

Incorporating the Strengths Perspective into Intensive Juvenile Aftercare¹

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Abstract. *In the United States, juvenile and criminal justice programming has historically struggled with a shifting balance between the goals of public safety protection and punishment, on the one hand, and offender rehabilitation on the other. The “balanced approach,” developed by Maloney, Romig and Armstrong in the 1980s, has helped policymakers articulate and attempt to reach a rational middle ground in juvenile justice. Advances in assessment practices and the emergence of evidence-based interventions in recent years have further aided these attempts. However, programming is still dominated by concerns for managing offender risks and needs, relegating the offender to a largely passive role. Recidivism remains high, even with the application of more intensive aftercare, such as the Intensive Aftercare Program (IAP) model of Altschuler and Armstrong. This paper advocates that juvenile justice programming be informed by what Maruna and LeBel have called a “strengths narrative,” and describes the current attempt by the Boys & Girls Clubs of America to merge its traditional, strengths-based youth development focus with intensive juvenile aftercare programming in several sites. The incorporation of a strengths perspective has the potential to engage youth in actively adopting pro-social roles in their communities, thus reducing the likelihood of recidivism.*

Keywords: juvenile justice; aftercare; offender reentry; strengths perspective

Introduction

According to recent estimates, each year about 100,000 juvenile offenders are released from secure correctional placements in the United States; including juvenile facilities, jails, and adult prisons (Snyder, 2004). Recent studies have found recidivism rates of youths released from juvenile correctional facilities to be 55% or more (Krisberg, Austin, & Steele, 1991; Krisberg & Howell, 1998), and recidivism for youths transferred to the adult system and released from adult prisons is at least as high, if not higher (Bishop, Frazier, Lanza-Kaduce, & Winner 1996; Fagan, 1995; Winner, Lanza-Kaduce, Bishop, & Frazier, 1997). Yet, aftercare or reentry programming remains an under-developed component of most state and local juvenile justice systems (Hsia & Beyer, 2000; Mears & Travis, 2004).

Since the 1980s, David Altschuler and Troy Armstrong have painstakingly developed the Intensive Aftercare Program (IAP) model in an attempt to address this gap (Altschuler & Armstrong, 1991; 1994a; 1994b; 2001; Altschuler, Armstrong, & MacKenzie, 1999). The IAP model, discussed in greater detail below, has been piloted in several states and, more recently, has been adapted by the Boys & Girls Clubs of America for implementation in 14 state or county sites. While the IAP model is the most comprehensively developed, theoretically grounded, and promising approach to juvenile reentry in the United

States, as yet there is little empirical evidence of its effectiveness (Wiebush et al. 2005).

This article begins by placing the IAP model in the historical context of United States juvenile justice policy, a history characterized by largely unsuccessful attempts to pursue the contradictory goals of punishment and rehabilitation. The second section describes the major challenges faced by youths returning from confinement and how the IAP model addresses those challenges. It is then argued that, despite its conceptual and practical merits, the IAP model still appears to embrace a mechanistic, medical-model approach to intervention. The paper concludes with a discussion of strengths-based wraparound services and the possibility that juvenile reentry programming may be enhanced by a more explicit incorporation of the strengths perspective.

Evolution of United States Juvenile Justice Policy

In the century since the founding of the juvenile court in the United States, juvenile justice policies have evolved amid the dialectic between the goals of punishment and rehabilitation of young offenders. Bernard (1992) has captured this fluctuating history well, describing the “cycle of juvenile justice” as beginning with the observation that delinquency is serious and escalating, blaming the problem on the current tenor of policies (either “get tough” or “lenient”), advocating “reforms”

moving to the other pole, discovering that the problem remains unsolved, blaming the then current tenor of policies, switching to the other pole again, and so on.

Juvenile courts were meant to function “in the best interests of the child,” and early juvenile correctional programs were supposed to be treatment programs rather than prisons. As delinquency and recidivism concerns remained high, however, juvenile court and juvenile correctional practices became tougher, and the court’s discretion, intended to reduce the punitiveness of the adult courts, became suspect, since juveniles lacked many due process protections. A series of Supreme Court challenges gradually brought many (but not all) of those due process protections into the juvenile court by the latter part of the 20th Century (Bernard, 1992; Snyder & Sickmund, 1999). However, the increasing formality of the juvenile court system rendered it more like the adult system and perhaps paved the way for policies such as “three strikes,” mandatory sentence lengths for some offenses, and the increasing use of transfer to the adult system via judicial waiver, prosecutorial direct file, or statutory exclusion.

