

**PROMISING AND  
MODEL CRIME PREVENTION PROGRAMS**

**National Crime Prevention Centre**

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*La présente publication est aussi disponible en français. Elle s'intitule : Programmes prometteurs et modèles pour prévenir la criminalité.*

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## INTRODUCTION

The National Crime Prevention Centre's (NCPC) mission is to provide national leadership on effective and cost-efficient ways to prevent and to reduce crime by addressing risk factors in high risk populations and places. It concentrates on two core activities: firstly, it supports targeted crime prevention practices, and secondly it builds and shares practical knowledge. For this purpose, crime prevention practices should be integrated with the activities of existing community programs and services, build on the knowledge of risk and protective factors, and use evidence-based practices. In addition, these practices should be measurable and focused on specific priorities<sup>1</sup>.

This document is part of an ongoing effort at the NCPC to promote and disseminate information and knowledge on effective crime prevention programs, strategies and initiatives.

This information is not intended to dictate what *must* be done nor is it intended to instruct organizations to replicate the models listed below. It is primarily meant to be a source of inspiration for all those concerned with reducing delinquency, violence, and insecurity. It includes concise descriptions of innovative, promising and model prevention programs. It illustrates how to create successful prevention programs in an effective and sustainable manner with key actors and helps to understand how successful crime prevention can be implemented.

This document is based on findings from crime prevention literature reviews which identify model and promising crime prevention programs. It is not intended to replace, but rather to accompany and complement, existing program resources. This document relies, in large part, on reviews of the evidence provided in comprehensive, high-quality evaluations of crime prevention programs and initiatives from Canada and from other countries. Although not all of the primary sources cited in these and other texts are mentioned in this document, it is strongly encouraged to further consult other relevant resources.

This document has been developed in the first place for use by NCPC Program Officers and community groups applying for federal crime prevention funding in order to help guide them in the development and implementation of local crime prevention initiatives.

## PROGRAM SELECTION

In 2007, the NCPC established new directions and priorities which focus on:

- ❑ addressing early risk factors among vulnerable families and children and youth at-risk;
- ❑ responding to priority crime issues (youth gangs, drug-related crime);
- ❑ preventing recidivism among high-risk groups; and
- ❑ fostering prevention in Aboriginal communities.

The programs selected for this document are examples of programs that respond to the NCPC's priorities. It is not to be considered a comprehensive list of all promising and model programs.

Programs included in the list can fall anywhere along the services continuum from early prevention to aftercare programs for offenders. Some programs and models listed target more than one issue, age group and population.

<sup>1</sup> See Public Safety Canada. National Crime Prevention Centre. *Blueprint for Effective Crime Prevention*. 2007. Available from: [www.PublicSafety.gc.ca/prg/cp/\\_fl/bp-en.pdf](http://www.PublicSafety.gc.ca/prg/cp/_fl/bp-en.pdf).

They can include, but are not limited to delinquency prevention, probation community support, community service, school-based programs, conflict resolution, family therapy, parent training, mentoring and restorative justice. The programs have been selected from different sources of model and promising programs, particularly:

### □ *Best Practices of Youth Violence Prevention: A Sourcebook for Community Action*

This sourcebook looks at the effectiveness of specific youth violence prevention practices in four key areas: parents and families; home visitation; social and conflict resolution skills; and mentoring. It documents the science behind each model practice and offers a comprehensive directory of resources for more information about specific programs that have utilized these practices. Readers should be aware of the following considerations. “First, because the field of research in youth violence prevention is [relatively] young, few longitudinal and randomized-control studies have been conducted. Second, while studies have evaluated the outcome of interventions, they have not typically evaluated the effectiveness of individual implementation practices. Therefore, the majority of best practices presented in this sourcebook are based on the hands-on, empirical observations of intervention practitioners and evaluators” (Thornton, 2002:38)<sup>2</sup>.

**Website:** [www.cdc.gov/ncipc/dvp/bestpractices.htm](http://www.cdc.gov/ncipc/dvp/bestpractices.htm)

### □ *Blueprints for Violence Prevention*

In 1996, the Center for the Study and Prevention of Violence (CSPV), at the University of Colorado, designed and launched a national violence prevention initiative in the United States to identify violence prevention programs that were effective. The project, called *Blueprints for Violence Prevention*, identified prevention and intervention programs that met strict scientific standards in terms of program effectiveness. The 12 model programs, called *Blueprints*, have been effective in reducing, for example, anti-social behaviour, aggression, delinquency, substance abuse and violent crime among adolescents. Another 18 programs have been identified as promising programs. To date, the Center has reviewed more than 600 programs and continues to identify programs which meet the selection criteria.

The Blueprints project sets a gold standard for implementing exemplary, research-based violence and drug prevention and intervention programs, and for implementing these programs with fidelity to the models. The work that is being conducted will, among other things, help bridge the gap between research and practice and inform the users of programs of the barriers that must be overcome in order to achieve maximum success.

**Website:** [www.colorado.edu/cspv/blueprints/index.html](http://www.colorado.edu/cspv/blueprints/index.html)

### □ *Effective Family Programs for Prevention of Delinquency, OJJDP*

In 1999, the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP), in collaboration with the Substance Abuse and Mental Health Service’s Center for Substance Abuse Prevention (CSAP), conducted a search for “model programs” family-focused programs for the prevention of delinquency and substance abuse. The programs are rated and divided into categories based upon the degree, quality and outcomes of research associated with them.

**Website:** [www.strengtheningfamilies.org](http://www.strengtheningfamilies.org)

### □ *SAMHSA Model Programs*

The Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services has compiled model programs that have been tested in communities, schools, social service organizations and workplaces across the U.S. These programs have provided solid proof that they have prevented or reduced substance abuse and other related high-risk behaviours and created positive change in the lives of youth.

**Website:** [www.modelprograms.samhsa.gov/](http://www.modelprograms.samhsa.gov/)

<sup>2</sup>Thornton, Timothy N., Carole A. Craft, Linda L. Dahlberg, Barbara S. Lynch and Katie Baer. 2002. *Best Practices of Youth Violence Prevention: a Sourcebook for Community Action*. Revised version. Atlanta, Georgia: Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Available from: [www.cdc.gov/ncipc/dvp/bestpractices.htm](http://www.cdc.gov/ncipc/dvp/bestpractices.htm)

❑ *The Surgeon General’s Report on Youth Violence*

The U.S. Surgeon General’s Report on Youth Violence provides a review of what we know about youth violence from a public health perspective, summarizing the state of the science on youth violence and prevention. The Report identifies science-based strategies that can be implemented by parents, schools and communities to decrease the risk of youth violence.

*Website:* [www.surgeongeneral.gov/library/youthviolence/youvioreport.htm](http://www.surgeongeneral.gov/library/youthviolence/youvioreport.htm)

❑ *American Youth Policy Forum (AYPF)*

AYPF’s mission is to broaden the awareness and understanding of policymakers and to strengthen the youth policymaking process by bridging policy, practice, and research. Their publications strive to identify the most pertinent high-quality information on youth issues available and to provide a forum for prominent leaders in government, programming, and research, as well as the youth themselves, to share their viewpoints and expertise about the policies and practices that improve outcomes for all youth.

*Website:* [www.aypf.org/publications/](http://www.aypf.org/publications/)

Programs selected for inclusion met minimum criteria to be considered innovative, promising or model programs. The textbox below highlights the definitions we have used.

## DEFINITIONS

***Model Program:*** A prevention program that meets the highest scientific standard for effectiveness (scientifically proven prevention and intervention programs), as evidenced in published evaluations; has a significant, sustained preventive or deterrent effect or reduction of problem behavior, the reduction of risk factors related to problem behavior; or the enhancement of protective factors related to problem behavior and has been replicated in different communities or settings.

***Promising Program:*** Prevention programs that meet scientific standards for effectiveness; but they do not meet all of the rigorous standards of Model programs. They are recognized and encouraged with the caution that they be carefully evaluated. In general, when implemented with minimal fidelity these programs demonstrate promising (perhaps inconsistent) empirical findings using a reasonable conceptual framework and a limited evaluation design (single group pre- post-test).

***Innovative Program:*** Prevention programs that test new approaches and theories to interventions with at-risk populations. They are based on a strong theoretical framework that links the proposed intervention to the risk factor(s), target population and desired outcomes. Innovative projects show demonstrated changes through limited research design and require causal confirmation using more appropriate experimental techniques. These programs are recognized and encouraged with the caution that they be carefully evaluated.

(Substance Abuse and Mental Health Services Administration, 2000; OJJDP, US, 2007; Welsh, 2007).

Additionally, selected programs respond to the following criteria:

- ❑ address one or more risk or protective factors associated with delinquency, substance abuse or violence;
- ❑ intervene at developmentally appropriate ages as it relates to priority groups established by the NCPC;
- ❑ found to have positive effects on delinquency, substance abuse and violence based on evaluation; and
- ❑ be available for implementation within the community.

## KEY INGREDIENTS FOR SUCCESS

Each program identified here rests on specific elements that are key to its success. However, there exist some key elements that appear to be universal to successful crime prevention programs. These include:

- ❑ **Identifying Risk and Protective Factors:** Community needs are identified by assessing risk and protective factors to help focus the interventions;
- ❑ **Selecting Program and Intervention that Work:** Local practitioners should develop and implement the most appropriate and effective programs and practices that address the identified risk and protective factors using the evidence base available to them;
- ❑ **Building Partnerships:** An effort to include relevant partners and stakeholders is made in order to identify gaps in existing community services and use resources, expertise and time efficiently among partners; and
- ❑ **Evaluating and Monitoring:** Projects are to include a logic model, program monitoring and an evaluation component for assessing project impacts and results.



# Domestic Violence Treatment Option

**PROGRAM RATING:** Innovative program

**TARGET POPULATION:** Adult offenders

The Domestic Violence Treatment Option court (DVTO) was created in 2000 as a response to the high rates of domestic violence, a significant First Nations population that felt victimized by the formal justice system and a perception that few victims actually reported domestic assaults to the police.

The Domestic Violence Treatment Option (DVTO) in Whitehorse, Yukon, is a specialized court and treatment program for dealing with domestic violence cases. The DVTO court sought to engage multiple stakeholders, including police, probation officers, a specialized Crown attorney, victim services and women’s groups.

For cases of spousal or partner abuse, it represented a comprehensive intervention system rather than traditional sentencing in a criminal court. The DVTO also provided the offender and, indirectly, the victim with an opportunity to choose a Spousal Abuse Program (SAP).

## METHOD

The SAP provided treatment to assist men and women change their abusive attitudes and behaviour. The treatment program consisted of ten weeks of group therapy held twice a week for two hours. It was followed by six weeks of aftercare. In addition to helping offenders examine the underlying factors behind their abusive actions, the treatment program taught clients new skills for managing their emotional stress.

There were three groups that went through the SAP:

- ❑ DVTO clients;
- ❑ sentencing requirement clients (who did not go through DVTO); and
- ❑ self-referred clients.

The goals of the project were to:

- ❑ encourage more disclosures of domestic violence;
- ❑ provide early intervention and therapeutic alternatives to the formal court;
- ❑ reduce the high collapse rate of domestic violence charges;
- ❑ hold offenders accountable in a meaningful way;
- ❑ provide a therapeutic sentencing option to offenders under close supervision;
- ❑ incorporate restorative principles in sentencing; and
- ❑ provide protection, information and support to victims.

## EVALUATION

At the end of the project, process and outcome evaluations were conducted. Comparisons were drawn between the three groups who went through the SAP. Re-assault rates of these groups were compared with studies on domestic violence courts conducted by Palmer (1992) and Gondolf (2001). During the evaluation period, 318 clients were

involved in the DVTO. Follow-up reports of reoffences continued until the end of the project using a variety of police information systems. A combination of methodologies and techniques were used including observation, standardized instruments, program forms/information systems and data from other agencies.

The process evaluation indicated that:

- ❑ The Project Steering Committee changed its role during the course of the project, moving from initiation and development of the project to monitoring and sustaining the DVTO system;
- ❑ The SAP program underwent changes in response to new problems and issues that emerged, such as changes to the relapse prevention program, the continued development of a special program for female offenders and the development of special approaches for offenders who were identified as cognitively impaired;
- ❑ Approximately 40% of all cases were referred to the SAP program by the DVTO. Additionally, 32% of the SAP participants were as a result of a sentencing requirement, 17% were self-referred cases and 9% were referred by Family and Children’s Services;
- ❑ Approximately 70% of the cases involved First Nation clients;
- ❑ Approximately 20% involved female offenders;
- ❑ The DVTO resulted in the fast tracking of cases into the courts with first appearances occurring within two weeks after charges were laid; and
- ❑ The DVTO was not very successful in connecting with victims.

