

A RECLAIMING FUTURES
NATIONAL EVALUATION REPORT

Reforming Juvenile Justice Systems

BEYOND TREATMENT

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Reclaiming Futures is a National Program of the Robert Wood Johnson Foundation®



RECLAIMING FUTURES

Communities helping teens
overcome drugs, alcohol and crime

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Reforming Juvenile Justice Systems: Beyond Treatment

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This report was prepared using funds from grant 042777, Robert Wood Johnson Foundation, Princeton, New Jersey. Points of view or opinions expressed in this document are those of the authors alone and do not necessarily represent the official position or policies of Portland State University, the Urban Institute, or Robert Wood Johnson Foundation.

RECOMMENDED CITATION:

Buck Willison, Janeen, Lisa Brooks, Meghan Salas, Meredith Dank, Megan Denver, Elissa Gitlow, John K. Roman, and Jeffrey A. Butts (2010). *Reforming Juvenile Justice Systems: Beyond Treatment*. A Reclaiming Futures National Evaluation Report. Portland, OR: Reclaiming Futures National Program Office, Portland State University.

Introduction

In 2001, the Robert Wood Johnson Foundation launched Reclaiming Futures, an initiative designed to improve outcomes for drug-involved youth in the juvenile justice system. The Urban Institute evaluated the initiative between 2002 and 2007. The study team assessed the development, implementation, and effectiveness of Reclaiming Futures and published a series of reports detailing their findings.¹

This report serves as a companion to the previous evaluation reports. It describes several critical issues that were part of the context for the Reclaiming Futures initiative as well as the evaluation. In this report, we explore the concept of evidence-based decision-making and view Reclaiming Futures through that increasingly influential policy lens. The Urban Institute evaluation found Reclaiming Futures to be a promising practice, however, many of the features that may be responsible for the positive system changes seen in Reclaiming Futures jurisdictions were inspired by practices not yet tested thoroughly by evaluators.

Reclaiming Futures is a comprehensive approach to system change involving

community organizing, managerial reforms, communication efforts, leadership dynamics, inter-organizational relations, and treatment technologies. System change initiatives are difficult to implement and evaluate, and it should not be surprising that they often involve strategies and activities not derived from random-assignment studies with statistically significant effects. In other words, some components of the Reclaiming Futures initiative were not evidence-based. Yet, they are still critical features of the Reclaiming Futures approach. This report describes two such components: positive youth development and cultural competence.

OVERVIEW OF RECLAIMING FUTURES

The first phase of Reclaiming Futures (2002-2007) was a 10-site demonstration effort that relied on organizational change, system reform and service integration to improve substance abuse interventions and outcomes for youthful offenders. Central to the initiative was a six-phase model of service delivery including screening, assessment, treatment engagement and the coordination of community resources including family, natural helpers, and multi-disciplinary service teams.

¹ See the evaluation reports on the Reclaiming Futures website: www.reclaimingfutures.org.

The underlying premise of Reclaiming Futures was that juvenile justice-involved youth who also used drugs and alcohol needed something more than the typically punitive juvenile justice response. “More treatment, better treatment, and beyond treatment” was the initiative’s credo. In practical terms, “beyond treatment” often meant moving beyond traditional system responses and embracing the principles of a youth development approach. Consistent with that approach, Reclaiming Futures viewed youth as resources to be developed and cultivated as an investment for the future. The design of the initiative assumed that traditional treatments, while necessary, were not entirely sufficient for youth involved in the juvenile justice system. To that end, the 10 pilot Reclaiming Futures communities worked to implement culturally competent service strategies, to leverage and engage community resources including family members and caring, competent adults with whom youth already had constructive relationships. The initiative linked youth to appropriate pro-social activities and programs reflecting a positive youth development approach

This report examines the role of youth development and cultural competence in Reclaiming Futures. Each pilot community in the first phase of Reclaiming Futures developed its own distinct strategy that reflected its unique needs, strengths, and resources. This report discusses the manner in which each community leveraged pro-social activities as appropriate to the

developmental capacity of individual youth, the provision of competency development (skill building and mastery), leadership, and decision-making opportunities, community and family engagement, and the extent to which each site built its strategies in a culturally competent manner.

The Reclaiming Futures initiative began with the assumption that positive youth outcomes are achieved when service delivery systems are well managed and coordinated, and when they provide young people with comprehensive, evidence-based substance abuse treatments along with other interventions and supports. Unlike many initiatives in the substance abuse field, Reclaiming Futures was not designed to test the behavioral impact of any particular intervention or treatment technique. It was an effort to design and implement a model of organizational change and system reform that could improve the juvenile justice response to youth with drug and alcohol problems.

During the initiative’s first year, each community designed a strategy for improving its response to drug-involved youth offenders. After year one, multi-disciplinary teams in each jurisdiction implemented, assessed and revised the strategy. They created more effective inter-agency networks, designed measures of agency performance and accountability, and expanded the role and voice of families and community-based organizations in the operations of juvenile courts and other agencies.