In the 1980s, Maloney, Romig and Armstrong (1988) provided a major advance in conceptualizing juvenile justice goals by articulating the “balanced approach” to probation. According to this approach, juvenile justice policymakers must consciously balance concern for three system goals: public safety protection, accountability (of the juvenile and the system), and competency development. In other words, every decision point in the system must take all three goals into account. Several states subsequently adopted the balanced approach in their juvenile codes or agency mission statements.

The balanced approach’s conceptualization of the juvenile justice system’s goals in this way provided a possibility for reconciling the punishment-rehabilitation dialectic by deconstructing punishment into a more sophisticated combination of public safety protection, on the one hand, and holding offenders accountable for their actions, on the other. Accountability can be achieved in ways other than punishment, as further elaborated by advocates of restorative justice (e.g., Bazemore & Terry, 1997; Bazemore & Umbreit, 1995). Restorative justice replaces the traditional retributive paradigm of juvenile (and criminal) justice, in which crimes are viewed as committed against society (the state), with a new paradigm, in which crimes are viewed as upsetting the balance of rights and obligations among members of the community. Restorative justice is achieved when victims and offenders reach a mediated restoration of that balance. In restorative justice, the offender’s accountability is directly tied to compensating or restoring losses or damages to victims.

While the restorative justice paradigm has not been adopted fully in most places, several restorative justice practices have emerged, such as family group conferences (McGarrell, Olivares, Crawford, & Kroovand, 2000) and teen courts (Butts, Buck, & Coggeshall, 2002). These programs usually target first-time or minor offenders.

The replacement of “rehabilitation” with “competency development” in both the balanced approach and the restorative justice paradigm also provides a more comprehensive view of addressing the developmental needs of juvenile offenders. The notion of rehabilitation simply suggests that something has gone wrong within the individual, enabling the delinquency to occur, and that intervention should simply address that problem. The concept of competency development summons the full range of influences identified in theories of adolescent development. Thus, juvenile justice interventions should be cognizant of the continuing developmental needs that all adolescents experience, including those under their supervision. As discussed later in this paper, the notion of competency development requires a more holistic and ecological view of interventions, going beyond the traditional medical model of “diagnosis” and “repair” of individual deficits.

Despite historical shifts in juvenile justice policy emphasis, and the recent conceptual advances mentioned above, the juvenile justice system in the United States has continued to rely upon secure, residential placements, both pre-adjudication (detention) and post-adjudication (training schools and private secure residential facilities). A number of studies have provided evidence that secure residential facilities are beset with problems. Such facilities are often overused, housing many youths who are not serious and/or chronic offenders (Snyder & Sickmund, 1999). Many facilities are overcrowded (Sickmund, 2002) and/or unsafe (Lerner, 1986; Parent, Leiter, Kennedy, Levins, Wentworth, & Wilcox, 1994). In many facilities, youths receive neither developmentally appropriate experiences nor services designed to meet their special educational or mental health needs, and may be exposed to violence and trauma that render them even more troubled upon exit (Steinberg, Chung, & Little, 2004). The bottom line is that juvenile correctional institutions are relatively ineffective—that is, gains made while incarcerated, if any, vanish upon youths’ return to the community (Deschenes & Greenwood, 1998; Whitaker & Pecora, 1984). Recidivism outcomes are often no better than would be found in less restrictive, community-based settings (Lispsey, 1992; Loeber & Farrington, 1998). Although juvenile crime rates have declined in recent years, the use of institutions continues

to expand, and incidence of associated problems remains troubling (Cannon, 2004).

Challenges of Juvenile Reentry

As noted in the introduction, offender reentry has become a serious public policy issue for the juvenile justice system in the United States. Our communities are not organized to facilitate effective transitions from prisoner to productive member of society for either children or adults, and the number of obstacles to successful reentry is high. Most of the obstacles to effective reentry are factors that contributed to involvement in crime in the first place, and for which the offenders may not be receiving treatment while incarcerated. In the case of juveniles, the obstacles are multiplied by the developmental challenges of adolescence itself.

