Camden Counties, NJ, experienced implementation and funding issues that ultimately resulted in its being discontinued.

Midwest transitional living program (TLP). Abrams et al. (2008) conducted a mixed methods evaluation of a TLP in the Midwest. This evaluation was concerned with the impact of participation in a TLP cottage on recidivism for dual status offenders (child-welfare youth and delinquent offenders) and employed techniques, which resulted in lowering a potential assignment of "3" to a SMS of "2." This was primarily due to the use of small, non-equivalent treatment (n = 46 males) and control (n = 15 male and 22 female) groups. For many of the comparisons, females were disregarded all-together. One additional comparison was made for the pre-TLP time period (calendar 2000), versus the first released TLP cohort (calendar 2003). The TLP was instituted into existing programming to complement the IAP design of the agency directing the program. The TLP consisted of an intense, six-week program focused on improving independent living skills, developing post-release plans, and increased time in the community searching for and engaging in employment or education programming-including transition time to the youths' homes on weekends. Pre-TLP treatment is heavily based on cognitive behavioral therapy (CBT) techniques and includes substance abuse programming, vocational education, and group processing.

Findings for this program are not encouraging. Males in the TLP were engaged in more recidivism than non-TLP males (48% vs. 27%). Further, TLP males suffered higher rates of felony convictions (20%) than did non-TLP males (7%). Overall, recidivism for the program for 2000 versus 2003 time periods was about equal (34% to 33%): TLP completion had no significant effect on predicting recidivism. Qualitative analysis of interviews, with staff and participants, pointed to issues with irrelevance of TLP activities and services to the daily lives of the youth, the limited treatment dosage, and lack of community surveillance/advocacy. These were considered likely causes for the dismal results.

Midwest reentry. Bouffard and Bergseth (2008) evaluated a program designed to increase the reentry services offered to one Midwestern county, based on the three phase model and five case management steps of SVORI and IAP. With pre- and post- testing of outcomes for the treatment group (n = 63) and a control group (non-equivalent, similar neighboring county, n = 49), this evaluation meets the criteria for a SMS of "3" Although this program followed the guidelines of both IAP and SVORI, it had a significant difference: All youth placed into any institution within the treatment county could be enrolled in the aftercare component, regardless of the pre-release institution to which they were incarcerated. This was possible because, rather than focus on one institution or program, the county serviced aftercare clients by hiring two Transitional Counselors (TCs) to work in conjunction with probation officers. These TCs began services with youth while they remained in the pre-release facilities.

Analysis of pre- and post- intervention data revealed that there were significantly more contacts between program youth and their probation officer and/or TC than neighboring county youth and significantly more parental contacts/total agency contacts between program youth than those in the neighboring county. Despite being tested about twice as much as traditional

probation clients, program youth incurred significantly fewer percentages of positive drug tests via urine screens (62.17% control vs. 34.27% treatment). There were also significantly fewer court contacts for any recidivism/criminal recidivism in treatment (0.48 average per youth) versus control (0.96 average per youth) groups. This program appears to have reduced both recidivism and substance use for treatment youth.

Project SUPPORT. Project SUPPORT was evaluated by Unruh et al. (2009) and is a program implemented by the Oregon Youth Authority to implement aftercare services for delinquent youth with special education or mental health disabilities. The evaluation received a SMS of "2," as it utilized a non-equivalent control group from the TRACS survey (n = 531) to contrast the treatment group (n = 230) measures against (original SMS = 3), but did not evaluate the differences between these groups on the important recidivism measure with any level of statistical significance. Project SUPPORT employed the IAP three-phase model to provide services to its youth, with a focus on enhancing: (1) self-determination skills; (2) job placement; (3) educational opportunities; (4) social skills; and (5) wrap-around service use. Services were coordinated via a Transition Specialist (TS) who worked to collaborate with the institutional and community resource, as well as the probation staff, in planning aftercare strategies for each youth.

Although descriptive, the results of this study revealed the Project SUPPORT group was 85% crime free at 12 months: At 24 months, the SUPPORT sample was reported to be 72% crime free. In comparison, the TRACS group was 67% crime free at 12 months and 58% remained so at 24 months. No other statistical tests for programmatic features were reported in this study. Although a rather weak design, this program seems to support the contention that inter-agency collaboration effectively attends to consistency in programming, by reducing discontinuity, in turn leading to decreased recidivism.

SVORI. The Serious and Violent Offender Reentry Initiative was an effort of the US Departments of Justice, Labor, Education, Housing and Urban Development, and Health and Human Services that funded 69 agencies for five years, beginning in 2003. These sites implemented the SVORI aftercare model for the offenders they served and were to have outcome evaluations completed as a condition of funding. Of all sites, four (Colorado, Florida, Kansas, and South Carolina) implemented services for male juvenile offenders. An Urban Institute report authored by Lattimore and Visher (2009) compared the results of offender interviews and documented outcomes across four waves: 30 days pre-release (n = 152 treatment vs. 185 control); and three (105/131), nine (108/131) and 15 (107/141) months post-release. Although some sites employed random selection into SVORI programs, most utilized a matched sample comparison group of similar offenders, many of whom had either agreed to SVORI programming or were otherwise eligible but not selected for these services. Therefore, the evaluations received a SMS score of "4." The SVORI model is discussed above, but summarily, it is closely akin to the IAP model in that it recommends a three-phase approach to meeting the five case management objectives for each youth under care of these programs.