The Reclaiming Futures national program office (NPO) at Portland State University provided oversight and direction to each community involved in Reclaiming Futures, actively encouraging sites to incorporate evidence-based practices in their respective strategies, particularly those relevant to screening, assessment, and treatment. Youth development principles, however, also shaped the initiative's strategy to the extent that each community sought to cultivate a range of culturally competent and developmentally appropriate responses to at-risk and delinquent youth involved with alcohol, drugs and crime. These strategies sought to leverage community resources including family members and other caring, pro-social adults already present in a youth's life, to involve them as partners, and to identify and cultivate the strengths, interests, and skills of the individual youth and families. Technical assistance, training, and consultation with program experts and national advisors were available to each site through the national program office.²

The Urban Institute evaluated Reclaiming Futures from 2002 through 2007. One of the evaluation's key objectives was to document the development and evolution of

² The national program office at Portland State University developed coaching materials and retained consultants from Youth as Resources to assist sites in assessing community resources and planning pro-social activities that emphasized positive youth development, linked sites to consultants and promising programs like Youth Treatment and Education Center.

Reclaiming Futures in each community and to identify the lessons learned from their experiences. The evaluation team made numerous visits to each community to track the progress of implementation and conducted semi-annual phone interviews with key participants in each site.

Some information presented in this report draws from these site visits, phone interviews, and the written materials obtained from each community, but most of the material included here comes directly from the research literature about cultural competence and positive youth development.

RECLAIMING FUTURES MODEL

All system change efforts pursued by the jurisdictions involved in the Reclaiming Futures initiative were shaped by the Reclaiming Futures model.³ The model provided a conceptual framework to unite the efforts of various components of the youth-serving system in a coordinated and targeted response to justice-involved youths and their families. The model emphasizes community engagement, family involvement, and youth development, which distinguishes it from other evidence-based system change initiatives and reflects the growing youth development approach to juvenile justice reform (Schwartz 2000; Butts and Mears 2001; Lerner et al. 2005).

³ The model can be downloaded as a pdf file from the Reclaiming Futures website. See: <http://www.reclaimingfutures.org/sites/default/files/documents/RF-MODEL.pdf>.

The first two phases of the Reclaiming Futures model focus on the system's responsibility to identify the level and severity of a youth's involvement with drugs and alcohol through accurate screening and assessment. These processes present the best opportunity to identify youth strengths, skills, and interests for later service matching. In Reclaiming Futures communities, youth in the juvenile justice system are screened for drug and alcohol problems using reliable and valid instrument. Those youth identified as having drug and alcohol issues by the initial screen are then referred for a full assessment. Reclaiming Futures communities use validated assessment tools to measure the risks of alcohol and drug abuse and dependence as well as individual and family risks, needs and strengths. Based on the results of the assessment, interdisciplinary teams are assembled to develop balanced interventions that address youth and family needs and risks and that cultivate the strengths, skills and talents of the youth and family. ⁴

The last three phases of the Reclaiming Futures model focus on implementing the coordinated service plan and engaging the community in a meaningful way that facilitates the youth's attachments with others to increase his or her involvement in the community. Inspired by the treatment standards developed by the Washington Circle Group, Reclaiming Futures communities work to initiate the plan for treatment and services within 14 days of assessment and then to engage the youth and family in at least three meaningful service contacts within 30 days of assessment. Engagement in services is not restricted to substance abuse treatment but encompasses all aspects of the treatment plan, including educational and occupational assistance, participation in pro-social activities, community and civic engagement, and forming positive relationships with natural helpers or mentors.

⁴ Reclaiming Futures communities assembled interdisciplinary services teams composed of representatives from the juvenile justice system, community partners, family members, natural helpers, substance abuse treatment providers, mental health services, and in some instances schools.

Adding to Evidence-Based Approaches

Much of today's literature on youth programs emphasizes the importance of evidence-based approaches that have been shown to be successful (in evaluation research) in helping clients to achieve targeted outcomes.

Understandably, policymakers, funding agencies and service practitioners are strongly in favor of evidenced-based programs because they have already demonstrated their effectiveness in improving pro-social behaviors and reducing negative outcomes. Obviously, research evidence should be used to weigh the desirability of social interventions. Decisions to support one intervention model over another should incorporate the best evidence about the likely effects of each approach. It is also wise, however, to consider the sources of one's evidence. Research evidence does not appear naturally. The research necessary to generate high-quality evidence is expensive and funded by individuals and organizations with their own interests.

In the best of all possible worlds, research investments would follow innovation without bias or prejudice. In such a world, following a strict evidence-based regimen would be a thoroughly sensible idea. Relying entirely on research evidence to select and implement social programs would make

all programs more effective and result in improved social conditions. Research on social programs, however, is not conducted in the best of all possible worlds (Schorr 2009). It happens in an environment of competitive funding and often-politicized social investment. In the real world, aggressively restricting funding only to those youth programs and policies that are supported by high-quality evidence would stifle innovation and maintain unwanted political control over youth policy.

If state and federal agencies were suddenly to require that services for adolescent offenders be evidence based, and if they defined evidence as those programs supported by repeated random-assignment studies, practitioners would find few intervention models with such a foundation of evidence. Several early childhood programs would probably survive such a requirement, including nurse home visitation programs and Head Start, but only two general programs for older offenders would likely qualify as "proven" by evidence: Family Functional Therapy and Multisystemic Therapy.