While their relative salience may change from early adolescence through early adulthood, the major domains of life for any adolescent include physical and mental health, family relationships, peer relationships, education, occupational readiness, and leisure/recreation. Risk and protective factors that influence the trajectory of developmental outcomes may be found in any and all of these domains (for recent reviews summarizing the research regarding risk and protective factors for delinquency and violence in particular, see Fraser, Kirby and Smokowski (2004), Hawkins, Herrenkohl, Farrington, Brewer, Catalano, Harachi and Cothorn (2000), Howell (2003), Lipsey and Derzon (1998), and the Office of the Surgeon General (2001). For youths returning from correctional confinement, their involvement in the juvenile justice system is evidence that the balance of these risk and protective factors has already been tilted in the unfavorable direction. One way to view the tasks of reentry is to think of them as attempting to strengthen protective factors and reduce risk factors, at least those that are malleable.

A major impediment to effective reentry is the difficulty that offenders face in obtaining employment (Holzer, 1996; Maruna, 2001). Many offenders lack the education and skills for most jobs and have poor work records and inadequate work attitudes and habits. The relationship between unemployment and criminality has been empirically demonstrated—people are less likely to commit crimes when they are gainfully employed (Maruna, 2001; Sampson & Laub, 1993). Within the past 15 years, some successful approaches have emerged for helping ex-offenders locate and maintain satisfying employment (Travis, Solomon, & Waul, 2001). Sustaining employment is associated with lower levels of recidivism

(Finn, 1998).

Similarly, and particularly for juvenile offenders, difficulty in accessing educational programming is another obstacle to effective reentry. The completion of a high school diploma is essentially a minimum requirement for satisfying employment that will allow a person to support a family. Many offenders function well below their age-appropriate grade level in school, with a significant number of offenders being functionally illiterate (Harlow, 2003). A number of hurdles confront youths attempting to reintegrate into regular schools. First, school officials may be reluctant to accept them back at all. Even if they are allowed back in a regular school, the school may have been one of the precipitating factors for or location of their prior delinquency, and the prospects of success are slim. Finally, youths may return to the community in the middle of an academic term, making the transition to regular schools especially difficult for them, their teachers, and classmates.

Another obstacle to effective reentry concerns the physical and mental health of the offender (Travis et al., 2001). The prevalence of serious infectious diseases and major mental illnesses is higher among prisoners than in the general population. These health issues can often shape the reentry experiences of ex-offenders. Recent studies document the high level of psychiatric disorders among youths in juvenile correctional facilities, finding that two-thirds or more of the youths had one or more diagnosable mental illness and/or an indication of substance abuse (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002; Wasserman, Ko, & McReynolds, 2004). Other studies suggest that large proportions of youths with mental illness in juvenile correctional settings do not receive mental health services (Policy Design Team, 1994; Pumariega, Atkins, Rogers, Montgomery, Nybro, Caesar, & Millus, 1999). Mental health issues must be effectively addressed if the offender is expected to participate in the labor market, maintain stable living arrangements, and refrain from substance abuse and criminal activity. Travis et al. (2001) provide a discussion of effective approaches to the treatment of mental health issues during the reentry phase. Specialized, intensive programs with small caseloads that involve psychologists appear to show the most promise.

A significant obstacle to effective reentry is substance abuse. Studies have placed the prevalence rate for substance abuse among incarcerated juveniles at about 50 percent (Teplin et al., 2002; Wasserman et al., 2004). The use of drugs and alcohol may be a significant factor in the criminal activity of many offenders, as a recent study found that 46% of female and 60% of male

juvenile arrestees tested positive for illegal substances, mostly marijuana (National Institute of Justice, 2004). Many offenders do not receive treatment for substance abuse while incarcerated, despite having been classified as needing such treatment (Lipton, 1995). A 1997 survey of juvenile correctional facilities revealed that only about one-third offered substance abuse treatment (SAMHSA, 2000). Yet, even if youths have had substance abuse treatment while incarcerated, the dramatic decrease in the level of structure in place after their release increases the likelihood that offenders will struggle with substance abuse during the reentry phase (Gaes, Flanagan, Motiuk, & Stewart, 1999). Research on drug courts has shown that juvenile offenders will often wait long periods before they are able to begin community-based treatment programs (Cooper, 2001).

From the literature, we know there are some ways to reduce the likelihood that offenders will return to using drugs and alcohol after their release (Gaes et al., 1999; Lipton, 1995; Travis et al., 2001). It is critical that the offender receive substance abuse treatment while incarcerated. Having participated in treatment in prison has been found to reduce the likelihood of substance abuse after release while it also reduces recidivism (Lipton, 1995). Gaes et al. (1999) identifies Reasoning and Rehabilitation (Ross & Fabiano, 1991) as one particularly effective treatment. It is also important that treatment be provided in the community reentry phase (Inciardi, 1996; Travis et al., 2001). Access to treatment prior to release and again after release is associated with even stronger reductions in recidivism – as much as 60% (Inciardi, 1996; Lipton, 1995).