Final analyses of the results for these four juvenile SVORI's revealed no significant differences in recidivism between SVORI and non-SVORI groups across the programs, where the overall self-reported rate was 63% at 15 months post-release. Three differences were found between the groups, all significant at the $p < .05$ level: a) at 15 months, post release, non-SVORI offenders were more likely to be living independently ($M = 0.51$ vs. SVORI $M = 0.37$); b) at 15 months, post release, SVORI offenders were more likely to be employed in jobs with benefits ($M = 0.53$ vs. non-SVORI $M = 0.40$); and c) at three months, post release, SVORI offenders were more likely to report being free from substance use for the past 30 days ($M = 0.62$ vs. non-SVORI $M = 0.48$). Table 2 shows the recidivism outcome measures; all the measures were non-significant. Based on these findings, it appears that SVORI models are not successful in reducing overall recidivism.

Table 2.
Results of One-Way ANOVA's

Outcome Measure	Mean	
	SVORI	Non SVORI
Perpetrate violence	.57	.55
Supervision compliance	.66	.77
Absence criminal behavior	.37	.38
Absence criminal behavior	.62	.57
Not incarcerated	.73	.80

Note: Adapted from Lattimore and Visser (2009).

However, upon reviewing the service receipt data, a plausible explanation for the lack of SVORI programs to meet recidivism reduction expectations arose. The results suggested that both SVORI and non-SVORI groups received less services than indicated by pre-release need. The authors noted that "SVORI programs achieved only modest increases in providing a wide range of pre-release services and programs" (Lattimore & Visser, 2009, p. 61). Similar to the results found in the IAP analysis, it appears that implementation integrity likely reduced the effectiveness of these research-based programs.

Conclusion

The current review was interested in assessing the extent to which knowledge from theoretical and empirical literature on juvenile aftercare programs was incorporated into practice. The literature review found that, beginning in 1987, OJJDP sought to model intensive aftercare programs (IAP) based on three phases of services; pre-release planning, structured transition services, and post-release community support and surveillance. In 2003, a collective of federal agencies collaborated to implement the SVORI model for adults and juveniles, with many of the same features of the IAP programs. A common goal of both models was to reduce juvenile recidivism and the costs associated with continued offending. Both SVORI and IAP models incorporated assertions from criminological theory (e.g., Strain, Social Control and Social Bonding) and pertinent

knowledge from the literature (i.e., program objectives and the best practices for success).

Reviews of programs implemented prior to 1999 have been conducted in the past, most notably by Altschuler et al. (1999). Therefore, the current review sought programs initiated after this time or not covered in the previous reports. The literature search discovered six programs that met inclusion criteria and one additional program that was similar to inclusion criteria: This latter program was included for comparison purposes. The primary method of evaluating the identified programs was the Scientific Methods Score created at the University of Maryland.

Three studies met the criteria of the SMS scale to be considered for success or failure of the programs, meaning that they achieved scores of "3" or higher. Of these, only one study (Bouffard & Bergseth, 2008) revealed long term results favorable to the aftercare groups. The remaining studies indicated either no significant differences or differences in re-offense favorable to the control groups. Under SMS guidelines, it must be deduced that juvenile aftercare programs do not work, as two studies of SMS 3 or greater indicated failure to find significant favorable outcomes for the treatment group.

The story, however, is not over. Several of the studies revealed that implementation of the integrity and the dosage were problematic in their programs (Abrams et al., 2008; Lattimore & Visser, 2009; Wiebush et al., 2005). It is interesting that the failure of program administrators to fully implement the programs' objectives continued, as this was an identified concern at the outset of the development of both the IAP and SVORI models (Altschuler & Armstrong, 2002; Gies, 2003). It appears that despite continued and focused efforts to ensure that aftercare efforts are designed according to the best available theoretical and research guidance, once the funding changes hands from the source to practitioner, integrity fails. Future implementation strategies should include the assignment and presence of a fidelity overseer, whose function would be to ensure that implementation of the program matches the research-based design.

It is also of interest to note that, without the qualitative efforts of the original evaluators, this knowledge of failed integrity would be missing. Efforts to reduce program evaluation to simple, parse rating systems are no doubt beneficial for quick comparison and categorization of study results for academicians and policymakers who fear interaction with offenders, practitioners or primary research. At the same time, relying solely on such ratings cannot be permitted. Without thorough review and understanding of the intricacies of the programs being evaluated-from design, through implementation and to outcomes-fair and full assessment of success or failure cannot be made. Supporting or allowing flawed endeavors, undoubtedly, will lead criminologists and policy-analysts to discounting good ideas that could be revised into workable programs and to support for poor and potentially detrimental practices. Future evaluation should include both process (mixed or qualitative design) and outcomes (quantitative) measures as standard means for analysis and interpretation of success. By giving equal attention to these areas, true evidence-based design (and revisions!) may be better assured.

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