Is this because Multisystemic Therapy and Family Functional Therapy are the best possible approaches for preventing

and reducing delinquency? Should all delinquency prevention policies be built around just these two interventions? The answer is certainly, “no.” Other interventions, especially less expensive interventions, would be a better choice for most justice-involved youth, but these other programs have not been studied enough to merit the label, “evidence-based.” The resources necessary to identify and disseminate high-quality evidence are limited, and programs are in an ongoing competition to attract the funding necessary to prove their effectiveness. The search for evidence, therefore, must be an ongoing process.

Since there will never be enough high-quality, experimental evidence to support every element of program design and service delivery, policymakers and community stakeholders must look beyond existing evidence-based approaches as they consider ways to enhance service delivery and coordination. This report examines two key concepts that are not yet supported by rigorous evidence but which proved to be essential in the design and implementation of Reclaiming Futures: 1. positive youth development, and 2. cultural competence.

These concepts are critical features of Reclaiming Futures but, as yet, they are not a part of the ongoing debate about evidence-based policy and practice. We discuss each concept and what the research tells us about it. We then examine how the implementation of

Reclaiming Futures addressed the concept and how it varied across the 10 different communities that participated in the first phase of the national initiative.

POSITIVE YOUTH DEVELOPMENT

Youth development principles shaped the underlying logic of Reclaiming Futures. The Youth Development model emerged in the 1980s and gained prominence in the 1990s among juvenile justice reformers looking for a more balanced response to delinquency (Catalano et al. 1998; Lerner et al. 2005). The youth development movement: 1. recognizes adolescence as a distinct developmental phase through which youth progress at different rates relative to their peers (FYSB 2007; Lerner and Lerner et al. 2005; Schwartz 2000; PPV 2000) and 2. acknowledges that most youth need the support of caring adults, formal institutions like schools and community-based services, as well as the community to become productive, pro-social adults (Catalano et al. 1998).

The youth development approach focuses on the strengths and assets of youth rather than on their problems and deficits alone (Lerner et al. 2005). The principal focus of youth development is the building of youth assets, competencies, and attachments (FYSB 2007; Lerner 2006; Lerner et al. 2005; Schwartz 2000). In the 1990s, for example, the Search Institute operationalized the key constructs of competency development and identified 40 developmental assets vital to positive

youth development.⁵ The assets were evenly split between external and internal assets. External assets encompass various dimensions of community and family influences. Internal assets, which are often discussed in terms of competencies and skills, focus on youth strengths and abilities.

During the past decade, research findings have consistently linked asset development to increased levels of youth competence, confidence, positive character formation, and pro-social attitudes, and these characteristics in turn have been associated with decreased involvement in risky behavior (Catalano 2004). The presence of developmental assets is tied to resilience, also referred to as “thriving.” While the presence of assets does not guarantee an absence of risk, increased assets appear to offset the negative impact of risks and deficits (Lerner et al. 2005).

⁵ Other entities have developed similar asset lists, all linked to positive youth development including the Committee on Community-Level Programs for Youth, which was established by the Board on Children, Youth, and Families and the Committee on Adolescent Health and Development. Its members were tasked with reviewing and assessing available data and information on interventions and programs aimed to promote positive outcomes in youth. Drawing on multiple types and sources of information, the committee developed a list of twenty-eight key assets, grouped into the following categories: (1) physical development (i.e. good health habits); (2) intellectual development (i.e. strong decision-making skills); (3) psychological and emotional development (i.e. strong coping and conflict resolution skills); and (4) social development (i.e. sense of connectedness with parents, peers and other caring adults) (National Research Council and Institute of Medicine, 2002, Box 3-1, pgs. 74-75).

The leadership of the Reclaiming Futures initiative recognized the importance of strength-based programming, youth assets and positive youth development in constructing the initiative’s service delivery strategy for justice-involved youth and their families. The national program office provided youth development resources to each community, conducted workshops and hired an outside consultant, Youth as Resources, to assess community resources and develop plans for implementing pro-social activities. In addition, the national program office supplied sites with the following definition of community youth development:

Purposely creating environments that provide constructive, affirmative, and encouraging relationships that are sustained over time with adults and peers, while concurrently providing an array of opportunities that enable youth to build their own competencies and become engaged as partners in their own development as well as the development of their communities (Villareul, Perkins, Borden, and Keith 2003).

From this definition, the national program office developed Five Guiding Principles of Reclaiming Futures Youth Development to guide implementation:

1. That youth have the right to be surrounded by relationships, environments, supports, and services that promote their healthy development and well-being;

2. That youth should have a voice in the decisions that affect them;
3. That youth can make a positive contribution to society;
4. That substance using and abusing youth in the juvenile justice system can be directed toward positive and healthy behaviors;
5. That everyone relating to young people should be mindful and respectful of the fact that these young people have something to contribute to the overall discussion.

The Reclaiming Futures sites accepted this definition as a means of incorporating positive youth development in their system reform strategies, including aspects of community engagement, youth leadership, and pro-social opportunities for youth.

Youth Development at Work in the Reclaiming Futures Initiative

Despite this guidance and the resources provided by the national program office, however, most Reclaiming Futures communities struggled to develop a new balance between the youth development approach and traditional juvenile justice services. The following sections describe the changes in policy and practice implemented across the 10 Reclaiming Futures sites.