All youths returning from incarceration potentially face challenges in the areas discussed above, and reentry programs should be poised to address them as needed (Altschuler & Brash, 2004). However, ethnographic studies reveal considerable variation in the experience of reentry among youths (Sullivan, 2004; Todis, Bullis, Waintrup, Schultz, & Ambrosio, 2001; Ungar, 2001). The nature and norms of the communities and families to which youths return play a major role, either in fostering continued delinquency or in enhancing reintegration by buffering the risks. There is a sense that informal community supports are at least as important, if not more so, than formal service providers (Sullivan, 2004).

An Individualized, Risk/Needs Approach to Juvenile Aftercare

The Intensive Aftercare Program (IAP) model (Altschuler & Armstrong, 1991; 1994a; 1994b) was the

first to acknowledge that effective aftercare planning must begin from the moment a youth enters a correctional facility. Both the youth and the community need preparation for the youth's return, and both should be actively engaged in the process from the beginning. The IAP model has the following key components:

1. Case management services are used to develop and monitor case plans and coordinate services in the community.
2. A network of community services is developed to support youths released from institutions.
3. Services are "backed in" to the residential facility. That is, the case manager meets with the youth, conducts assessments, develops release plans, and arranges for relevant community-based service providers to visit the youth in the facility prior to release.
4. A step-down process is used, in which youths move first into a transition phase, gradually experiencing more community interaction during the last weeks of incarceration, then to closely supervised release, and finally the intensity of supervision is decreased.
5. A system of graduated sanctions is developed to help control the youth's behavior during aftercare. (Altschuler & Armstrong, 1994a; 1994b).

Key stakeholder partnerships in the IAP model include the staff at the juvenile correctional facilities, the parole agents, and those community support systems that will effectively target the needs of the juvenile offenders (Altschuler & Armstrong, 1994a, 1994b). The heart of the IAP model is continuous case management that spans three distinct phases: incarceration, structured transition (with both a pre-release and post-release sub-phase), and community reintegration. The case management component is responsible for ensuring that assessment of the youth takes place at the beginning of the incarceration phase. A master plan is then developed, reassessment of the plan takes place at regular intervals, information is effectively shared by all the service providers, and the involvement of all the significant parties (i.e., the juvenile offender, the family, service providers, school administrators, and so on) is monitored.

The case management component is team driven and involves iterative cycles of assessment, planning, program implementation, and adjustment as needed. The case management team, at a minimum, includes a case manager, the youth, one or more family members, representatives of the facility treatment staff (during incarceration), relevant community service providers (in

the transition and community phases), and the youth's parole or probation officer. The assessment process must be structured to identify the youth's individual criminogenic risks and needs, that is, those factors that evidence has shown predict recidivism. These risks and needs exist in the various life domains mentioned above. The transition plan is individualized and flows directly from the assessment.

Throughout, the plan and its implementation are intended to strike a balance between community restraint (e.g., surveillance) and needs-based services (Gies, 2003). In addition to identifying and brokering community services as indicated, the implementation plan must include graduated incentives and sanctions to encourage prosocial behavior and to respond to rule violations. As the youth moves through the three phases, the role of the juvenile justice system professionals gradually diminishes, replaced by an increasing involvement of formal and informal community supports.

The IAP model was implemented in demonstration sites in Colorado, Nevada, and Virginia. The National Council on Crime and Delinquency conducted an implementation and outcome evaluation using an experimental design in these three sites (Wiebush et al., 2005). The researchers concluded that IAP was exceedingly complex to implement, and that several issues warrant caution in interpreting their outcome findings. For example, Colorado greatly enhanced services to all youths, including the control group youths, Nevada experienced frequent IAP staff turnover and a limited community provider network, and Virginia's IAP program did not receive much support from the correctional institution. However, there was little evidence to support the effectiveness of IAP in any of the sites. On most measures of recidivism, there were no differences between the IAP and control cases. (Wiebush et al., 2005).

Strengths-Based and Wraparound Services

Since the mid-1990s, knowledge of risk and protective factors, as mentioned briefly above, has found its way into mainstream juvenile justice policy discussions, heavily promoted by the Office of Juvenile Justice and Delinquency Prevention in its "Comprehensive Strategy" (Howell, 1995; Wilson & Howell, 1993). As a result, it has become increasingly common for state and local jurisdictions to incorporate risk assessments in various stages of the juvenile justice system. Sometimes these are accompanied by needs assessments as well. These policies are intended to classify youths more objectively

and inform treatment plans accordingly. The IAP model incorporates this paradigm into its individualized assessment and planning process well.