The outcome evaluation indicated that:

- ❑ The DVTO system and the SAP program were effective interventions;
- ❑ The DVTO system decreased relapse rates from 28% to 20% among offenders;
- ❑ DVTO and sentencing requirement clients had extensive histories of assault and involvement in other criminal activities prior to their involvement with the DVTO;
- ❑ Twelve months after completing the treatment program, 9% of DVTO clients re assaulted compared to 10% of the sentencing requirement clients and none of the “other” cases. This compared favourably with the results obtained in a study by Palmer (1992) that showed a 10% rate of re-assaults;
- ❑ 45% of the re-assaults occurred within two months after the case was completed or closed; and
- ❑ Fifteen months after project completion, rates of reoffence were very similar for the DVTO group (18%) and the sentencing requirement group (16%). The “other” group was very low at 3%.

**PROGRAM DEVELOPMENT CONTACT INFORMATION:**

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*For more information or to receive a copy of the final evaluation report please contact the National Crime Prevention Centre at 1-877-302-6272 or visit our website at: [www.PublicSafety.gc.ca/NCPC](http://www.PublicSafety.gc.ca/NCPC)*

*Or visit the Canadian Research Institute for Law and the Family’s website at: [www.ucalgary.ca/~crilf/index.html](http://www.ucalgary.ca/~crilf/index.html)*



# Gwich'in Outdoor Classroom Project

**PROGRAM RATING:**            **Promising program**

**TARGET POPULATION:**    **Aboriginal children aged 6 to 12**

The Gwich'in Outdoor Classroom project was a culture-based crime prevention program in the communities of Fort McPherson and Aklavik, Northwest Territories. The project was designed for Aboriginal children aged 6 to 12, living in remote northern communities. Participating children faced multiple risk factors associated with crime, such as a lack of attachment to school and to community role models, addictions, involvement in youth gangs and lack of parental support.

## METHOD

- ❑ The main components of the project included an outdoor camp, a morning breakfast program, and in-school programming involving life and communication skills, Elders, and traditional learning. The morning breakfast program, not part of the original project proposal, was added in response to a need identified in the community;
- ❑ With the involvement of Elders, life skills training and traditional learning, the project targeted specific risk factors linked to anti-social behaviours, including difficulties in school, leaving school early and negative peer pressure.

## ADDITIONAL INFORMATION

- ❑ The strength of the original model — in terms of project proposal, objectives, support from the community and hard work and dedication from individuals — held the project together through difficult times and a high rate of staff turnover;
- ❑ The use of a collaborative approach for social development projects encourages community ownership, the best use of limited resources and expertise, and is particularly important for developing culturally appropriate interventions;
- ❑ A project advisory group that is strong and that remains in place until the project's completion is vital to ensuring project continuity and integration;
- ❑ The program's model needs to be evidence-based, consistent with local/regional practices and beliefs, user-friendly and integrated within an existing setting, such as a school or community program;
- ❑ Trust-building with key partner groups and stakeholders is very important to the evaluation; and
- ❑ It is important to educate school staff and resource persons about evaluation and research strategies — including data collection, type of evaluation design, basics of statistical analyses and consent procedures.

## EVALUATION

Process and outcome evaluations were conducted. Methods of data collection included interviews, standardized tests of children's functioning, informal community and regional discussions and program observation. Evaluators paid particular attention to cultural and environmental factors during the data collection phase. The evaluation

was based on collected pre- and post- test data. In total, 112 participants took part in the evaluation including a comparison group in the Aklavik community.

The process evaluation showed that:

- ❑ participation rates decreased towards the end of the project, mostly due to changes in the administration of the project and the role of the advisory group;
- ❑ project implementation, community support and participant engagement were achieved, despite high rates of staff turnover;
- ❑ the project's major strength was its emphasis on culture-based crime prevention programming that was culturally relevant and encompassed Gwich'in traditions, values and customs; and
- ❑ the Outdoor Classroom Project was well accepted by the Gwich'in community and some activities of this project are continuing such as the Outdoor Classroom, the morning breakfast program and the social skills program.

The outcome evaluation showed that:

- ❑ the Outdoor Classroom Project was more effective with boys than girls. The project increased the development of positive social skills in boys aged 6 to 9;
- ❑ a significant difference in school achievement levels (reading, math and spelling) was found for both boys and girls at the intervention site compared to those in the comparison site;
- ❑ the morning breakfast program improved school attendance rates. The evaluation found a 20 % difference in monthly school attendance rates between the control and experimental group; and
- ❑ teachers from the intervention site reported that 75% of students who performed below the average grade level in the standard classroom, outperformed their peers when learning cultural skills in the outdoor classroom.

#### PROGRAM DEVELOPMENT CONTACT INFORMATION:

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## Circles of Support and Accountability (COSA)

<b>PROGRAM RATING:</b>	<b>Innovative program</b>
<b>TARGET POPULATION:</b>	<b>Young/adult male sex offenders at highest risk of reoffending detained to the last day of their sentence</b>

COSA involves a group of 4 – 7 trained volunteers who commit themselves to support and hold accountable a person who has been detained to the end of sentence because of a sexual offence history (called core member) who is returning to the community. The Core members’ participation is voluntary.

The main purpose of COSA is “to promote successful integration of released men into the community by providing support, advocacy, and a way to be meaningfully accountable in exchange for living *safely* in the community” (CSC, 2002).

### METHOD

- ❑ The Core member commits to openly relating to the group (“Circle”) regarding identified needs;
- ❑ The Circle meets together regularly and is guided by a written and signed agreement called a covenant. Individual volunteers also meet with the core member on a daily basis and provide assistance with re-entry challenges;
- ❑ COSA volunteers are professionally supported and work in conjunction with community agencies, treatment providers like psychologists, sometimes parole or probation officers, the police, and the courts;
- ❑ Circle members receive extensive training, are continually supported, and make a one year commitment;
- ❑ COSA’s key roles include:
  - journeying through difficulties and emergencies;
  - confronting inappropriate attitudes or behaviours;
  - advocating with treatment providers, community groups, police services and other professionals in the community;
  - mediating community concerns; and
  - celebrating the Core members’ successes and anniversaries.

### ADDITIONAL INFORMATION

- ❑ **Geography:** Communities further away from institutions have the challenge of contacting the core member personally before the end of their sentence. For instance, an offender in Drumheller released to Winnipeg will not easily make personal contact with the COSA team before arriving in Winnipeg. Moreover, COSA experiences difficulties when an offender moves after COSA support has been established;
- ❑ **Training:** The turnover in institutional and community staff demand on-going education and training;
- ❑ **Recruitment:** The challenge in recruitment is finding volunteers who can commit to a one year term as well as ensuring that the motives and capabilities of potential volunteers are appropriate to the task of providing support for high risk offenders; and
- ❑ **Experience:** Volunteers are affected when they listen to the core member describe their crime and need help to process the impact of this experience.

## EVALUATION

- ❑ Correctional Service Canada (CSC) indicates a 50% decrease of re-offending for offenders in a COSA (CSC, 2001).
- ❑ A study by Robin Wilson found that the offenders in a COSA were recidivating at a rate less than 50% of the expected rate. (3 out of 30 men recidivated where statistical expectation was that 7 would) (CSC, 2001).
- ❑ Another study consisted of 60 high risk sexual offenders involved in COSA matched with 60 high risk sexual offenders not involved in COSA. Offenders were matched on risk, length of time in the community and prior involvement in specific treatment. The average follow-up time was 4.5 years. Offenders who participated in COSA had lower rates of any type of reoffending than did their counterparts:
  - offenders who participated in COSA had a 70% reduction in sexual recidivism in contrast to the comparison group (5% vs. 16.7%);
  - a 57% reduction in all types of violent recidivism (15% vs. 35%); and
  - an overall reduction of 35% (28.3% vs. 43.4%);
  - the study noted a harm reduction function – sexual reoffences in the COSA group were less severe than prior offences by the same individual.
- ❑ A study consisting of a survey of 24 male offenders (Core members), 57 volunteers, 16 professional/agency members and 77 community members showed that:
  - 90% of Core members reported that in the absence of COSA, they would have had difficulties adjusting to the community;
  - 86% of Core members believed that the project helped them adjust to the community and 48% thought the project provided a role model;
  - two-thirds of Core members felt they would have returned to crime without COSA; and
  - 68% of respondents from the public reported they would feel safer if they knew that a high risk sexual offender in their community participated in a COSA.

## PROGRAM DEVELOPMENT CONTACT INFORMATION:

### Correctional Service Canada

National Headquarters  
340 Laurier Avenue West  
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K1A 0P9

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Canada. Correctional Service Canada. 2001. *Circles of Support and Accountability: Evaluation Report*. Ottawa, Ontario: Correctional Service Canada.

Canada. Correctional Service Canada. 2002. *Circles of Support and Accountability: A Guide to Training Potential Volunteers: Training Manual 2002*. Ottawa, Ontario: Correctional Service Canada.

Wilson, R., J. Pichca, and M. Prinzo. 2005. *Circles of Support and Accountability: an Evaluation of the Pilot Project in South-Central Ontario*. Ottawa, Ontario: Correctional Service Canada.



## Multisystemic Therapy (MST)

<b>PROGRAM RATING:</b>	<b>Model program</b>
<b>TARGET POPULATION:</b>	<b>Youth engaged in offending, families</b>

Multisystemic therapy (MST) views individuals as being a part of an interconnected network of systems and reduces delinquency by targeting one or any combination of these systems. MST is a family and community based treatment that addresses antisocial behaviour in juvenile offenders. MST targets youth who are already involved in the juvenile justice system and are at risk of being imprisoned.

The main goals of MST are:

- ❑ improve parental discipline practices;
- ❑ decrease youth association with delinquent peers;
- ❑ increase association with prosocial peers;
- ❑ improve youth’s school performance; and
- ❑ develop a support network for the youth that includes extended family, neighbours, and friends.

### METHOD

- ❑ MST provides intensive therapy either in the family’s home or wherever they feel the most comfortable. During the program’s initial sessions, the problems needing attention are identified. After, the program provides services to the problem areas needing assistance. The intervention will not always be centred around the child, especially if the problems are arising out of marital problems between the parents. The intervention strategies used are strategic family therapy, structural family therapy, behavioural parent training, and cognitive behaviour therapies.
- ❑ The MST program usually consists of 60 hours of treatment over a period of four months. This time period, however, may be adjusted to suit the individual needs of the family.
- ❑ The cost of implementing the MST program is approximately \$4,500 per youth.
- ❑ MST is implemented by therapists with at least a master’s level degree. They are supervised by on-site doctoral mental health professionals. However, in rare cases, MST can be applied by professionals with a bachelor level degree who are highly competent.

### ADDITIONAL INFORMATION

- ❑ Unlike many other family therapy programs, MST focuses on factors in the individual’s family and social networks that may lead to anti-social tendencies. Also, it is more intensive than traditional family therapy programs and has a strong commitment to removing the barriers to treatment. It does this by using home-based treatment or by using any other location that is most convenient for the family.
- ❑ MST programs are most appropriate and most effective in communities where stakeholders:
  - want to avoid incarceration and residential treatment;
  - where there are agencies and companies that are willing to provide funding for the program.

## OFFENDERS – Multisystemic Therapy (MST)

- ❑ MST focuses on eliminating risk factors that cause anti-social behaviour in youth such as low verbal skills, lack of mentoring, ineffective discipline, parental difficulties, association with deviant peers, poor relationship skills, dropouts, low commitment to education, criminal subculture, and low community support.

### EVALUATION

Evaluations of the MST program demonstrate that juvenile offenders that have received treatment have 25 to 70% reductions in long-term rates of arrest, have 47 to 64% fewer out-of-home placements, have improved family functioning and decreased mental health problems.

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or [www.mstinstitute.org](http://www.mstinstitute.org)

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# Serious Habitual Offender Comprehensive Action Program (SHOCAP)

**PROGRAM RATING:** Promising program

**TARGET POPULATION:** Youth committing serious or frequent criminal acts

SHOCAP is a case management system with extensive partnership between criminal justice agencies and community services. The goal of SHOCAP is to share information and resources between agencies working with serious habitual juvenile offenders. SHOCAP helps agencies give additional attention to chronic juvenile offenders by holding them immediately accountable for their actions and by helping them access services relevant to their needs.

The goals of the SHOCAP project are to:

- ❑ identify the serious or habitual offenders in the community;
- ❑ coordinate interagency resources to meet the needs of these juveniles;
- ❑ reduce juvenile repeat offenders; and
- ❑ increase public safety.