PRO-SOCIAL OPPORTUNITIES

Every Reclaiming Futures community incorporated pro-social opportunities for youth into their system reform strategies although the approaches varied across communities. In the Anchorage Reclaiming Futures site, for example, pro-social opportunities were defined as resources that would help youth engage in after-school and recreational activities, which would provide youth with vocational opportunities. To this end, youth were connected with businesses for job training opportunities, social service agencies for educational enhancement, and recreational activities, including youth internships with local radio stations and other business. Members of Anchorage Reclaiming Futures credit their success in developing pro-social opportunities for youth to the partnership it formed with the Youth Development Coalition, an organization with extensive collaboration with youth serving agencies that provided a multitude of activities.

YOUTH ADVISORY COMMITTEES

Almost every site worked to implement youth-populated advisory committees, or otherwise involve youth in a decision-making capacity that was central to the initiative. In Marquette, Chicago, and Anchorage, for instance, Reclaiming Futures projects helped to establish youth advisory boards composed of youth with some level of involvement in the juvenile justice system. In Santa Cruz, several probation-involved youth sat on the initiative's steering committee, while others received paid

work in helping to develop one aspect, or another of the project's objectives. In each instance, the site looked to these youth for input and guidance on a variety of issues including pro-social activities, youth impressions of the system, and the formation of a system of meaningful graduated responses. In Chicago, the goal of the project was for the youth advisory committee to become an effective voice for system-involved youth. They accomplished this by establishing formal mechanisms to solicit the opinions of youth that would "keep them involved by letting them know that their ideas are taken seriously, even if not all of their suggestions are adopted."

COMMUNITY INVOLVEMENT

Beyond building the individual capacity of youth, a positive youth development approach can lead to benefits to the community as well (Barnett and Brennan 2006). Reclaiming Futures communities recognized the essential role that communities play in facilitating the success of youth in overcoming involvement with drugs, alcohol, and crime. Family members and community volunteers were viewed as critical resources and supports for youth, particularly once formal involvement with the system ends. Efforts to engage the community took many forms across the Reclaiming Futures sites: parent advisory groups, community fellows, organizations of mentors, and leveraging the expertise of the business community.

Most Reclaiming Futures sites held regular community fora. Each forum had several purposes, but first and foremost, it gave the initiative visibility and provided an opportunity for project leaders to tell the larger community about the initiative's work, purpose and needs. In turn, sites used their community fora to gather input from residents about issues affecting youth in their communities and to strengthen relationships between communities and justice-involved youth. They also recruited volunteers. As one project director explained, "instead of saying to the community 'we've got the answers,' our Reclaiming Futures effort took the approach, 'we think this is going to be worthwhile...would you like to get involved?'"

FAMILY INVOLVEMENT

Every Reclaiming Futures community embraced the importance of family as a key component in their effort to improve the local "system of care." Projects worked to support, train, and empower family members—primarily parents—to advocate on behalf of their children with youth serving systems. In a system-of-care context, families take on several key roles: (1) collaborators; (2) advisors and advocates; (3) sources of mutual support; and (4) providers of community-based services (Osher, deFur, Spencer and Toth-Dennis 1999). The growing importance of families within the larger system of care has occurred as a result of a shift in the system itself: from provider-driven systems to family-driven systems (Osher and Osher 2002). Provider-driven

systems are founded on the premise that the core expertise for youth development resides with professionals and agencies. Family-driven systems operate in a different way, involving families in service planning, ensuring access to services and supports based on the specific needs of youth, and emphasizing factors sometimes neglected by agencies, including family schedules, childcare, and transportation needs (Osher and Osher 2002). Parents and other family members are not merely clients; they are deeply involved in decision-making.

For the Reclaiming Futures initiative, communities sought to “increase family involvement in helping youth turn their lives around” (Bidmon et al. 2007, p.3). In most of the program sites, this was accomplished by involving parents in leadership and decision-making roles, as well as involving family members as equals in the treatment teams that crafted individualized treatment plans. Although family members were viewed as partners by staff within the formal youth serving system (juvenile justice practitioners, service providers, etc.), sites were aware of the institutional barriers that prevented parents in particular from identifying as full partners in the process.

In response to guidance from the national program office, most program sites increased family involvement by appointing parents as community liaisons or by forming parent advisory committees. The parent advisory committee in Marquette, for example,

was quite active in the initiative’s first two years.

Activities for families in Rosebud seemed to have positive effects on attitudes toward treatment and justice systems. Over time, parents started to come to events voluntarily, even when they did not have to report to the court. In the past, according to practitioners in Rosebud, there often seemed to be a disconnect between families and service systems, but through their participation in Reclaiming Futures, families gained the opportunity to choose the focus of their interests and their efforts. Their greater involvement provided a stronger sense of ownership and families felt validated when Reclaiming Futures adopted their suggestions. The Rosebud site also enlisted family advocates to engage families and to encourage their participation in treatment.

MENTORS / “NATURAL HELPERS”

The positive influence of youth-adult relationships (both inside and outside of the family) on the development of youth has been widely researched. Scales, Benson and Mannes (2006) studied the impact of youth community involvement (termed the community involvement “asset”) on youth well being. The authors hypothesized that youth involvement in pro-social, community programs increased their connection to non-family adults and that this increased engagement led to developmental improvements. The study also found that youths who reported the greatest level of community involvement reported having more

interactions with adults (Scales, Benson and Mannes 2006).