Although the risk and protective factor perspective is a great improvement over "one size fits all" programming for juvenile offenders, it is still grounded in a deficit model (or medical model) perspective and limited by its mechanistic, positivistic assumptions about predictive models. There are limits to the extent that knowledge of risk and protective profiles can predict long-term developmental outcomes. The predictive power of even the most powerful risk factors is moderate at best (Hawkins et al., 2000; Office of the Surgeon General, 2001). Predictive models thus have considerable "error variance," that is, much of the observed variation in behavior is not directly linked to the causal factors identified in the models. Error variance may be due to several technical issues, such as imprecision of measures, and also to an incomplete "specification" of predictors, that is, to other variables that the researcher's model did not include.

More complete specification and the inclusion of additional, perhaps as yet unknown, causal factors might result in models with more accurate predictive power (i.e., less error variance). Factors such as chance, personal agency, and individuals' interpretation of the immediate context play major roles in eliciting behavior. These kinds of factors are typically ignored in quantitative research, and may never be captured by mechanistic predictive models. As Lösel and Bender (2003) note: "... errors in prediction of antisociality in childhood and adolescence should not just be viewed as a technical deficit. They are also indicators of general phenomena of multifinality and equifinality in development" (p. 131). Different individuals may interpret the same set of risk and protective factors differently, and other contextual events may provide radically different interpretive frameworks. Evidence from longitudinal studies suggests that turning points, such as military service and, especially, marriage can positively alter developmental trajectories despite prior high risk profiles (Laub & Sampson, 2003; Werner & Smith, 2001). Presumably, such turning points provide individuals with a new organizing framework for interpreting their world.

The strengths perspective (C. Rapp, 1998; Saleebey, 2002) stands in sharp contrast to deficit-based, or medical-model approach to human services practice. Key principles of the strengths perspective include recognizing that "every individual, group, family and community has strengths," that practitioners "best serve clients by collaborating with them," and that "every environment is full of resources" (Saleebey, 2002, pp. 14-16). Rather

Table 1. Comparison of Traditional and Strengths-Based Service Models

	Traditional service model	Strengths-based service model
Focus	Deficits; problems	Strengths; assets
Assessment	Risk; needs; diagnosis	Strengths discovery
Intervention	Treatment by professionals	Collaborative planning and implementation
Client role	Passive	Active; empowering
Context	Isolate client – office-based or institutional	Inclusion; mainstreaming; community-based
Goal	Symptom amelioration	Optimal developmental functioning

than base service plans on diagnostic assessments of client deficits or needs, strengths-based practice builds upon an assessment process that seeks to discover strengths and engage clients in collaborative planning (Cowger & Snively, 2002, C. Rapp, 1998). According to R. Rapp (2002), “a strengths-based assessment provide[s] clients with the opportunity to examine their personal abilities and the role those abilities can play in solving problems” (p. 127). Table 1 summarizes some of the key differences between the traditional, deficit-based service model and the strengths perspective.

A fundamental assumption of strengths-based practice is that people are more likely to change when they are fully engaged as partners in the process of identifying goals and strategies for their attainment, rather than when they are the objects of change efforts initiated by others. John Franz (1999) states it well:

Helping interactions, even when they are driven by a forced intervention, are by their nature reciprocal. Even when power is not evenly balanced between the participants, few people will be changed against their will. Containment and control can be imposed to some degree and inducements and entitlements may contribute some external motivation, but doing something for or to someone can never have the same impact as doing something with them. The question is one of engagement. And engagement among diverse parties seems to happen more frequently when they are able to recognize each other’s concerns, acknowledge each other’s strengths and find a common goal they are willing to work toward together. (p. 4.)

Maruna and LeBel (2003) note that correctional policies and practices, including reentry efforts, are typically derived from control narratives (risk-based) or support narratives (need-based), both of which focus on deficits within the offender or the offender’s life situation. Narratives are paradigms, sets of assumptions and implicit theories that guide policy and practice. Maruna and LeBel argue that control narratives are primary, and that support

narratives, a difficult political sell, are rarely, if ever, actualized. In reentry models, both control and support narratives assign a passive role to the ex-offender and almost no role to the community outside of correctional and human service agencies, missing the opportunities both to engage the offender in actively reconstructing his or her life and to engage the community in meaningfully accepting the returning ex-offender back. Maruna and LeBel advocate that reentry initiatives adopt a strengths narrative. From this perspective, one asks not simply what must be done to monitor and control the behavior of ex-offenders or to meet their needs, but what can ex-offenders do to make amends, contribute to the community and “earn” their way back.