## METHOD

- ❑ Performing an initial needs assessment is the first step in implementing SHOCAP. Community leaders should evaluate information about crime and delinquency, available resources, and previous interagency cooperation. They must also determine what types of delinquent behaviour and youth violence are causing the greatest concern in the community.
- ❑ Developing an interagency agreement can solidify agency commitment and collaboration. Such an agreement, which establishes SHOCAP policies and procedures for participating agencies, is critical to the program’s success. The agreement should clearly delineate each agency’s responsibilities and establish a framework for day-to-day operations.
- ❑ Serious habitual offenders (SHO) are defined as any offender who, based on their judicial history, has a history of committing serious or frequent criminal acts and who is likely to continue to commit criminal acts without further intervention. The criminal history of a youth is analyzed using a point system that assigns seven points for each conviction for a crime against a person, four points for attacks against property and two points for violating a probation or release condition. Once a young offender accumulates 51 points, he or she is assigned to a SHOCAP officer.
- ❑ The officer develops a profile of each youth, looking at criminal history, their family background, living conditions, psychological history and other relevant factors.
- ❑ A committee consisting of criminal justice agencies and community services is formed. (e.g. chiefs of police, police officers, mayors, city attorneys, youth corrections regional directors, juvenile court district directors, school superintendents, directions of community-based agencies) This committee identifies which juveniles are most likely to benefit from increased monitoring through the SHOCAP program.

## OFFENDERS – Serious Habitual Offender Comprehensive Action Program (SHOCAP)

- ❑ Youth placed in SHOCAP can exit the program through four different ways:
  - he/she turns 18 and is no longer under the jurisdiction of juvenile court;
  - remains crime free for one year after the day of their last adjudication;
  - is certified into the adult system; and
  - moves to a community where SHOCAP is not available.
- ❑ Once youth are placed in SHOCAP, a corrective action plan is created. The plan has three goals:
  - **accountability:** youth are required to meet their court-ordered obligations for fines and restitution;
  - **competency development:** the plan identifies specific life skills the youth need in order to successfully deal with life challenges;
  - **community protection:** youth are subjected to increased monitoring/supervision and immediate sanctions if they fail to comply with the terms of their supervision or engage in criminal acts.

### ADDITIONAL INFORMATION

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) has developed a training and technical assistance program. The process includes an intensive 1-day orientation for local executives of public and private agencies emphasizing SHOCAP's philosophy and the need to enhance juvenile justice system resources as well as the Serious Habitual Offender Comprehensive Action Program training, a 40-hour course that helps jurisdictions develop their own unique interagency agreements. The course requires the participation of policy-level officials from law enforcement, education, juvenile court, juvenile probation and parole, juvenile detention and corrections, prosecution, and social services. Other technical assistance is available upon request depending on the availability of funding.

### EVALUATION

In a 1995 independent evaluation, SHOCAP participants cited the following significant benefits:

- ❑ interagency cooperation and mission reconciliation;
- ❑ reduction of information deficits;
- ❑ focused responses to serious habitual offenders;
- ❑ increased system responses based on patterns of misbehaviour;
- ❑ incapacitation of SHO's;
- ❑ improved resource allocation;
- ❑ early intervention through identification of potential SHO's; and
- ❑ improved morale of juvenile justice system personnel.

**PROGRAM DEVELOPMENT CONTACT INFORMATION:**

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*For further information regarding SHOCAP programs and training, contact:*

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## Boys & Girls Club of Canada/America – Programs and Services for At-Risk Youth and Families

<b>PROGRAM RATING:</b>	<b>Promising program</b>
<b>TARGET POPULATION:</b>	<b>At-risk youth aged 5–18, families in high-need communities</b>

The Boys and Girls Club is a positive and safe place where children and youth can participate in quality programs and services that promote their healthy growth and development. The Clubs are governed by volunteer boards of directors. The Clubs provide an array of services such as: summer camps; recreational programs; group homes; school-age childcare; drug counselling programs; leadership development programs; peer counselling; support program for teen mothers; or alternative education programs for school dropouts.

### METHOD

- ❑ Clubs are located in dedicated Boys and Girls Club facilities, schools, church basements or community centres;
- ❑ Each Club develops its programs in response to the specific needs of the young people and families in its local community;
- ❑ Programs are provided by qualified staff and volunteers and take a child-focused approach to skill development, self-esteem enhancement and character building;
- ❑ Boys and Girls Clubs generally operate between the hours of 3:00 and 6:00 PM, the hours where children, who are unsupervised, are most vulnerable;
- ❑ Membership fees vary from club to club, but are considered flexible and affordable. Fees are waived for families in need to allow all children to participate;
- ❑ The Clubs' partnerships with schools, probation and police officers, and other community-based organizations provide referrals;
- ❑ Programming is offered in four main areas:
  - *physical activity, health and safety*: sports, meal programs, substance abuse prevention;
  - *leadership, growth and empowerment*: music, art, outdoor adventures, community leadership;
  - *learning and career development*: computer access/training, literacy, homework tutoring, guidance; and
  - *community services*: family/parent support, youth at-risk outreach, emergency shelters.
- ❑ Operates on the following five values:
  - *inclusion and opportunity*: offers access to resources and support to children and youth from all economic, cultural and social backgrounds;
  - *respect and belonging*: provides a safe and supportive place for children, where volunteers model honesty, fair play, positive attitude, cooperation and respect for self and others;
  - *empowerment*: encourages and empowers youth to develop healthy lifestyles, life-long passions for learning, leadership, life skills and a sense of social responsibility;

- **collaboration:** works with families, volunteers, public and private sector partners to create healthy community solutions for youth development; and
- **speaking out:** speaking out on behalf of children, youth, and their families to reduce disadvantages, enhance their lives and enable their voices to be heard.

### ADDITIONAL INFORMATION

- Given the limited time available, Clubs felt it was most useful to focus on developing relationships with just a few key agencies;
- Partnerships tended to last longer when they involved ongoing, regular collaboration;
- Providing rewards and incentives was a useful strategy for retaining youth who were more difficult to involve in Club activities; and
- Staff turnover was an issue for the program – a high turnover often diminished their capacity to provide quality programming and forge lasting staff relationships with youth, other staff, and outside agencies.

### EVALUATION

21 evaluations of Club programs and activities over 20 years were examined to determine Club membership's overall impact:

- 59% of surveyed youth felt a sense of belonging to the Club (that they mattered and were listened to);
- 50% of youth recruits were retained 2 years into the study; 1 year after joining approximately 70% of youth were still attending the Club at least once a month;
- 59% of respondents felt that the Clubs had helped in their school life;
- 60% of respondents felt that the Clubs had helped in their family life; and
- 74% of respondents felt that the Clubs helped them to be able to avoid coming into conflict with the law.

### PROGRAM DEVELOPMENT CONTACT INFORMATION:

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Arbreton, A.J.A., J. Sheldon, & C. Herrera. 2005. *Beyond Safe Havens: a Synthesis of Research on the Boys & Girls Clubs*. Philadelphia, PA: Public/Private Ventures. Available from: [www.ppv.org/ppv/publications/assets/186\\_publication.pdf](http://www.ppv.org/ppv/publications/assets/186_publication.pdf)

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## Fast Track

**PROGRAM RATING:** Promising program

**TARGET POPULATION:** Youth at-risk, grades 1 through 6

Fast Track is a long-term prevention program that views antisocial behaviour as stemming from multiple influences in the child’s life, including the school, the home, and the peer group. The program targets youth in grades 1 through 6 who have disruptive behaviour and poor peer relations. The program has been implemented with success in Great Britain, Australia, Canada, and the United States.

The main goals of Fast Track are:

- ❑ enhance youth’s problem solving skills;
- ❑ enhance social and cognitive skills;
- ❑ improve peer relations;
- ❑ decrease disruptive behaviour;
- ❑ increase communication skills; and
- ❑ build bonds between the school, home, and peers.

### METHOD

- ❑ Fast track is a multidimensional program and includes the following components:
  - **parent training:** occurs in the first grade and emphasizes controlling anger, encouraging academic performance, and using effective discipline;
  - **home visitations:** occur biweekly and teaches parenting skills and problem solving skills;
  - **social skills training:** teaches children social-cognitive and problem solving skills, anger control, and peer relations; and
  - **classroom intervention:** uses the PATHS curriculum to develop emotional awareness and problem-solving skills.
- ❑ The program is implemented over a period of 5 years, from grade 1 to grade 6; and
- ❑ The program is implemented by the teacher in the classroom and by program coordinators outside the classroom setting.

### ADDITIONAL INFORMATION

- ❑ Fast Track targets risk factors such as anti-social behaviour, early onset of aggression, mental disorder, family management problems, truancy, low school attachment, and association with delinquent and aggressive peers;
- ❑ This program has been demonstrated to be effective when implemented under various conditions including in both rural and urban areas and with children of varying ethnicity, social class, and family composition; and

- The Fast Track program is based on the hypothesis that working with the parents, youth, and school will contribute to the prevention of antisocial behaviour. The program aims to do this by improving the competency of the child, increasing the effectiveness of the parents, enhancing the bonds and positive experiences associated with the school, and improving communication between the school and home.

## EVALUATION

Evaluations of the effectiveness of Fast Track have demonstrated that compared to the control groups, youth who participated in the program had better feedback about their behaviour from parents and teachers, they were less disruptive and aggressive within the classroom, there was less physical punishment used by parents, and parents were more involved in school activities.

## PROGRAM DEVELOPMENT CONTACT INFORMATION:

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**Center for the Study and Prevention of Violence.** 2006. *Fast Track*. Blueprints Promising Programs Fact Sheet Series. Boulder, Colorado: Center for the Study and Prevention of Violence, Institute of Behavioural Science, University of Colorado. Available from: [www.colorado.edu/cspv/publications/factsheets/blueprints/pdf/FS-BPP05.pdf](http://www.colorado.edu/cspv/publications/factsheets/blueprints/pdf/FS-BPP05.pdf)

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## Linking the Interests of Family and Teachers (LIFT)

**PROGRAM RATING:** Promising program

**TARGET POPULATION:** Youth at-risk, grades 1 and 5

Linking the Interests of Family and Teachers (LIFT) is a school-based intervention program focusing on conduct problems. It aims to intervene early in a child’s development and target the behaviours and factors that lead to delinquency in later life. The program is directed towards school-age boys and girls in grades 1 and 5 and their families who live in at-risk neighbourhoods.

The main goals of LIFT are:

- ❑ decrease children’s antisocial behavior and increase their pro-social behavior;
- ❑ decrease negative social skills such as opposition, deviance, and social ineptitude; and
- ❑ aid the development of parenting practices (disciplining and monitoring) among disadvantaged parents.

### METHOD

- ❑ The LIFT program is centered on three main components:
  - 1) a classroom-based problem-solving and social skills training;
  - 2) a playground based behaviour modification; and
  - 3) a group-delivered parent training.
- ❑ The classroom component contains 20, one-hour sessions. Each session follows the same format and is composed of lecture and role playing on a specific social or problem solving skill, structured group skills practice, unstructured free play, and skills review and daily awards. These activities are similar for both first and fifth graders, however fifth graders also receive a study skills component.
- ❑ A modification of the Good Behaviour Game serves as the playground component. Each class is divided into small groups for playground play. Children can earn rewards by avoiding negative behaviours and exhibiting positive problem solving skills on the playground.
- ❑ Parents are taught how to create a home environment that is most conducive to the ongoing practice of good discipline and supervision through a series of 6 meetings at their child’s school. Each meeting provides a review of the results from home practice exercises, a lecture, discussion and role plays of issues for the current week, and a presentation of home practice exercises for the following week.
- ❑ The program takes place over a course of 10 weeks.
- ❑ A trained LIFT teacher implements the classroom components of the program and other trained members of the LIFT staff implement the parental training segment of the program.

### ADDITIONAL INFORMATION

- The LIFT program increases parental involvement by creating a telephone line, called the LIFT line, where parents could call to hear about daily messages about class activities, special events, and homework assignments. Also, when parents were unable to attend a parenting session, the material covered in the session was delivered to the home to encourage participation in the program within the home.
- The LIFT program is effective because it is based on the coercion theory, which has been demonstrated to be effective at preventing delinquent child behaviour. The theory states that negative reinforcement promotes the development of problem behaviours in children.
- LIFT is effective because it targets problem behaviours in every relationship within the child's life (child–parent, child–teacher, and child–peer).

### EVALUATION

- One study evaluated the effect of the program on 600 first and third grade students from at-risk neighbourhoods. The results demonstrated that those participating in the LIFT program had better problem-solving and conflict resolution skills and lower levels of aggressive behaviour than those who did not participate.
- Another evaluation showed that the most aggressive children prior to participating in the program had the greatest decrease in aggressive behaviour after the completion of LIFT.
- Parents who had the highest pre-intervention levels of aversive behaviours had the largest reduction in these behaviours.