Jones (2006) examined the perceptions and experiences of youth and adults involved in community projects. The study found that those who participated in youth-led collaborations had more positive perceptions of both youth and adult involvement, as compared with those youths and adults that were equally participating in activities. In addition, youth in youth-led collaborations demonstrated assertiveness, leadership and a desire to take on responsibilities. The study identified several key elements in meaningful youth-adult relationships, including adult support, youth responsibility, and youth voice. In their review of program evaluation literature on youth development programs, Roth, Brooks-Gunn, Murray and Foster (1998) found that research studies generally support the importance of youth-adult relationships.

Mentors were central to the Reclaiming Futures initiative and its strategy for brokering community resources. In some communities (e.g., Dayton), mentors were called “natural helpers” because they were recruited from among the pro-social adults already known to individual youth. Some of the Reclaiming Futures sites found it difficult to implement the mentoring component of the initiative. Policy and administrative issues were cited most frequently as obstacles. According to one project director, creating a natural mentoring model required a

considerable amount of legal restructuring and unfortunately, the need to create workable legal structures sometimes contaminated the authenticity of the natural mentoring concept. Volunteer recruitment also proved to be a challenge. In one of the more urban program sites, personal safety concerns were a formidable obstacle as community members from outside the neighborhood were often hesitant to commit to mentoring relationships with youth in the target area. One project director believed it was important to recruit volunteers from the local community to facilitate more meaningful and frequent contacts between youth and their mentors. However, the neighborhood residents most likely to volunteer for such an effort were already burdened with other community activities in addition to their significant employment and family responsibilities.

CULTURAL COMPETENCE

Cultural competence requires that individuals and organizations understand and reflect the beliefs, attitudes, and values of the population they serve. The concept of cultural competence gained prominence in the late 1980s as practitioners became aware of the obstacles and inequalities that were impeding access to social services and health care among the residents of communities characterized by differences in race, ethnicity or language (Cross et al. 1999). One of the first efforts to include cultural competence as a principle of effective service delivery was the Child and

Adolescent Service System Program. Designed by the U.S. Department of Health and Human Service's Center for Mental Health Services, this program integrated child welfare, juvenile justice, special education, health, and mental health services and the most widely cited model of cultural competence (Cross et al. 1989) was created under its auspices (Benjamin 1993). Increased awareness of cultural differences across systems brought cultural competence to the forefront of policymaking.

Following the development of several more cultural competency models, service providers throughout the country began working to make their services more sensitive to the needs of racial and ethnic minorities and other marginalized populations. Culturally based interventions became so widespread that some writers described the 1990s as "the decade of the cultural imperative" (Isaacs and Benjamin 1991).

During this time, the focus on increasing cultural sensitivity spread from the mental health field to health care, psychology, social work, and most government and professional organizations (Geron 2002). Nonetheless, experts noted that culturally appropriate programs were not always easy to implement due to cost, bureaucracy, the natural reluctance to change, and confusion about the key principles of cultural competence itself (Isaacs and Benjamin 1998). One study polled human services professionals and found little agreement even as to what

constituted cultural competence (Cunningham et al. 2002).

Cultural competence can be difficult to measure and evidence of its impact on clients is often anecdotal (Geron 2002; Howard 2003). After nearly two decades of promoting cultural competence, research on the association between culturally competent programming and individual outcomes service remains rare in the medical, substance abuse, and mental health fields (DHHS 2001; Anderson et al. 2003; Kehoe et al. 2003; Brach and Fraser 2000; Chinked et al. 1988; Stevens and Morral 2003; Finn 1994; Howard 2003; Constantino et al. 1994; Yeh et al. 1994).

Most programming and research on cultural competence has centered on the medical field, particularly children's mental health. The juvenile justice population and at-risk or disconnected youth are rarely studied. A 1991 study of 11 programs that were then implementing cultural interventions for youth included only one program that served justice-involved youth (Isaacs and Benjamin 1991). Subsequently, the federal Office of Juvenile Justice and Delinquency Prevention Office funded initiatives that focused on reducing minority confinement and targeting specific cultural communities through tribal- and gang-prevention efforts (<http://ojjdp.ncjrs.gov>).

A literature review conducted for this report in 2005 identified just a handful of outcome studies with a specific focus on justice-involved or at-risk youth accessing behaviors health services. The

types of cultural interventions implemented, research designs used, and outcomes measured varied greatly across the studies (see Appendix A). Despite variations in the type of intervention studied, findings across the research literature generally indicate that culturally relevant and competent programming is associated with increased service engagement and retention (Botvin et al. 1994; Botvin et al. 1995; Nelson and Arthur 2003; Yeh et al. 2004), and decreased substance use (Botvin et al. 1995; Schinke et al. 2000). More research is needed, however, to document a causal link between culturally competent service delivery and positive youth outcomes.

Cultural Competence at Work in the Reclaiming Futures Initiative

Reclaiming Futures communities understood that culturally competent service delivery systems were vital to engaging youth and families in the treatment process in a meaningful and constructive manner (Bidmon et al. 2007). While the emphasis varied by location, it was a key element to implementation in communities working with ethnically and culturally diverse populations.