Strengths-based wraparound services are becoming increasingly used in the mental health and child welfare arenas (Burchard, Bruns & Burchard, 2002). In the traditional service model, a service plan is developed by a professional from a specific human service system (e.g., mental health, special education, juvenile justice) based upon a diagnosis or an assessment of a “problem,” is similar for all persons who fit that problem category, and lasts for a specific period of time, often prescribed by insurance standards. In contrast, wraparound services are community-based, tailored uniquely to each individual youth and family, culturally competent, coordinated among agencies, flexible, built upon the strengths discovered in each youth and family, and based on an unconditional commitment to provide services (Goldman, 1999; VanDenBerg & Grealish, 1996). Importantly, a team consisting of both formal and informal support persons, uniquely identified for and with each youth and family, works with the family to plan and implement services. Wraparound services resemble case management in some ways, but more explicitly involve the client in developing the case plan. “Care coordination,” connoting a more egalitarian partnership, would be a better term than case management, which implies “doing to or for” someone. Although developed initially by mental health systems, wraparound in practice has often involved the juvenile justice system as well (Franz, 1994; 2001; Northey,

Primer & Christensen, 1997). Wraparound programs, such as the Dawn Project (Indiana Behavioral Choices, Inc., 2001) and Wraparound Milwaukee (Kamradt, 2000), report promising results in terms of reduced residential placements and lowered recidivism.

Incorporating the Strengths Perspective into IAP

Strengths-based practice has rarely been applied in criminal or juvenile justice settings, but is increasingly being seen as potentially relevant (Franz, 1994; 2001; Northey, Primer, & Christensen, 1997; Maruna & LeBel, 2003; Van Wormer, 1999; 2001; Wilson & Anderson, 1997). Applied to juvenile reentry programming, a strengths-based, wraparound service model would include the following:

- A formal collaboration would be established among relevant juvenile justice and community agencies to support comprehensive juvenile reentry programming.
- A community-based entity, preferably not a formal component of the juvenile justice system (such as probation or parole) would assume care coordination responsibility from the beginning of a youth's involvement with the system. This would continue through placement, transition, and aftercare.
- Working with the youth and family, the care coordinator would identify an initial transition team including representatives of the relevant juvenile justice agencies, relevant service providers in the community, and non-professionals in the community who could provide support to the youth and family.
- The team would create a family vision for successful navigation of the juvenile justice system and positive community reintegration.
- The plan to achieve that vision would be built upon strengths of the youth, family and community, as well as a consideration of risks and needs relative to the various life domains, and an identification of the necessary resources to be accessed. Any specific treatment plans required by specific agencies (e.g., probation, a correctional placement, parole, a mental health agency, etc.) would become part of the master plan. Presumably, the presence of representatives of those agencies on the transition team would help with the coordination of these plans.
- The team would convene regularly to assess implementation progress, with adjustments to the plan and team composition made as needed.

This strengths-based planning process can incorporate

the more conventional processes of other organizations. That is, while the transition team's strengths-based plan can act as a master plan, team members must acknowledge the requirements of other agencies, including correctional agencies. In aftercare programming, for example, there are legal requirements for post-release parole or probation (e.g., curfews, drug screens, community service, reporting, etc.) that must be met. In an ideal arrangement, the parole or probation officer would have been a member of the youth's transition team all along, and these requirements could be folded into the master transition plan.

The IAP model would appear to be just a few short steps away from incorporating a strengths-based, wraparound service approach. It already includes several key elements, such as the structural collaboration between juvenile justice and community agencies, a team approach, continuous case management, an emphasis on family involvement, attention to relevant life domains of adolescents, and individualized assessment. The final steps would be:

- Train case managers thoroughly in the strengths perspective;
- Incorporate a strengths discovery perspective into the assessment process in addition to the focus on criminogenic risks and needs;
- The transition team would identify and include as members more non-professional, community support persons; and
- Transition planning would build more explicitly on the strengths of youths, families, and their communities.