### PROGRAM DEVELOPMENT CONTACT INFORMATION:

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### REFERENCES

**Center for the Study and Prevention of Violence.** 2006. *Linking the Interests of Families and Teachers (LIFT)*. Blueprints Model Programs Fact Sheet Series. Boulder, Colorado: Center for the Study and Prevention of Violence, Institute of Behavioural Science, University of Colorado. 2000; updated August 2006. Available from: [www.colorado.edu/cspv/blueprints/promising/programs/BPP09.html](http://www.colorado.edu/cspv/blueprints/promising/programs/BPP09.html)

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## Olweus Bullying Prevention Program (BPP)

**PROGRAM RATING:** | **Model program**

**TARGET POPULATION:** | **Youth aged 7-18**

The Olweus Bullying Prevention Program (BPP) is a multi-component, universal school-based program that aims to reduce and prevent bullying. It is designed to restructure the school environment to eliminate the opportunities and rewards that exist for bullying. BPP targets students in elementary, middle, and junior high schools. Every student within a school participates in almost every aspect of the program; however, special interventions are set aside for children who are either victims or perpetrators of bullying. BPP was designed and originally implemented in Norway, but has been implemented in other countries including the United States, the United Kingdom, and Germany.

The goals of the BPP are to:

- ❑ reduce existing bullying/victim problems;
- ❑ prevent the development of new cases of bullying; and
- ❑ improve peer relations at the school.

### METHOD

- ❑ The BPP is separated into three separate components: school-wide interventions, classroom-level interventions, and individual-level interventions.
  - School-wide interventions include the formation of school rules against bullying, the formation of a system to monitor the students during the break periods, the formation of a Bullying Prevention Coordinating Committee, and the administration of the Olweus Bullying/Victim Questionnaire about bullying which is to be filled out anonymously by students;
  - Classroom-level interventions include classroom meetings about bullying and peer relations as well as parent meetings. It also includes the formation of class rules against bullying; and
  - Individual-level interventions are created specifically for the individuals who have been bullied or are bullying other students. These interventions include discussions between these individuals and parents, teachers, and counsellors.
- ❑ The program is implemented for a minimum of one school year, however, it is designed to be implemented for many consecutive years.
- ❑ The cost to implement the BPP is approximately \$200 per school plus an additional \$65 per teacher to cover the costs of the classroom materials. These estimates, however, do not include the costs associated with the compensation of an on-site trained coordinator for the project.
- ❑ The program will be implemented by the coordinating committee (composed of teachers, administrators, students, and parents) as well as a full-time onsite coordinator for large schools or a part-time coordinator for smaller schools.

## ADDITIONAL INFORMATION

- The BPP is unique in that it is not a curriculum, conflict resolution or mediation program and must be implemented and sustained over a long period of time. The results of the program become greater and more apparent over longer periods of time.
- The Bully/Victim Questionnaire (BVQ) is key to the proper implementation of the program. The purpose of the questionnaire is to determine how many students are being bullied and how many students are doing the bullying. This allows each school to determine their specific needs and adjust the BPP to fit their individual needs. This survey should be administered several times throughout the intervention to track change and improvement.

## EVALUATION

- The first program evaluation took place in Norway and involved 2500 children in grades 4 through 7 from 42 elementary and junior high schools. The study showed that there were substantial reductions in self-reported bullying and bully victimization. Furthermore, there was a decrease in self-reported vandalism, theft, violence, and alcohol use.
- A second study showed a 30% to 70% reduction in student reports of being bullied and bullying others. Additionally, there were significant improvements in classroom order and discipline and more positive attitudes towards schoolwork.

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## REFERENCES

Bauer, N., Lozano, P. & Rivara, F. 2007. "The Effectiveness of the Olweus Bullying Prevention Program in Public Middle Schools: a Controlled Trial". *Journal of Adolescent Health*, (40): 266-274.

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## Police Athletic League (PAL)

**PROGRAM RATING:** Innovative program

**TARGET POPULATION:** Youth aged 6-18

PAL is an organization in many American police departments in which members of the police force coach young people, both boys and girls, in sports, and help with homework and other school-related activities. The purpose is to build character, help strengthen police-community relations, and keep children off illegal drugs.

The goal of PAL is to help develop and protect children during their critical development years using education, recreation, socialization and arts to inspire them to lead meaningful and productive lives.

### METHOD

- PAL provides participation in many sports. These include soccer, basketball, football, and many other sports.
- PAL provides prosocial activities and programs, such as:
  - **Head Start / Day Care:** Parents participate in GED classes, exercise, nutrition and educational programs. PAL also operates day care programs for children of working parents. Day care centers provide youngsters from 2 to 6 years old with learning experiences, supervised play and nutritious meals.
  - **Educational Resource Centres:** Offers a safe space outside the formal classroom for children to enhance their educational experiences in individualized and creative approaches to learning. Educational programs promote social interaction, support the school curriculum and broaden horizons. Young people benefit from practical and enjoyable applications for science, math, literacy and art.
  - **Computer Literacy:** Instructors supervise computer labs, help youngsters with homework projects and teach basic computer skills. Young people receive training in word processing and graphic design. Youth are also taught to use computers for employment searches, SAT preparation, college research and scholarship opportunities.
  - **Adventure Based Learning:** Youth attend one day or weekend skills-building sessions that lead to fun-filled experiences including camping, hiking, skiing, rock climbing, snowboarding, ice skating and canoe trips. These activities develop communication skills, build trust and teach children to work as a team.

### ADDITIONAL INFORMATION

There is a time commitment for any police department to sponsor a PAL program and to provide the flexibility for PAL coordinators to run the program in addition to their official duties as police officers.

## EVALUATION

- The PAL program of Baltimore City was evaluated in 1998 by the Baltimore Police Department’s Division of Planning and Research. The study compared the year before implementation of the program (1993) with the most current year at the time of the study (1997). At a 3 year follow-up, the evaluation found that:
  - juvenile victimization declined by 43.9%;
  - juvenile arrests declined in the target area by 16.1% while the citywide total increased by 1.6%; and
  - during PAL hours (2:00-10:00 PM), juvenile arrests decreased by 9 %, while arrests citywide increased by 4.4%.
- Anecdotal evidence suggests that participants in the League’s activities are supposedly much less likely to engage in crime, far more likely to praise the character of the police force, and discourage their friends from either committing crimes or covering up criminal activity.

## PROGRAM DEVELOPMENT CONTACT INFORMATION:

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Activities Leagues, Inc.**

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## REFERENCES

**Baltimore Police Department. Division of Planning and Research.** 1998. *JuvenileVictimization Comparison for Goodnow Pal Center Area.* Baltimore, MD: Baltimore Police Athletic League.

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## SNAP™ (Stop Now and Plan)

<b>PROGRAM RATING:</b>	<b>Model program</b>
<b>TARGET POPULATION:</b>	<b>Children and youth engaged in offending, aged 6-12</b>

The SNAP™ program is a community based program for children who have come into contact or are at risk of coming into contact with the criminal justice system and display early signs of anti-social or aggressive behaviour. The program uses behaviour modification techniques to decrease the risks of the children engaging in future delinquent behaviour. SNAP™ focuses on both boys and girls in between the ages of 6 and 12.

The main goals of SNAP™ are:

- ❑ reduce aggressive and anti-social behaviour;
- ❑ prevent future delinquency;
- ❑ teach anger and impulse control in both children and their parents; and
- ❑ teach children effective behavioural skills for reducing aggressive and delinquent behaviour.

### METHOD

- ❑ The program has two different sets of courses, one for children and one for the parents. The core program consists of 10 components lasting 1.5 hours each occurring over a span of 12 weeks. For children at a higher risk of developing problem behaviours, three additional components, which focus on in-home family counselling, may be administered. The adult courses teach parents to put disciplines into place that consistently target misbehaviour. The program also taught adults good parenting skills such as problem-solving and monitoring skills. In the youth courses, aggressive behaviours are changed through behaviour management strategies, role-playing, problem-solving exercises, generalization activities, and social reinforcements.
- ❑ The cost of implementing the SNAP™ program is approximately \$350,000 per year for 63 children.
- ❑ The program is implemented by individuals who have undergone training sessions with the Child Development Institute.

### ADDITIONAL INFORMATION

- ❑ SNAP™ works with various cultural and racial backgrounds as well as with various individual, family, and community risk factors (e.g. disadvantaged communities);
- ❑ SNAP™ teaches both parents and other role models (e.g. teachers) the same skills as the child is learning to reinforce positive behaviour and the use of the SNAP™ technique; and
- ❑ SNAP™ only employs treatment strategies and models that have been demonstrated to aid in preventing delinquent and anti-social behaviour among children.

## EVALUATION

- Results demonstrate that SNAP™ is effective for dealing with children with conduct problems;
- Studies have shown that children who participate in the program are twice as likely not to have a criminal record by their 18<sup>th</sup> birthday;
- 60% of the high-risk children that participate in the program do not have a criminal record by the age of 18; and
- Parents participating in the program report a greater confidence in their ability to raise a child and experience less stress while interacting with their children.

## PROGRAM DEVELOPMENT CONTACT INFORMATION:

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## REFERENCES

Augimera, L., D. Farrington, C. Keegl, and D. Day. 2007. "The SNAP™ Under 12 Outreach Project: Effects of a Community Based Program for Children with Conduct Problems". *Journal of Child and Family Studies*, (16)6: 799–807. Available from: [www.springerlink.com/content/8083461515035734/](http://www.springerlink.com/content/8083461515035734/)

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# Community Youth Development Study (CYDS)

<b>PROGRAM RATING:</b>	<b>Promising program</b>
<b>TARGET POPULATION:</b>	<b>Youth aged 12-18 with substance abuse and behaviour problems at the community level</b>

CYDS is a 5-year intervention study designed to determine the effectiveness of the Communities That Care<sup>®</sup> (CTC) system in promoting healthy youth development and reducing levels of youth drug use, violence, delinquency, teenage pregnancy, and school drop out. CTC is a strategic framework for planning and managing prevention activities at the community level. It endorses the use of community-specific data on risk and protective factors to guide the selection of science-based prevention programs.

Operating under the CTC framework, CYDS attempts to:

- ❑ provide communities with evidence of risk factors within their community;
- ❑ educate communities on ways to target resources that reduce social problems in the future;
- ❑ increase partnerships between different agencies within the community and facilitate the involvement of community members in the reduction of risk factors and social problems; and
- ❑ increase the use of evidence-based practices to crime prevention.

## METHOD<sup>1</sup>

- ❑ The CTC framework allows CYDS to select prevention policies, actions and programmes that best address the unique profile of risk and protective factors of their community. A list of prevention strategies and programmes recommended by CTC is available at: [http://download.ncadi.samhsa.gov/Prevline/pdfs/ctc/CTC%20Prevention%20Strategies%20Guide%20\\_pdf.pdf](http://download.ncadi.samhsa.gov/Prevline/pdfs/ctc/CTC%20Prevention%20Strategies%20Guide%20_pdf.pdf)
- ❑ Documents for the implementation of the CTC framework, community assessment tools and training guides for community groups are available at: <http://ncadi.samhsa.gov/features/ctc/resources.aspx>
- ❑ *Tool for Community Leaders: A Guide to Getting Started*. Available from: <http://download.ncadi.samhsa.gov/Prevline/pdfs/ctc/Tools%20for%20Community%20Leaders.pdf>
- ❑ The framework is installed in communities through a series of 6 training events over the course of 6-12 months by certified CTC trainers. The process is monitored through a series of milestones and benchmarks that allow communities to meet clearly defined, step-by-step, measurable process goals.
- ❑ The program goes through five stages:
  1. **Readiness:** the community must define the community members who will be involved, the programs that address the social conditions that are already in place within the community, and the conditions within the community that could inhibit the successful implementation of the program;
  2. **Education:** educate the community in crime prevention techniques and plan a vision for the community;

<sup>1</sup>The policies, actions and programs selected by the CYDS have yet to be disclosed. This factsheet will be updated as the project reveals more information about its method and results.

3. **Community Profiling:** the community develops a profile of the community's strengths and weaknesses (risk factors, protective factors, problem behaviours);
4. **Plan Creation:** create a youth development plan for the community and define desired outcomes and measurable outcomes concerning the reduction of risk factors and social problems; and
5. **Implementation and Evaluation:** implement and then evaluate the CTC plan.