RECOGNIZING THE NEED FOR CULTURAL COMPETENCE

In Seattle, Reclaiming Futures leadership recognized early on that “kids of color” comprised the majority of youth in the juvenile justice system, but were the least likely to receive treatment services. Consequently, leaders dealt with issues of race head-on, voicing concern over disproportionate minority

confinement and addressing issues of race with Reclaiming Futures youth. As one team member explained, “I’m a firm believer that if you don’t know how to deal with race with kids, then you don’t know how to treat the whole kid.”

The leadership of the Seattle project also acknowledged that their community faced significant obstacles to working with female juvenile offenders. Many girls were in need of quality mental health and substance abuse treatment but few received such services. One team member observed, “Everyone targets gender specific programs, but no one knows what this means from a programming perspective.”

Understanding the characteristics and needs of the community at large is an important element in developing cultural competence. Because of the high rates of death among Alaskan natives due to suicide, homicide, and drowning, officials in the Anchorage community routinely included a screening for post-traumatic stress as part of substance abuse services. As one practitioner noted, “In small communities, one death has a great impact.”

Marquette County, Michigan is home to a large American Indian population. While there are no American Indian reservations, each of the five tribes in the area had a strong desire to keep its customs and rituals alive. The Reclaiming Futures initiative in Marquette integrated American Indian traditions and culture into its treatment approach through educational activities

designed to introduce youth and families to American Indian ceremonies and tribal elders.

ASSESSING AND INCREASING CULTURAL COMPETENCE

In Santa Cruz County, stakeholders consistently reported that members of Latino families felt marginalized by the justice system, resulting in precarious and mutually suspicious relationships. Many immigrant families did not fully understand the workings of the justice system and they were further isolated by language differences. Recognizing these challenges, the Reclaiming Futures project in Santa Cruz participated in a survey that gauged cultural competence. When the survey results indicated a need to increase their own cultural competence, the Santa Cruz project hired a consultant to provide multicultural training tailored to Latino youth and families. By comparing western and Latino-based treatment approaches, the consultant helped team members to alter their treatment approaches and to include families in the treatment process itself.

At the same time, Santa Cruz juvenile justice officials attempted to meet the needs of Spanish-speaking families by creating more culturally relevant court and public relations materials and hiring translators to assist non-English speaking families to navigate the court system. One team member remarked on the significant impact these changes had saying, “When you do the process in their own language, they are speaking up, saying what they want, saying good things about their kid.” Believing that

active family involvement resulted in better outcomes for youth and improved families’ experiences with the system, the Reclaiming Futures team in Santa Cruz made every effort to ensure that families are included from the very beginning of the process.

CRAFTING A CULTURALLY-BASED APPROACH TO TREATMENT

From the beginning, cultural competence was an integral component of Reclaiming Futures in Rosebud, South Dakota. To combat juvenile delinquency, project leaders focused on strength-based and culturally-oriented activities instead of on substance abuse problems alone. In order to develop and incorporate cultural activities into the Reclaiming Futures treatment model, surveys identified activities of interest to youth, including hands-on activities such as beadwork and outfit-making designed to educate youth on Lakota customs and traditions.

The Reclaiming Futures team broadened its programming focus to the entire community to address issues in the youths’ home environment. Part of this effort was the establishment of family-focused events such as Wellness Days designed to provide entertainment and education on a variety of issues including health and safety. Parents often accompanied their children to Wellness Days and participated in the activities.

According to one member of the Reclaiming Futures team in Rosebud, youth in that community often cited boredom as a reason to engage in drug

use. Involving family and friends in supportive, cultural activities strengthened relationships and enabled youth to look to the future. As this particular team member explained:

“Going to a sweat, learning to dance—it touches on emotions and a spiritual side. The kids learn a discipline and they set goals. It gives them the courage to try something new. It also gives them an opportunity to give back to the community by making something for grandma or brother. Sharing when you do things, we look at it as a medicine.”

Rosebud’s system of care also included a Wellness Court. Similar to a drug court, the Wellness Court held weekly sessions attended by both professionals and community residents. At each session, a community member taught a traditional native activity (e.g., archery, beading, or nutrition classes). Involvement in these cultural activities was considered an integral component of the treatment process under the Wellness Court. While Rosebud team members acknowledged that the approach would not be effective for all youth, teaching youth skills that involved them in native culture helped to shape the identities of many and strengthened the community as well.

Many members of the community became involved with Reclaiming Futures through the cultural activities, by instructing classes for juveniles or participating in the activities. The activities modeled an alcohol and drug-free lifestyle, which helped youth develop self-esteem and feelings of self-

worth, improved their communication skills, built their trust levels, and dissolved communication barriers.

Prior to the establishment of Reclaiming Futures in Rosebud treatment was not necessarily culturally competent. Although more than 40 percent of the youth in South Dakota who received substance abuse and mental health treatment under Medicaid were Native American, none of the core agencies were located on reservations. By cultivating a relationship with the state personnel responsible for placements, the Reclaiming Futures director was able to discuss potential placements before the final decisions were made. While Reclaiming Futures played an integral role in establishing culturally competent services, concerns remained that the effort would be unsustainable. Personnel changes could eventually result in youth from the tribe once again being sent to treatment facilities that were not culturally competent, appropriate for the youth, or close enough to the reservation and their family members.