Boys and Girls Clubs of America: TARGETED RE-ENTRY Initiative

Derived from the IAP model, the current "TARGETED RE-ENTRY" (TR) initiative of the Boys and Girls Clubs of America may provide an opportunity to take those steps. The TR approach blends the IAP model with the BGCA's cultural emphasis on promoting positive youth development. BGCA has long embraced a simple, yet profound, conceptualization of positive youth development – that opportunities and supports for youths should promote "competence, usefulness, belonging, and influence" (Boys & Girls Clubs of America, 2004). BGCA develops its programming to capitalize on youths' interests to deliver developmentally appropriate, needs-based support. Although not the explicit foundation for the BGCA conceptualization, the theoretical and empirical basis of the social development model (Catalano

& Hawkins, 1996) is consistent with both these positive youth development principles and the IAP model.

For several years, BGCA has been engaged in several programs targeting young people at risk for or engaged in delinquency and gang activities. These include a Delinquency Prevention Initiative (DPI), Gang Prevention Through Targeted Outreach (GPTTO), Gang Intervention Through Targeted Outreach (GITTO), and, most recently, TARGETED RE-ENTRY (TR). BGCA began piloting TR in 1998 in two counties, adding more sites until by 2002, nine sites had been identified, all county-based.

In 2003 and early 2004, with additional federal funding from the Office of Juvenile Justice and Delinquency Prevention for an evaluation, BGCA introduced TR into four sites, partnering with state juvenile correctional facilities:

- Mobile, Alabama with Mt. Meigs Juvenile Correctional Facility in Montgomery, Alabama.
- Anchorage, Alaska with the McLaughlin Youth Center, also in Anchorage.
- Benton, Little Rock, and North Little Rock, Arkansas with the Alexander Youth Center in Alexander, Arkansas.
- Milwaukee, Wisconsin with the Ethan Allen School in Wales, Wisconsin. This site was recruited with little advance notice as a replacement for New York, an originally selected site that withdrew in January 2004.

Common to all BGCA targeted outreach programs, including TR, are four components: 1) community mobilization; 2) recruitment; 3) mainstreaming/programming; and 4) case management. The TR approach builds closely upon the IAP model, with local Boys & Girls Clubs providing community leadership, case management functions, and close linkages with the correctional system. A key element in all four sites is the introduction of a Boys & Girls Club, providing recreational and other programming, inside the juvenile correctional facility. By introducing the youths to the Boys & Girls Clubs' philosophy and activities while they are incarcerated, providing (or participating in) the overarching case management prescribed by the IAP model, and connecting the youths to Boys & Girls Clubs back in the community as part of the reentry plan, TR staff hope to provide continuity and a positive youth development framework for more successful reentry.

BGCA has held a series of trainings, provided by Troy Armstrong and others, for correctional and community

agency collaborators in each of these sites regarding the essential components of the IAP model. The trainings covered such elements as overarching case management, transition team development, risk and needs assessment, transition planning, identifying community partners, surveillance/service mix, and graduated sanctions, etc. Among the trainings was one covering strengths-based assessment and planning, conducted by an administrator of the Dawn Project, one of the best established wraparound service programs in the United States (Indiana Behavioral Choices, Inc., 2001).

A multi-year evaluation of TR is underway, including both process and outcome evaluation components. The study's goals are to document the development of these programs in these sites, monitor the fidelity of TR model implementation, and assess the effectiveness of the programs in terms of recidivism reduction, pro-social youth outcomes, and benefits for the local juvenile justice systems.² In addition to monitoring the application of key IAP elements, the evaluation will examine the extent to which strengths-based assessment and planning are implemented. As these TR programs are still in their initial stages of implementation, it is too early for the evaluation to produce any outcome findings, yet it is clear from the first few months of the process evaluation that these programs face many challenges, as discussed briefly in the next section. For a more detailed description of the early implementation of TR, see Barton, Jarjoura and Rosay (2004).

Early TR Implementation Challenges

The BGCA culture is very different from that found in most juvenile correctional organizations, and the introduction of Boys & Girls Clubs in correctional facilities has been met with mixed initial reactions in many of the sites. On the one hand, the youths tend to view the Club activities as a privilege, and there are anecdotal reports that there have been some improvements in cottage behavior from youths who wish to retain eligibility to attend Club activities. On the other hand, some correctional facility line staff perceive the Club staff as naïve, and view the Clubs as interfering with routine facility operations. It will be interesting to learn how these staff interact in aftercare case management teams. Although there have been some attempts at cross training, there is still a major difference between the standard models of assessment and treatment in the facilities and in the TR model.