This approach requires the involvement of the community as well as local professionals (police, social workers, education and health professionals) a board of key stakeholders to oversee the planning and implementation of the program.

#### ADDITIONAL INFORMATION

- Operating under a CTC strategy is unique because CTC itself does not instigate services. Instead, it facilitates change by including operational and strategic staff from the community and placing them into two units (a Community Board and a Key Leader Group). The responsibility of designing and implementing the CTC program within the community is then assigned to these two groups.
- The program reduces problem behaviour by focusing on appropriate forms of intervention to eliminate risk factors within a community. In turn, this reduces the amount of social problems among the youth.
- Agencies working in specialised areas will take implementation forward. For example, school-based programs will be run and managed by local schools, and social work initiatives will be run by local social workers (France & Crow, 2005).

#### EVALUATION

- The CYDS study includes eight data collection efforts across 24 communities in the United States. The Social Development Research Group (Washington, D.C.) will monitor the implementation and effectiveness of the CTC process in the experimental communities through ongoing communication with local coordinators, surveys of adolescents in grades 6 through 12, and interviews of local key leaders and service providers regarding their prevention activities. A longitudinal panel survey of the Class of 2011 will also be conducted each year of the study in order to obtain information on changes in risk factors, protective factors, and youth behaviours.
- An evaluation of the CTC program in one case resulted in 81% of students in the programme improving failing grades in two or more core subjects to passing grades. There was a 78% decrease in truancy, a 62% decrease in tardiness, a 31% reduction in school discipline referrals, and a 33% reduction in juvenile crime in the community over the span of one school year (Hawkins, 1999).

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## Functional Family Therapy (FFT)

**PROGRAM RATING:** Promising program

**TARGET POPULATION:** Youth at-risk aged 11-18, families

Functional Family Therapy (FFT) is a family-based prevention and intervention program for youths aged 11 to 18 with delinquency, substance abuse and violence issues. It has been successfully applied with various ethnic groups, in different socioeconomic contexts and for different issues (drug/alcohol use, delinquency and violence).

FFT is a multisystemic prevention program designed to:

- ❑ reduce the negativism associated with families at risk;
- ❑ strengthen ties within the family;
- ❑ improve parents' ability to manage family conflicts;
- ❑ develop positive behaviours; and
- ❑ strengthen parent skills to enable them to provide coherent, structured discipline to their children.

### METHOD

- ❑ FFT is considered to be a short program, delivered by therapists in the homes of the participating families;
- ❑ FFT is based on a clinical approach: in each of the three phases, listed below, the therapist identifies risk and protective factors and intervenes with the family and with each individual;
- ❑ There are three phases:
  - 1) **engagement and motivation:** reducing the negativism associated with families at risk;
  - 2) **change and behaviour:** reducing and eliminating behavioural problems and improving family relations; and
  - 3) **generalization:** increasing families' ability to use community resources and prevent relapses.
- ❑ A family therapist working with one family at a time;
- ❑ Families with a range of problems have family treatment included in their therapy;
- ❑ Generally over a three-month period (one 8-12 hour session for mild cases to 30 sessions for families in difficulty; average 12 sessions per family);
- ❑ Intervention is based on the acquisition and development of skills to improve family communication, management of family conflicts and parent conduct; and
- ❑ Cost is about \$2,000 per family.

### ADDITIONAL INFORMATION

- ❑ FFT combines and integrates empirically supported principles and clinical experience;
- ❑ A team is made up of between three and eight clinical workers who receive intensive, sustained training; there is a 12-month follow-up, conducted over the telephone;

## YOUTH AT-RISK AGES 12 TO 17 – Functional Family Therapy (FFT)

- ❑ In the medium and long term, a practice and research team enables the clinical placements using the program to participate in disseminating their results on the effects of the FFT model;
- ❑ The FFT program is successful because it is multi-systemic, in that it emphasizes training the therapist, the community and the clinical treatment system; and
- ❑ Cost of the program: on average, per family, for 12 visits, the cost ranges from \$1,350 to \$3,750 (Lawrence A. et al., 2001).

### EVALUATION

- ❑ FFT's results are better than conventional probation, residential treatment and alternative therapeutic approaches;
- ❑ It also reduces the likelihood of delinquency on the part of the young person's siblings;
- ❑ Reduces the number of placements;
- ❑ Very good cost effectiveness ratio: between \$700 and \$1,000 per participating family, compared to a minimum of \$6,000 for placement, resulting in an average of \$13,500 (Mihalic S., Irwin K., et al., 2001); and
- ❑ The effectiveness of this approach has been demonstrated in a number of projects over the past 25 years or so (Greenwood P., 2004).

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## Leadership and Resiliency Program (LRP)

**PROGRAM RATING:** Model program

**TARGET POPULATION:** Youth aged 14-19

The Leadership and Resiliency Program (LRP) attempts to enhance youths' internal strengths and resiliency while preventing involvement in substance use and violence.

The program is designed to:

- ❑ increase students' perceptions of competence and self-worth;
- ❑ improve participant identification with positive roles;
- ❑ reduce disciplinary actions in school;
- ❑ improve participants' communication and refusal skills;
- ❑ increase knowledge of and negative attitudes about substance abuse and violence; and
- ❑ increase community involvement in promoting the healthy development of youth and the valuing of adolescents.

### METHOD

- ❑ The program has four components:
  - adolescent group meetings for referred youth;
  - community service with abused and neglected animals;
  - performance of skits for young children;
  - outdoor adventure programming.<sup>1</sup>

For each component there is a curriculum that provides a program description, specific descriptions of several group activities, sample forms and releases, required supplies and replication tips.

- ❑ The program is delivered after school;
- ❑ LRP requires a partnership between a high school and a substance abuse or health service agency as schools work with the agencies to identify program participants;
- ❑ Participants attend weekly in-school resiliency groups lead by a facilitator throughout the program;
- ❑ LRP students are expected to participate at least weekly in community service activities (working with animals, community beautification, skit project); and
- ❑ While there are no specific interventions for parents, communication occurs on an ongoing basis between staff and parents.

<sup>1</sup> Each component has been developed within a research framework that supports the development of resiliency factors.

## ADDITIONAL INFORMATION

- ❑ For best results, students should enter the program early in their high school career and remain in the program until graduation. However, participants may enter the program at any time;
- ❑ Implementation requires that youth participate in all three program components over the course of 5 months to 1 year for each of the 2-4 years they are in the program;
- ❑ The model is developed for use in multiple settings: rural, urban, suburban;
- ❑ The start-up period for the program is generally 4 months; and
- ❑ Training in program implementation is required and a licensing agreement must be purchased in order to implement LRP.

## EVALUATION

A pre-test and post-test evaluation demonstrated that program participants realized:

- ❑ 75% reduction in school suspensions;
- ❑ 47% reduction in juvenile arrests;
- ❑ 60-70% increase in school attendance; and
- ❑ 100% high school graduation rates.

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## Life Skills Training (LST)

**PROGRAM RATING:** Model program

**TARGET POPULATION:** Youth aged 12-15

Life Skills Training (LST) is a school-based prevention program that targets the early drug and alcohol use of adolescents. LST mainly focuses on adolescents in junior high school (grades 6 and 7). The program was primarily developed for use in middle-class schools with mainly Caucasian children; however, the efficacy of LST has been demonstrated to transfer successfully to inner-city ethnic minority populations.

The main goals of the LST program are to:

- ❑ teach prevention-related information;
- ❑ promote anti-drug norms;
- ❑ teach drug refusal skills; and
- ❑ foster the development of personal self-management skills and general social skills.

### METHOD

- ❑ The LST program does not specifically teach students about drugs. Instead it focuses on educating them on three components found to promote drug use: drug resistant skills, personal self-management skills, and general social skills. Research has shown that adolescents with high skill levels in each of these components are less likely to use drugs and alcohol and they are less likely to engage in high-risk behaviours.
  - **Drug resistant skills:** teaches students about misconceptions about drugs and alcohol and how to recognize these misconceptions. Additionally, through practice, students learn skills that help them to resist pressure to use drugs.
  - **Personal self-management skills:** teaches students to examine their self-image, gain insight about their skills, set goals for their future, track their progress, embrace personal challenges, and analyze problem situations and learn how to react to them.
  - **General social skills:** teaches students to overcome shyness, gain communication skills, develop assertiveness, and to realize that there are other choices in problem situations other than passivity or aggression.
- ❑ The program lasts for three consecutive years. During the first year, the students complete 15 lessons, then 10 in the second year, and 5 in the third year.
- ❑ LST is primarily implemented by one or two teachers, who have undergone training with the National Health Promotion Associates, in a classroom setting. The program takes the form of a single course.

### ADDITIONAL INFORMATION

- ❑ The core LST components consist of self-image and self-improvement; decision making; smoking, marijuana, and alcohol myths and realities; smoking and biofeedback; advertising awareness; coping with anxiety; communication skills; social skills; and assertiveness (Smith et al, 2004);

## YOUTH AT-RISK AGES 12 TO 17 – Life Skills Training (LST)

- ❑ LST has been tested over the past 25 years in a range of small studies to large-scale randomized trials (Bovin & Griffin, 2005). However, the program was originally developed to prevent tobacco use among students and then adapted to encompass the prevention of a variety of drugs among different ethnicities; and
- ❑ Teachers may use infusion to incorporate the drug prevention knowledge of LST with the basic subjects in a school curriculum (e.g. English or Math).

### EVALUATION

- ❑ Controlled trials of the LST program have demonstrated a reduction in the use of nicotine, alcohol, and marijuana among adolescents (Mackillop et al, 2006); and
- ❑ Evaluations of LST have demonstrated that the program has resulted in sustained positive outcomes at one year, three years, and six years.

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## Project Towards No Drug Abuse (Project TND)

**PROGRAM RATING:** Model program

**TARGET POPULATION:** Youth at-risk aged 14-19

Project Towards No Drug Abuse (Project TND) is based on a motivation-skills-decision-making model. This means that it targets motivation factors, skills, and decision-making factors that put an individual at risk for developing drug abuse problems. It was developed as a classroom-based drug abuse prevention program to be used among continuation (alternative) high school youth, aged 14-19. These youth have been transferred out of the regular school system due to behavioural and functional problems. The project focuses on this population because these youth are at a higher risk of drug abuse than youth in the standard high schools.

The goals of Project TND are:

- ❑ reduce or eliminate the use of tobacco, alcohol, marijuana, and hard drugs;
- ❑ reduce or eliminate weapon carrying; and
- ❑ increase demonstrations of behavioural and cognitive coping skills among the students.

### METHOD

- ❑ Project TND consists of a set of 12 in-class interactive sessions. These sessions encourage the development of better motivation and decision making skills that lead to a decreased use of tobacco, alcohol, marijuana, and hard drugs as well as a decrease in violent behaviour. Each session lasts for approximately 40 to 50 minutes. The sessions are as follows:
  - active listening
  - stereotyping
  - myths and denials
  - chemical dependency
  - talk show
  - marijuana panel
  - tobacco use cessation
  - stress, health and goals
  - self-control
  - positive and negative thought and behaviour loops
  - perspectives
  - decision-making and commitment

## YOUTH AT-RISK AGES 12 TO 17 – Project Towards No Drug Abuse (Project TND)

- ❑ These 12 sessions are implemented over a four-week period, with three 40-50 minute sessions per week;
- ❑ The cost to implement the program within a school depends on the number of students within the school. Each teacher’s manual costs \$70 and each student workbook costs approximately \$10. Additionally, the training session for the teachers costs approximately \$2500; and
- ❑ Project TND can be implemented by a trained teacher or health education specialist.

### ADDITIONAL INFORMATION

- ❑ In order for the program to be effective, it is necessary to teach every one of the sessions. It is also important that three sessions be taught per week, however if this is not possible due to time constraints, only teaching two sessions per week for six weeks will not drastically affect the results of the program; and
- ❑ Although Project TND was developed for students attending alternative high schools, results have shown that the project has also been effective when implemented in regular schools. Therefore, it can be described as both a universal (implemented in normal schools) and a selective program (only implemented among those with a high risk of psychosocial problems and drug abuse).

### EVALUATION

One study involving approximately 3000 youth from 42 schools demonstrated that 30 days after the completion of the program there was a 27% reduction in cigarette use, a 22% reduction in marijuana use, a 26% reduction in hard drug use, a 9% reduction in alcohol use, and a 6% reduction in victimization among males.

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## Quantum Opportunities Program (QOP)

**PROGRAM RATING:** Promising program

**TARGET POPULATION:** Youth at-risk aged 14-19

The Quantum Opportunities Program (QOP) is a long-term, multi-component intervention program that aims to reduce dropout rates and delinquency in disadvantaged high school students and promote positive academics and raise graduation rates. The program targets students entering ninth grade who come from low-income families and lasts for the four years that they are in high school.