Conclusion

The Reclaiming Futures initiative was dedicated to improving systems of care for justice-involved youth with drug and alcohol problems. Many of the strategies deployed by Reclaiming Futures relied on evidence-based treatment models and proven methods for screening and assessment. Not all components of the initiative, however, were supported by the type of experimental evaluation studies necessary to label a practice as “evidence-based.” In fact, some core principles of effective practice in juvenile justice and adolescent treatment systems are not yet considered evidence-based practices.

This report examined two such principles: positive youth development and cultural competence. The communities involved in Reclaiming Futures embraced these practice approaches as would any community serious about improving its system for responding to youthful offenders.

Until there are greater investments in research and evaluation, however, and until these investments are sufficient to test all potential models of intervention for justice-involved youth, policymakers and practitioners must continue to rely at least partly on their own good sense about how to design and operate effective systems.

As researchers conduct studies to discover and to prove the effectiveness of new practice principles for youthful offenders with substance abuse issues, positive youth development and cultural competence may emerge as new evidence-based practices. The strong results documented in the evaluation reports suggest that these approaches may one day deserve to be considered core principles of effective juvenile justice practice and future reform efforts may need to incorporate them as both targets and strategies for system change.

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Appendix A

TABLE 1: Cultural Competence Studies Targeting Justice-Involved Youth

TABLE 2: Cultural Competence Studies Targeting Drug-Using or At-Risk Youth

TABLE 3: Cultural Competence Studies Targeting Mental Health Populations

**TABLE 1:
CULTURAL COMPETENCE STUDIES TARGETING JUSTICE-INVOLVED YOUTH**

Study	Intervention	Measures	Design	Results
<p>Wooldredge, Hartman, Latessa and Holmes, 1994</p>	<p>Setting: The Community Corrections Partnership (CCP) treatment program in Cincinnati, OH; the program is designed to mitigate the rise in minority youth commitments.</p> <p>Population: African American male juvenile felony offenders with no prior offenses from 4 geographic areas in the city. Referred by probation officers; voluntary participation.</p> <p>Intervention: Cultural Component: All African American personnel self identified as Afrocentrist; Council of Elders (COE) meetings (involving youth, CCP staff, school personnel and family); graduation ceremony; meetings held in an African American church; and communal meals.</p> <p>Other: Assessment of needs and chemical dependency; case management, individually designed service interventions; family and community involvement services; and intense supervision.</p>	<p>New offenses after program completion</p> <p>Likelihood of recidivism when several factors were controlled.</p>	<p>Design: Quasi-experimental design. The comparison group received regular probation services and returned to areas of Hamilton County not targeted by CCP.</p> <p>Timeframe: All subjects followed for at least one year (n=320; 160 CCP, 160 Comparison)</p>	<p>Results: Logit model analysis determined that 38% of the sample recidivated overall and 22% recidivated as felons. There were no significant differences between the treatment and comparison groups (Recidivism likelihood -.1171 (.2524), likelihood of felony -.0195 (.2955) -not statistically significant).</p> <p>Items controlled were referred offense, number of prior felony adjudications, history of mental health, substance abuse treatment, school measures, employment status and disregard for others (from probation department records). School grade level was the only variable found to be a significant predictor of recidivism; youth in lower grades were more likely to re-offend.</p>

Study	Intervention	Measures	Design	Results
<p>King, Holmes, Henderson and Latessa, 2001</p> <p>Follow-up to Wooldredge, Hartman, Latessa and Holmes, 1994</p>	<p>Setting: The Community Corrections Partnership (CCP) treatment program in Cincinnati, OH; the program is designed to mitigate the rise in minority youth commitments.</p> <p>Population: African American male juvenile felony offenders with no prior offenses from 4 geographic areas in the city. Referred by probation officers; voluntary participation</p> <p>Intervention: Cultural Component: All African American personnel self identified as Afrocentrist; Council of Elders (COE) meetings (involving youth, CCP staff, school personnel and family); graduation ceremony; meetings held in an African American church; and communal meals</p> <p>Other: Assessment of needs and chemical dependency; case management, individually designed service interventions; family and community involvement services; and intense supervision.</p>	<p>Behavior under supervision (adjudged felonies, misdemeanors and court violations).</p> <p>Post-treatment legal behavior (juvenile records, adult arrest records, and adult sentences to probation and imprisonment).</p>	<p>Design: Quasi-experimental design. The comparison group received regular probation services and returned to areas of Hamilton County not targeted by CCP.</p> <p>Timeframe: CCP followed for an average of 583 days past 18th birthday. Sample totaled 421 cases (281 CCP; 150 comparison)</p>	<p>Results: Only two logit models were significant, whether a youth had any adjudication (misdemeanor, felony or violation $R = -.0687$ $p = .0429$) and whether the youth had a suspended commitment to DYS ($R = .0330$ $p = -.0740$). CCP youths were slightly less likely to receive both of these. After supervision, but before the 18th birthday, three logit models were significant. CCP youths were less likely to be adjudged for a misdemeanor ($R = -.1070$, $p = .0079$), violation ($R = -.0990$ $p = .0118$) or any adjudication ($R = -.1191$ $p = .0063$). After the 18th birthday King and colleagues found no significant differences between CCP and probation clients. Deemed successful even though the effects were very small.</p>