Attempting to overlay a strengths-based paradigm in this context presents additional hurdles. The introduction to strengths-based assessment and treatment planning

provided by the training was probably insufficient to impress upon staff the extent to which this approach requires a different way of thinking about interventions and the relative roles of professionals, non-professionals, and the youths and their families. Even after the training, there were requests from staff for a strengths assessment “tool,” along the lines of a traditional risk assessment instrument. The essence of strengths discovery is that it is a highly individualized and interactive process seeking a qualitative, in-depth understanding of the culture of the youths and their families, their experiences, hopes, dreams, challenges, etc. from their perspective. From this information, the case manager and other members of the transition team, including the youths and their families, negotiate a consensus around priorities for attention and the array of potential supports needed. This information cannot be captured by a pre-determined checklist or rating form. A recently developed “Youth Competency Assessment” tool (Mackin, Weller & Tarte, 2004), however, can help guide workers systematically through the strengths discovery process.

As with any innovation in policy or practice, there are a number of well known factors that can facilitate or hinder implementation (Sabatier & Mazmanian, 1981). Change requires both political “will” and a technical “way” (Barton, 1994). In the case of juvenile reentry programming, the political will is stronger than in the past, as evidenced by the increased national attention to reentry issues in general. For the TR initiative in particular, BGCA has obtained considerable financial resources to begin these programs in several sites, a further indication of will. The IAP model, combined with the BGCA culture and the strengths perspective elements discussed in this paper, presents a detailed blueprint, or technical way, to structure reentry services.

However, success or failure of this initiative resides in the details as implemented by staff at all organizational levels of the collaborating agencies. Relationships among collaborating partners established at the outset are vulnerable to change as organizations experience inevitable turnover. The day-to-day work of the line staff in the institutions as well as the case managers and other Club staff is vulnerable to pressures related to case processing and paperwork. Intensive case management or care coordination is hard work, requiring not only an immersion in the philosophy, policies, and procedures of a prescribed model, but also creativity and persistence in the face of roadblocks. Each site requires a champion, called a “fixer” by Bardach (1977), an individual or organization given credibility by all parties, who can monitor conditions and intervene effectively at any and

all levels as needed to keep the innovation on track. It remains to be seen if the TR sites have the necessary implementation tools in place, and, if they do, if they can be sustained long enough for the programs to take root. Despite the formidable implementation challenges of the TR programs, they provide a rare opportunity to incorporate key aspects of the strengths perspective into juvenile justice.

Conclusion

Juvenile justice policy in the United States has fluctuated historically between emphasizing punishment and rehabilitation of juvenile offenders. Neither emphasis has proved particularly effective. In recent decades, advocates for a more “balanced” approach (Maloney, Romig & Armstrong, 1988), sometimes involving principles of restorative justice (Bazemore & Terry, 1997), have made considerable progress in bringing greater rationality into the system. Yet the system continues to rely excessively on the use of secure facilities that consistently yield poor recidivism outcomes (Howell, 2003). Moreover, youths who have been incarcerated face a myriad of obstacles upon release to communities that are not prepared for their return.

The Intensive Aftercare Program model developed by Altschuler and Armstrong (1994a) is a promising approach that builds upon the balanced approach and recognizes that successful reentry requires continuous case management, beginning with assessment and transition planning during incarceration, partnerships with community service providers, carefully managed transition programming, and a gradual substitution of community control for correctional control upon release. The IAP model is rooted in a mechanistic, deficit-based approach to intervention, but contains several elements conducive to a more strengths-based approach. A strengths-based approach to services (Saleebey, 2002) may offer greater potential to engage youths and their families, and to connect them to natural supports in communities, thus making sustained reintegration more likely. This paper has argued that it would be a logical extension of IAP to incorporate principles of strengths-based, wraparound services, and the Boys & Girls Clubs of America’s current Targeted Re-Entry (TR) initiative may provide an opportunity for such an extension. To be successful, however, the TR programs will have to overcome not only the major challenges associated with any policy or practice innovation but also those of implementing a strengths perspective within a correctional culture that is not necessarily hospitable to that perspective.

Endnotes

1. An earlier version of this article was presented at the 4th Annual Conference of the European Society of Criminology, Amsterdam, The Netherlands, August 27, 2004. The author would like to thank Roger Jarjoura and the two anonymous reviewers for helpful comments on an earlier draft of this article.

2. The author, along with Roger Jarjoura, Indiana University School of Public and Environmental Affairs, and André Rosay, University of Alaska Anchorage, Justice Center, is conducting the multi-year evaluation of the Boys & Girls Clubs of America's TARGETED RE-ENTRY Initiative.

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