The main goals of the QOP are:

- ❑ increase graduation rates;
- ❑ decrease pregnancy rates and violent behaviour rates;
- ❑ compensate for the lack of opportunities among disadvantaged students;
- ❑ teach pro-social values and beliefs; and
- ❑ enhance academic and functional skill levels.

### METHOD

- ❑ The QOP is separated into three components; educational activities, developmental activities, and service activities. The program requires that the student complete 250 hours per year in each of these components, totalling 750 hours per year participating in the QOP;
- ❑ An outline of the three components are as follows:
  - *educational activities*: intended to improve academic achievement and increase the likelihood of graduation from high school and attending college (e.g. tutoring);
  - *developmental activities*: intended to reduce risky behaviours (e.g. Job planning);
  - *service activities*: intended to help the youth develop a sense of responsibility for themselves as well as for others in their neighbourhood (e.g. community service).
- ❑ The program lasts for the four years that the student is in high school and costs an average of \$25000 per enrollee for the four years; and
- ❑ The program is implemented by a trained counsellor who is required to remain with the students for the duration of the four year program. This individual serves as a mentor, role model, disciplinarian and a counsellor for their group of students.

### ADDITIONAL INFORMATION

- ❑ The QOP is unique from other youth programs because it not only provides for those most in need, but it requires a balance of education, social development, and service activities.
- ❑ The QOP provides incentives (mainly monetary) to encourage student participation within the program.

## YOUTH AT-RISK AGES 12 TO 17 – Quantum Opportunities Program (QOP)

- The QOP is also unique because continuing eligibility was not contingent on the behaviour, health status, or residence of the youth. Instead, the QOP continues to serve youth if they have dropped out of school, moved to a different neighbourhood, became incarcerated or ill, or became inactive (stopped participating in the program). In addition, in the QOP, youth could participate during the first year and become inactive during the second year and then participate again in subsequent years.

### EVALUATION

- When the pilot tests of the QOP were implemented, the results demonstrated that the program was effective in increasing graduation rates, entrance rates into post-secondary institutions, decreasing delinquency and arrest rates, and decreasing dropout rates;
- QOP participants had a 19% arrest rate during the juvenile years compared to 23% of the control group, they had a 63% graduation rate compared to the control group which only had a 42% graduation rate;
- 42% of participants enrolled in higher education compared to 16% of the control group;
- Participants were also less likely to become a teen parent (24 versus 38 percent); and
- However, attempts to replicate these programs' effects have mostly failed.

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## Strengthening Families Program (SFP) for Parents and Youth 10-14

**PROGRAM RATING:** Promising program

**TARGET POPULATION:** Youth aged 10-14, families

Strengthening Families Program (SFP) is a universal, family-based intervention program that aims to increase protective processes within the family and decrease potential risk factors. It is designed for use with youth between the ages of 10-14 and their families. However, it was specifically designed for students in grade 6 and their families. SFP has been implemented in 33 rural, Midwestern schools, which were mainly composed of white, middle-class youth.

The main goals of SFP are:

- ❑ enhance parents' child management skills;
- ❑ better parent-child relationships and family communication;
- ❑ decrease/avoid problem behaviours;
- ❑ delay the onset of adolescent alcohol and drug use;
- ❑ improved prosocial skills in youth; and
- ❑ improved personal and interpersonal skills among youth.

### METHOD

- ❑ The SFP program consists of seven two hour sessions for youth and parents. The youth and parents spend the first hour doing skill building sessions apart then spend the second hour together doing supervised family activities. An additional four booster sessions are to be used about 6 months to one year after the completion of the program. The purpose of these sessions is to reinforce skills learned from the original seven sessions:
  - During the parent training sessions, parents learn to clarify expectations of children's behaviour, use consistent and appropriate discipline techniques, and use effective communication.
  - During the child training sessions, children learn peer resistance, refusal techniques, social interaction skills, stress management, and emotion management.
  - In the combined sessions, the families learn conflict resolution and practice communication skills. They also engage in activities that are designed to increase family cohesion.
  - The booster sessions focus on goal setting, stress management, communication skills, and improving skills for the children and parents focus on encouraging good behaviour, enforcing rules, and setting limits.
- ❑ The total length of the program is 11 weeks, 7 weeks for the original sessions, and 4 weeks for the additional booster sessions.
- ❑ The cost of implementing this program is approximately \$8900. This includes \$4000 for training, \$775 for teaching manuals and videos, \$500 for family supplies, and \$3600 for staff to teach the program.
- ❑ At least three trained facilitators must teach the program. These individuals are not required to have professional experience or degrees and are often community members.

## ADDITIONAL INFORMATION

- Three day training sessions are required for sites that are conducting scientific evaluations of the curriculum, for sites that need to make modifications to the curriculum to accommodate populations from different ethnicities, and for sites including train-the-trainer sessions;
- SFP targets risk factors such as family conflict and family management problems that can potentially lead to problem behaviour or future deviance; and
- The program requires that the parent participants have at least a grade 8 reading level.

## EVALUATION

- Post-test studies demonstrate that among SFP participants, the parents showed improved child management practise (monitoring, discipline), and better communication with their child. Additionally, there was a greater child involvement in family decisions and activities and increased family bonds; and
- At the one and two year follow-up analysis, adolescents showed lower rates of alcohol initiation and 30-60% reductions in the use of alcohol.

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# Wraparound Milwaukee

**PROGRAM RATING:**            **Promising program**

**TARGET POPULATION:**    **Youth at-risk aged 13 to 17**

Wraparound Milwaukee is a comprehensive care program that focuses on delivering strength-based, individualized care to delinquent youth and their families. It was designed to reduce the number of youth being institutionalized by providing family-based treatment and programs within the community. The program targets youth ages 13 to 17 with serious emotional, behavioural, and mental health needs and their families.

The goals of Wraparound Milwaukee are:

- ❑ reduce anti-social behaviour;
- ❑ help families access available services;
- ❑ increase association with pro-social peers;
- ❑ increase family cohesion; and
- ❑ minimize out-of-home placements.

## METHOD

- ❑ Before receiving treatment, the facilitators must determine whether enrolment is appropriate for the individual. The youths are then court-ordered through delinquency orders to participate in the program. The program has four main components: care coordination, a child and family team, a mobile crisis team, and a provider network.
  - Care coordination determines the resources and needs of each individual family and arranges for them to receive certain services and programming. They also monitor the implementation of the individualized plan for the family;
  - A child and family team is a family’s support system including relatives, friends, neighbours as well as the probation/child welfare workers;
  - The mobile crisis team meets the needs of the families when a program coordinator is not available;
  - The provider network consists of all the individuals that work with Wraparound Milwaukee. These individuals include social workers and psychologists who are trained to intervene in family situations and provide an alternative to incarceration or institutionalization of the youth as well as community agencies that provide programming.
- ❑ The Wraparound Milwaukee treatment typically lasts as long as it is needed by the family and the youth.
- ❑ The program is implemented by a team of trained social workers and psychologists.

## ADDITIONAL INFORMATION

- To be recommended for the program, the youth must:
  - have a current mental health problem;
  - be involved in two of either juvenile justice, mental health, or child welfare systems; and
  - have been identified as likely to receive out-of-home placements in a treatment centre.
- The programs in Wraparound Milwaukee attempt to eliminate risk factors that cause criminality such as anti-social behaviour, aggression, mental health problems, child victimization, parental criminality, family violence, inadequate school climate, economic deprivation, low attachment to community, association with delinquent peers, gang involvement, and peer rejection.

## EVALUATION

Three years after the program, it was demonstrated that youth who received interventions from Wraparound Milwaukee had a significant reduction in recidivism rates. They had a significant decrease in felony referrals, misdemeanour referrals. They also committed fewer sex offences, property offences, assault offences, and weapons offences.

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## Youth Inclusion Program (YIP)

<b>PROGRAM RATING:</b>	<b>Promising program</b>
<b>TARGET POPULATION:</b>	<b>Youth aged 13-16, identified as being at high risk of involvement in offending</b>

YIPs are neighbourhood-based and aim to reduce youth crime and anti-social behaviour in neighbourhoods by creating a safe place where youth can go to learn new skills, take part in activities with others and get help with their education. Positive role models – the workers and volunteer mentors – help to change young people’s attitudes to education and crime.

Each project has the following goals:

- ❑ increase access to mainstream and specialist services;
- ❑ prevent young people in the programme from entering the Criminal Justice System;
- ❑ reduce offending of young people already in the system; and
- ❑ intervene at the individual, familial and communities level.

### METHOD

- ❑ YIPs operate in the most deprived neighbourhoods;
- ❑ Youth participation in the program is entirely voluntary;
- ❑ YIPs identify 50 of the most at risk 13-16 year olds living in the neighbourhood. Young people are identified through a number of different agencies including youth offending teams, police, social services, local education authorities or schools, and other other local agencies. The identification process is repeated every 6 months;
- ❑ Various approaches, from home visits to phone calls, are used by YIPs to engage the identified youth;
- ❑ Interventions are delivered to address the risk factors that caused the youth to be identified initially;
- ❑ YIPs provide 500 hours of intervention, roughly 10 hours per week; and
- ❑ YIP programming consists of:
  - education and training
  - arts, culture and media
  - mentoring
  - health and drugs education
  - motor programmes
  - outreach and detached work
  - sport
  - group development
  - environment
  - personal assessment; and
  - family programming.

## ADDITIONAL INFORMATION

- ❑ Requires a sophisticated management information system that targets the “top 50” and monitors the intensity of interventions;
- ❑ Participation in the program is voluntary and therefore requires innovative ways to encourage youth to participate;
- ❑ An optimum number of known offenders must be engaged for the program to reach its crime reduction objectives; and
- ❑ Program participants should engage with YIPs 10 hours per week, but the average time spent with a participant is much less.

## EVALUATION

An independent national evaluation of the first three years of YIPs found that:

- ❑ arrest rates for the 50 young people considered to be most at risk of crime in each YIP had been reduced by 65%;
- ❑ of those who had offended before joining the programme, 73% were arrested for fewer offences after engaging with a YIP;
- ❑ of those who had not offended previously but who were at-risk, 74% did not go on to be arrested after engaging with a YIP;
- ❑ the seriousness of committed offenses decreased by 68% (using the Youth Justice Board’s gravity scoring criteria); and
- ❑ the best performing two-thirds of YIPs achieved a 6.3% reduction in crime in their neighbourhood.

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## Job Corps

**PROGRAM RATING:** Promising program

**TARGET POPULATION:** Youth at-risk aged 16-24

Job Corps is an American federal effort designed to help disadvantaged youth become responsible, employable and productive citizens by providing material resources, emotional support, information, technical and academic knowledge, and social supports and interactions.

### METHOD

- ❑ Program components include academic education, health education, health care, vocational training, job placement, personal and professional skills development, and counselling services; additionally, a sub-set of youth participate in a dormitory-style residential living component. Job Corps provides career counselling and transition support to its students for up to 12 months after they graduate from the program.
- ❑ Youth attend Job Corps for up to two years and are paid a monthly allowance after joining the program.
- ❑ To enrol, youth must be between the ages of 16 and 24, be a U.S. citizen or legal resident, meet income requirements and be ready, willing, and able to participate fully in an educational environment.
- ❑ Training approaches and methods of implementation vary to allow tailoring of service components and delivery methods, effectively use resources and meet individual student and employer needs.
- ❑ Applicants are identified and screened for eligibility by organizations contracted by the U.S. Department of Labor.
- ❑ The program has 4 phases:
  - **Outreach and admissions:** prospective students learn what Job Corps is about; how Job Corps can help him/her start a career; what learning and working on a Job Corps center will be like; what his/her responsibilities will be as a student; and, what vocational offerings will be available at his/her chosen center;
  - **Career preparation period:** in the first 60 days with Job Corps students learn, demonstrate, and practice personal responsibility skills required at the workplace; learn, demonstrate, and practice job search skills including computer fluency; create and commit to a personal career development plan; visit and learn about One Stop centers;
  - **Career development period:** students learn, demonstrate and practice technical and academic skills; interpersonal communication and problem solving skills; and, social and personal management skills. Students also begin the job search process and prepare for independent living at this stage; and
  - **Career transition period:** students acquire their first job, continue to contact Job Corps service providers to seek their support, if needed; and, responds to 13-week, 6- and 12-month survey requests.

## ADDITIONAL INFORMATION

- ❑ The program had no impact on tobacco, alcohol, or illegal drug use and had no statistically significant impact on time spent in drug treatment; and
- ❑ The program did not impact birth rates or college attendance.

## EVALUATION

- ❑ A 2000 study (Schochet et al.) followed 11,787 youth who completed the evaluation's 30-month follow-up interviews. The evaluation consisted of a comparison of youth who were eligible Job Corps applicants and were randomly assigned to a program group (offered the chance to enrol in Job Corps) or to a control group (not given this option but could apply for other job programs). Results showed that:
  - the program increased average weekly earnings: in the last quarter of the 30-month follow-up period, the gain in average weekly earnings per participant was \$18, or 11%, compared to the control group (average earnings for all participants were \$13 higher);
  - arrest rates were reduced by 22%. Impacts were more sustained for older applicants – the arrest rate for this group did not increase as much after they left the program;
  - for participants ages 16 and 17, arrest rate reductions were largest in the early follow-up period (about 40%), before they started leaving the program; and
  - positive impacts for 16- and 17-year-olds are striking: earning gains per participant were nearly 20% by the end of the follow-up period. The percentage earning a high school diploma or GED was up by 80%. Arrest rates were reduced by 14% while rates of incarceration for a conviction by 26 %.
- ❑ Economists at Mathematica Policy Research concluded in a recent, independent evaluation that Job Corps returns \$2.02 for every dollar invested in the program.

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## Multidimensional Treatment Foster Care (MTFC)

**PROGRAM RATING:**            **Model program**

**TARGET POPULATION:**    **Youth at-risk, families**

The Multidimensional Treatment Foster Care (MTFC) is a cost effective alternative to incarceration, hospitalization, or residential treatment. The MTFC model is based on the Social Learning Theory, which states that interactions with individuals help to shape behaviour in social contexts. Interactions within the family help to build pro-social patterns of behaviour that the child can use outside of the home. The model also uses a multi-modal treatment approach, which includes behavioural skills training in several different settings such as the home, school, and peer group. The program targets teenagers with histories of chronic criminal behaviour. The individuals targeted have problems with antisocial behaviour, emotional disturbance and are at risk of being hospitalized in a psychiatric institution or being imprisoned.

The major goals of MTFC are:

- ❑ to create supports and opportunities for children and adolescents so they can have a successful community living experience;
- ❑ to decrease future delinquency and antisocial behaviour; and
- ❑ to prepare their parents, relatives, or other aftercare placement resources to use skills and methods that will allow youngsters to maintain the gains they made while in MTFC once they return home.

### METHOD

- ❑ In Multidimensional Treatment Foster Care, both the community families and the biological (or adoptive) families receive training. The community families are recruited and trained to implement a structured, individualized program for a youth that has chronic delinquent behaviour. In this portion of the program, the community family must:
  - set rules, expectations and limits and discipline the individual for going beyond these rules and expectations;
  - attend weekly support meeting that focus on the individual treatment program for the youth; and
  - monitor the peer relationships and behaviour of the individual and place a heavy emphasis on teaching interpersonal skills and participation in social activities.
- ❑ The second part of the program is focused on educating the biological or adopted parents of the individualized plans so that when the youth returns home, they will have a continuation of the MTFC treatment program. This requires that the family:
  - attend weekly family therapy and treatment sessions, during which the family learns effective methods for supervising, disciplining, and encouraging the youth; and
  - participate in home visits, during which the youth returns home for a short period of time. This gives the family a chance to briefly implement the youth's individualized program.

## YOUTH AT-RISK AGES 16 TO 24 – Multidimensional Treatment Foster Care (MTFC)

- ❑ The MTFC lasts from 6 to 9 months and the cost per youth in MTFC averages approximately \$3,900 per month, which is from one-half to one-third less than residential, group or hospital placements; and
- ❑ Staffing teams implement MTFC and are composed mainly of a program supervisor, an individual therapist, and skill trainers. Additionally, community families and the biological families implement the program within their households.

### ADDITIONAL INFORMATION

- ❑ One distinguishing characteristic of the MTFC model is the use of a treatment team with clearly defined roles. Each person has their own responsibility and there is no overlap between responsibilities. Staffing teams are structured to deal with 10 cases.
- ❑ The initial implementation of the MTFC model may be difficult because each aspect of the program must be planned clearly. Without a clear plan for program development, the program may ultimately fail. Additionally, it may be difficult to recruit qualified foster parents, to match referrals to homes, and to promote teamwork between foster parents and staff.
- ❑ The MTFC model described within represents a departure from most typical mental health and child welfare practices. This is because paraprofessionals (the MTFC parents) provide the front-line services and therapists often only promote youth skill development. Furthermore, unlike most practices, group treatment for youth is avoided.

### EVALUATION

Evaluations of MTFC have demonstrated that youth who participate in the program compared to those who do not spent 60% fewer days incarcerated 12 months after the completion of the program. Additionally, they had fewer arrests, ran away from their programs less, used less hard drugs during the follow-up period, and had better school attendance.

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## Seattle Social Development Project (SSDP)

**PROGRAM RATING:** Promising program

**TARGET POPULATION :** General population and high-risk children

The Seattle Social Development Project (SSDP) is a multi-year, school-based intervention that is guided by the social development model, which integrates elements of social control, social learning, and differential association theories. This model stresses that families and school participate in the youth's life to build competency and skills for success, and build strong bonds between the individuals involved. Drawing upon the social control theory, these bonds prevent youth from engaging in socially unacceptable behaviours. The SSDP also uses a risk-reduction and skill-development strategy to reduce delinquent and problem behaviours in participating youth. The SSDP can be used for either the general population or high-risk children in grades 1 through 6.

The SSDP seeks to:

- ❑ reduce or eliminate the effects of exposure to risk by developing preventive interventions that target the risk factors that youth are exposed to;
- ❑ reduce the amount of academic failure, low commitment to school, early conduct disorders, family management problems, and involvement with antisocial others among youth in grades 1 through 6; and
- ❑ increase protective factors while reducing risk.

### METHOD

- ❑ The SSDP is composed of two sections, teacher training and parent training. The teacher's training is comprised of three components: proactive classroom management, interactive teaching, and cooperative learning. Additionally, first grade teachers teach communication, decision-making, negotiation, and conflict resolution skills whereas sixth grade teachers teach refusal skills.
  - proactive classroom management involves minimizing classroom disturbances, establishing clear rules for the classroom, and rewarding good behaviour;
  - interactive teaching involves enhancing each child's academic performance by ensuring mastery of certain objectives and skills before proceeding to tougher work; and
  - cooperative learning involves separating the children into small groups to encourage teamwork and to improve their social skills.
- ❑ Parental training occurs during the first, second, third, fifth, and sixth grades.
  - during first and second grade, parents engage in family management training, which helps parents to monitor and provide discipline to children;
  - during the second and third grades, parents engage in communication training, which helps to improve parent-child communication. They also learn to help with schoolwork and skill development; and
  - during the fifth and sixth grades, parents learn to create a family position on drugs and to teach their child resistance skills.

- ❑ The interventions in the SSDP last for six years (grades 1 through 6) and are implemented by trained classroom teachers.

### ADDITIONAL INFORMATION

- ❑ The results of the program are controversial as most of the research on the program is based on the quasi-experimental portion of the study. Additionally, because the assignment of schools to participate in the study was non-random, some studies have concluded that the study may be biased.
- ❑ Although the program requires its implementation within the classroom by trained teachers, parental involvement for the second section of the program is completely voluntary.

### EVALUATION

- ❑ After grade two, students involved in the project showed lower levels of aggression and antisocial behaviours for males and lower levels of self-destructive behaviours for females;
- ❑ At the beginning of grade five, project students had used less alcohol and were involved in less delinquency. Additionally, they had better family communication, management practices, and were attached to their family and school;
- ❑ At the end of grade six, project youth were more committed to school and males were less involved with antisocial and delinquent peers; and
- ❑ At the end of grade eleven, those involved in the project had reduced levels of violent delinquency and sexual activity as well as reduced levels of drinking and drunk driving.

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# Boston Gun Project and Operation Ceasefire

<b>PROGRAM RATING:</b>	<b>Promising program</b>
<b>TARGET POPULATION:</b>	<b>Youth aged 6 to 18 involved in gang and gun violence</b>

The Boston Gun Project and Operation Ceasefire intervention are comprehensive strategies designed to address gun and gang violence. They were developed as problem-oriented policing interventions expressly aimed at reducing youth homicide and youth firearms violence in Boston, Massachusetts.

The initiative represented an innovative partnership between academics and practitioners who worked together to diagnose the city’s youth homicide problem and to develop and implement viable responses. The Boston Police Department and researchers from Harvard University initiated the project by approaching other key criminal justice and social service partners and stakeholders in the city to participate on a working group and support a research-based process. These stakeholders initially included: the departments of probation and parole, social workers, the Office of the Suffolk County District Attorney, the federal Bureau of Alcohol, Tobacco and Firearms, the U.S. Attorney’s Office, Department of Youth Services, and the City of Boston School Police.

## METHOD

- ❑ Two strategic components:
  - law enforcement blitz on illicit firearms traffickers supplying youth with guns; and
  - deterrence strategy to prevent youth gang violence, which involved deterring the violent behaviour (especially gun violence) of serious gang offenders by actively focusing criminal justice attention on a small number of chronically offending gang-involved youth.
- ❑ This involved:
  - targeting gangs engaged in violent crime;
  - reaching out in an open manner to members of the targeted gangs;
  - delivering a direct message that violence would not be tolerated under any circumstance; and
  - reinforcing that message by “pulling every lever” legally available (e.g. by applying the appropriate police, criminal prosecution and/or probation sanctions) when violence occurred.
- ❑ Working with community partners, the city built on existing services in the communities to create a more extensive and effective continuum of services;
- ❑ Some examples of intervention and prevention programs aimed at at-risk youth that were implemented include:
  - Boston Community Centers’ Streetworkers Program;
  - streetworkers (a coalition of Boston social service workers), probation and parole officers, and, later, churches and other community groups offered gang members services and other types of assistance; and
  - Youth Services Providers Network was created and implemented through a partnership of many of Boston’s youth service organizations and city agencies to address teenage runaways, dropout prevention, mentoring, job training and placement, tutoring, and building leadership skills.

- A series of semiformal meetings with selected gangs were held to give a clear message about how violence would be treated in the future. These “forums,” as they came to be called, were intended to make a graphic show of the new reality in Boston. A variety of agencies were working together and sharing information, with an enormous range of capacities to deploy and with violence as their only target.

### ADDITIONAL INFORMATION

- A large network of partners is needed for the successful implementation of the program; and
- Direct communication with gang members is necessary to make members aware of the new rules regarding violence and to make them understand that they had drawn official attention.

### EVALUATION

- One evaluation found that the *Ceasefire* intervention was related to significant decreases: a 63% decrease in youth homicides per month, a 32% decrease in “shots fired” calls for police service per month, and a 25% decrease in gun assaults per month in Boston;
- Roxbury, the highest risk city district, saw a 44% decrease in youth gun assaults per month; and
- A comparative analysis was conducted whereby youth homicide trends in Boston were compared to regional and national trends in 29 major New England cities and 39 major U.S. cities. It was found that a unique program effect was associated with the intervention (Braga, Kennedy, Waring, and Piehl, 2001).

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# Gang Prevention through Targeted Outreach / Gang Intervention through Targeted Outreach

**PROGRAM RATING:** Promising program

**TARGET POPULATION:** Youth aged 6 to 18 who are at risk of gang membership

The Gang Prevention through Targeted Outreach program was initiated to help local Boys & Girls Clubs:

- ❑ build a network of local community representatives (including community agencies, schools, social service organizations, courts, and police and other law enforcement officials) to assess their local gang problem;
- ❑ recruit youth (ages 6 to 18) who are at risk of gang membership; and
- ❑ focus efforts and resources on the reduction of gang involvement by providing at risk youth with alternative activities.

## METHOD

- ❑ There are 4 components of the initiatives:
  - *community mobilization* of resources to combat the community gang problem;
  - *recruitment* of 50 youths at-risk of gang involvement (prevention) or 35 youths already involved in gangs (intervention) through outreach and referrals;
  - *promoting positive developmental experiences* for these youths by developing interest-based programs that also address the youths' specific needs through programming and mainstreaming of youths into the Clubs; and
  - *providing individualized case management* across four areas (law enforcement/juvenile justice, school, family, and Club) to target youths to decrease gang-related behaviors and contact with the juvenile justice system and to increase the likelihood that they will attend school and improve academically.
- ❑ The major goal of the program is to satisfy youth interests and their social and physical needs by providing prosocial activities. These activities center around five target areas: character and leadership development; health and life skills; the arts; sports, fitness, and recreation; and education;
- ❑ Youth are provided with counsellors and are tracked for the first year of their participation while being mainstreamed into normal club activities;
- ❑ The Intervention initiative of the strategy responds to the needs of youth that require interventions: substance abuse treatment, gang tattoo removal, job training, and educational services; and
- ❑ Youth are identified and recruited through direct outreach and referrals from resources such as school personnel, social service agencies, police and probation.

## ADDITIONAL INFORMATION

- ❑ Club staff felt challenged to keep up with the influx of new staff at collaborating agencies;
- ❑ Variations were noticed in the Clubs ability to document the youths’ progress at school, within the juvenile justice system or at home; and
- ❑ Staff turnover presented a challenge to Clubs’ ability to develop and maintain relationships with referral agencies and youth, as well as meeting documentation requirements.

## EVALUATION

The evaluation included 21 Boys and Girls Clubs that used the prevention approach and 3 Clubs that used the intervention approach. The prevention Clubs began using Gang Prevention through Targeted Outreach (GPTTO) either simultaneous with the start of the evaluation or 1 year beforehand. The intervention Clubs developed their projects between 1 and 3 years before the start of the evaluation. The study included 932 prevention youths and 104 intervention youths. The target youth survey subsample consisted of 236 prevention and 66 intervention youths. The evaluation concluded that frequent GPTTO attendance is associated with:

- delayed onset of one gang behavior (less likely to start wearing gang colors);
- less contact with the juvenile justice system (less likely to be sent away by the court);
- fewer delinquent behaviors (less likely to steal and less likely to start smoking pot);
- improved school outcomes (higher grades and greater valuing of doing well in school); and
- more positive social relationships and productive use of out-of-school time (engaging in more positive afterschool activities and increased levels of positive peer and family relationships).

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## OJJDP Comprehensive Gang (or “Spergel”) Model

**PROGRAM RATING:** Promising program

**TARGET POPULATION:** Youth aged 12 to 25 involved in gangs

The Spergel Model is a balanced, three-pronged approach that encompasses prevention, intervention and suppression activities. The model presumes that gangs become chronic and serious problems in communities where key organizations are inadequately integrated and sufficient resources are not available to target gang-involved youth. To address these problems, the Comprehensive Gang Model calls for community institutions — including law enforcement, social welfare agencies, and grass roots organizations — to work together to achieve a more integrated, team-oriented approach.

The main goal of the Spergel Model is to reduce and prevent gang crime and violence.

The model was piloted in the Little Village neighbourhood of Chicago, Illinois, starting in 1992. With some subsequent modifications, this design gave rise to the OJJDP *Comprehensive Community-Wide Gang Model* in 1995 and has been implemented and tested in 5 sites across the United States: Bloomington-Normal, Illinois; Mesa, Arizona; Riverside, California; San Antonio, Texas; and Tucson, Arizona. According to Wyrick (2005; 2007), the OJJDP has implemented this model in over 25 urban and rural locations since 1995.

### METHOD

- The Spergel Model can be implemented in several ways. Communities must assess their needs in order to determine number and type of staff needed, location, etc. For instance, in Mesa, Arizona, it is coordinated by the City of Mesa Police Department and it operates in the areas of 2 junior high schools. A team of 2 detectives, 1 adult and 3 juvenile probation officers, and 2 street outreach workers monitors and provides services daily to the 100 youth in the project. The MGIP team operates out of a storefront office in the target community and uses a team problem-solving approach to ensure that progress is made with each youth. The MGIP detectives and probation officers hold program youth accountable through surveillance and routine monitoring and support street outreach workers and staff from community-based agencies who ensure delivery of services such as counseling, job referrals, drug and alcohol treatment, and other social services. For information on how other cities have implemented, please consult “Implementing the OJJDP Comprehensive Gang Model” at [www.ncjrs.gov/pdffiles1/fs99112.pdf](http://www.ncjrs.gov/pdffiles1/fs99112.pdf)
- Despite the various technical ways to implement the Spergel model, it is imperative that the following five key strategies (or core components) are implemented in order for the program to work:
  - **community mobilization** – mobilizing local residents, youth, community groups, civic leaders and agencies to plan, strengthen, or create new opportunities or linkages to existing organizations for gang-involved and at-risk youth; and, coordinating programs and services as well as the functions of staff within and across agencies;
  - **social intervention** – providing programs and social services (via youth serving agencies, schools, faith-based and other organizations) to gang youth and those at high-risk of gang involvement; also, using outreach workers to actively engage gang-involved youth;

## YOUTH GANG INVOLVEMENT – OJJDP Comprehensive Gang (or “Spergel”) Model

- **opportunities provision** – providing and facilitating access to educational, training and employment programs or services targeted to gang youth and those at high-risk of gang involvement;
- **suppression** – conducting suppression activities via formal and informal social control mechanisms and holding gang-involved youth accountable for their actions and behaviours, including close supervision or monitoring of gang youth by criminal justice agencies and also by community-based agencies, schools and grass-roots groups; and
- **organizational change and development** – facilitating organizational change and development to help community agencies better address gang problems through a team “problem-solving” approach that is consistent with the philosophy of community and problem-oriented policing; also, developing and implementing policies and processes that result in the most effective use of available and potential resources within and across agencies.

### ADDITIONAL INFORMATION

For a discussion of some of the problems encountered during the implementation of the OJJDP Comprehensive Community-Wide Gang Model, the reader should consult Klein and Maxson (2006) and Spergel (2007). Some implementation problems included:

- Slow start-up due to a failure to clearly articulate the model sufficiently for various sites to follow;
- Complexities of carrying out the Spergel Model may have been beyond the capacities of many of the participating sites. The model is complex because it aims to combine prevention, intervention, and suppression simultaneously; and
- Political pressures (e.g. the mayor’s office wanting to carry out an almost exclusive suppression approach) and organizational barriers to the program. Examples of barriers include undefined organizational structure, lack of leadership, ambiguous goals, conflicting community attitudes, recruitment difficulties, high turnover, unbalanced representation of the community, and inadequate conflict resolution processes.

### A NEW GENERATION: SPERGEL MODEL

The Gang Reduction Program (GRP), similar to the Spergel model, proposes a step-by-step process to reduce youth gang crime and violence. This process leads to a thorough assessment of the gangs’ issues, resources and services with the goal of designing a tailored strategy. The GRP model is more focused on the prevention and re-entry aspects to reach out not only to gang-involved youth, but also to high-risk youth and on young or adult offenders to engage them into positive lifestyles.

In order to implement GRP successfully, the following key components must be included:

- comprehensive approach to youth gangs and violence;
- emphasizes integration of evidence-based practices;
- coordination of programs, technical assistance and evaluation; and
- close collaboration and effective communication.

The GRP was piloted in four targeted communities of limited geographic area (approximately 5 square miles) that are characterized by significant existing program investment, strong indicators of citizen involvement, and high rates of crime and gang activity. The sites are located in: East Los Angeles, California; Milwaukee, Wisconsin; North Miami Beach, Florida; and Richmond, Virginia.

The Urban Institute is conducting a 3-year evaluation to assess program implementation, examine outcomes related to reductions in crime and gang activity, and identify improvements in prosocial activities and protective factors in the lives of high-risk youth. Evaluation of the GRP includes a pre/post comparison group design and a longitudinal time-series. The interim crime outcomes indicate the Los Angeles was the most successful site. Interim reports note challenges associated with implementation and coordination with three of the pilot sites, particularly Milwaukee who experienced serious implementation and measurement issues and has since been dissolved.

## EVALUATION

The Little Village pilot program in Chicago was evaluated by Spergel and Grossman using a quasi-experimental design. The evaluation collected and analyzed data on 493 youths who were either program youths (195), quasiprogram youths who received some services (90), or a comparison group who did not receive services (208). Data collection included interviews, criminal history records, aggregate level police arrest data, field observations, community surveys, and focus groups. The evaluation concluded that:

- ❑ serious gang violence among the targeted gang members was lower than among members of comparable gangs in the area. Specifically, there were fewer arrests for serious gang crimes (especially aggravated batteries and aggravated assaults) involving members of targeted gangs in comparison with a control group of youths from the same gangs and members of other gangs in Little Village;
- ❑ using a combination of various social interventions involving youth outreach workers and suppression tactics, was more effective for more-violent youths, while the sole use of youth workers was more effective for less-violent youths;
- ❑ the project was apparently most effective in assisting older youths to significantly reduce their criminal activities (particularly violence) more quickly than would have been the case if no project services had been provided; and
- ❑ the project was particularly successful in reducing drug arrests for program youth compared to comparison and quasiprogram youth, who showed increased drug arrests.

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## Philadelphia Youth Violence Reduction Partnership

**PROGRAM RATING:**            **Promising program**

**TARGET POPULATION:**    **Youth at-risk of violence under the age of 24**

The Philadelphia Youth Violence Reduction Partnership (YVRP) is an intervention project involving members of street gangs in police precincts where the homicide rate among young people is the highest. The project was implemented in the first precinct in 1999 and was later extended to two additional precincts; essentially, the program aims to reduce violent crime—particularly homicide—committed by or against young people.

The YVRP is a result of the close partnership between various public agencies (police, probation) and community organizations (street workers, religious organizations) who were already working with this client group or whose mandate was to do so. Each of these agencies was working independently of the other. However, it was assumed that cooperation between the organizations through joint action would help intensify interventions with young people, which would further discourage them from engaging in crime and would promote social reintegration.

With the financial support of various charitable foundations, the organizations involved met to discuss a potential pilot project for curbing violence with a view to integrating the various existing initiatives in the precinct through close operational cooperation between the organizations. Similar intervention projects set up a few years earlier, involving youth at risk in rough neighbourhoods in some U.S. cities such as Boston and Baton Rouge, showed promising results. Using these initiatives as a model, the leaders of the Philadelphia project organized a two-day mission with the Boston project’s managers to learn more about their experience, in anticipation of similar projects adapted for Philadelphia.

### METHOD

The adapted Philadelphia project involves two main components: closer surveillance of some young people at high risk for crime and victimization, combined with the implementation or optimization of some measures to facilitate their social reintegration.

The young people were selected based on the following criteria: under 24 years of age, living (or having committed crimes) in the targeted neighbourhood, and at risk of committing or becoming a victim of a violent crime. The vast majority of the young people identified had previously been arrested for a serious crime: drug trafficking, robbery, attempted murder. Those who had never been arrested had, nonetheless, been identified as individuals at risk.

The main feature of this type of project is closer surveillance of the targeted youth. The level of surveillance exercised by the police and probation services through the YVRP far exceeds the level normally provided by these agencies. Joint police-parole officer patrols, focussing on targeted youth, took place about three times per week to maintain close surveillance of their activities and to ensure that they obeyed the conditions of their release. This surveillance was meant to show the targeted youth that they were more likely to be punished for their crimes and that any violation or breach of the conditions of their probation would be penalized. A “zero-tolerance” policy was adopted with respect to certain behaviours such as violence, possession of firearms, and drug trafficking. The joint interventions of the police and probation officers also demonstrated close cooperation between these two agencies.

## ADDITIONAL INFORMATION

The intensive management of a smaller number of cases enabled the probation officers to visit the workplaces and homes of the targeted youth more frequently, in addition to the usual formal meetings. This allowed more time to better assess their situation and guide them toward the appropriate resources as needed (therapy, employment assistance, etc.). The probation officers worked varying hours in order to monitor the youth through flexible schedules (early in the morning or late at night, during the week or on weekends).

At the same time as increased surveillance, community outreach workers (Philadelphia Anti-Drug/ AntiViolence Network) played a decisive social reintegration role insofar as they developed a meaningful rapport with the youth involved and guided them toward resources that would help them get off the streets. Being involved in the project, they were aware of the young people’s probation conditions and encouraged them to obey them to avoid disciplinary actions. Essentially, their goal was to foster relationships with the youth and identify their respective needs in order to do what was necessary to fulfill these needs in a pro-social manner. They acted as a bridge between the young people and the resources available to them in their neighbourhood.

## EVALUATION

Overall, the project was implemented as planned, and some issues surrounding implementation and coordination were resolved along the way. The data collected show that the front-line workers were able to closely monitor the targeted youth, and they carried out nearly 24 interventions per month, including about ten home visits. The number of interventions depended on the severity of the problems and individual needs. Nearly 800 young people were monitored through this four-year program.

The evaluation data show that the homicide rate attributable to street gangs decreased overall in the precincts in which this program was implemented, as was the case in Boston. Close surveillance made it possible to detect a large number of offences that were subsequently penalized. Lastly, the front-line workers were able to persuade a significant number of young people to attend assistance or rehabilitation programs. Additional assessments will be needed to identify the program’s long-term effects.

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