Study	Intervention	Measures	Design	Results
Okwumabua, Wong, Duryea, Okwumabua, Howell, 1999	<p>Setting: West Tennessee Public Schools</p> <p>Population: 8-14 year old African American male youth from low socioeconomic neighborhoods. Subjects nominated through teacher and counselor referrals due to noted behavioral problems.</p> <p>Intervention: Cultural Component: 48 weekly 50-minute sessions. Cultural awareness training during the sessions and 4 field trips were made to museums of African American history and to cultural events. Introduced to African American business-owners, blues music, and history lessons.</p> <p>Other: 12 sessions devoted to decision-making skills training involving formal instruction, group discussions and role-playing. 16 sessions were devoted to conflict resolution training.</p>	Pre-Post assessment of self-esteem and attitudes about ethnic identity and neighborhood	<p>Design: Pre-Post administration of the Stephan-Rosenfeld Racial Attitude Scale, the Banks Attitude Scale and the CDC Decision Making Instrument.</p> <p>Timeframe: Approximately 1 year (n=122)</p>	<p>Results: Program participants experienced improved physical self-concept (p<.001) and ethnic identity (p<.002) but attitudes about their neighborhood did not improve significantly as a result of the intervention on the CDC Decision-Making Instrument. On the Stephens-Rosenfeld Racial Attitude Scale students in the 10-11 age range showed significant improvement with regard to racial attitudes with respect to ethnic identity (p=.007) and physical self-concept (p=.002), but the other age groups did not.</p>

TABLE 2:
CULTURAL COMPETENCE STUDIES TARGETING DRUG-USING OR AT-RISK YOUTH

Study	Intervention	Measures	Design	Results
Schinke, Botvin, Trimble, Orlandi, Gilchrist and Locklear, 1988	<p>Setting: Two western Washington reservations</p> <p>Population: American Indian adolescents; average age 11.8 years; voluntary participation</p> <p>Intervention: Cultural Component: American Indian counselors</p> <p>Other: Counselors trained in communication, coping, and discrimination skills (cognitive-behavioral); youth had homework assignments after each of 10 group sessions dealing with social network building in the schools, families and in the reservation.</p>	Before, immediately following and 6-months after, subjects tested on: knowledge, attitude, interactive behavior, and self-report substance use.	<p>Design: Random assignment; comparison group received no intervention</p> <p>Timeframe: Not specified (n=137)</p>	<p>Results: ANOVA and Tukey-Kramer procedures determined immediately following the intervention. The treatment group did better on knowledge and attitude measures, including: Interactive Behavior: Self-Control; Alternative Suggestions; and Assertiveness.</p> <p>Differences also favored treatment group on self-reported substance abuse (Alcohol use: treatment [M=3.63] vs. comparison [M=4.71]), Marijuana use: treatment [M=2.12] vs. comparison [M=3.79]; and Non-medical Drug Use: treatment [M=.84] vs. comparison [M=1.30].</p> <p>At 6-month follow-up the treatment group still had higher marks for knowledge, self-control ratings, alternative suggestions, and assertiveness. Also, less reported tobacco use and use of alcohol, marijuana, and inhalants.</p>
Sussman, Parker, Lopes, Crippens, Elder and Scholl, 1995	<p>Setting: Classroom setting in three different junior high schools in South Central Los Angeles.</p> <p>Population: Mostly Hispanic and African American seventh grade students (50% female, 41% African American, and 45% Latino); voluntary participation</p> <p>Intervention: Sessions moderated by two African American females; hip-hop themed video with fast paced lyrics, hip hop style clothing, slang and dancing</p>	Pre-Post multiple-choice assessments measuring: smoking behavior and attitude change	<p>Design: Random assignment; Comparison of two videotapes, one filmed in a shopping mall with soap opera themes, and a second filmed at an outdoor hangout with hip-hop themes. Both films geared towards the prevention of tobacco use; both had the same general storyline.</p> <p>Timeframe: one semester (n=267; 145 trx, 122 comp)</p>	<p>Results: 'Rap' viewers were more likely to view the tape as educational [F(1,265) = 5.40, p<.05], and African Americans who viewed rap were more likely to see it as helpful [F(2,264) = 19.81, p<.001]. Those who never smoked liked the video more [F(2,264) = 7.58, p<.001].</p>

Study	Intervention	Measures	Design	Results
<p>Lalonde, Rabinowitz, Shefsky, Washienko, 1997</p>	<p>Setting: An agricultural area in the rural, central portion of Washington state.</p> <p>Population: Mostly Hispanic; mean age 15</p> <p>Intervention: Cultural Component: A telenovela made-up of 6 episodes (22 minutes each). Depicted two Latino families and the problems faced by a young Latino after getting involved with drinking.</p>	<p>Pre-viewing surveys consisted of 29 alcohol attitude statements. Post-viewing surveys asked questions about the telenovela and students perception of its potential to help. Teachers completed written surveys about their opinions on the telenovela's content, quality and usefulness.</p>	<p>Design: Pre-Post questionnaire; teachers also surveyed.</p> <p>Timeframe: 25 days (n=642)</p>	<p>Results: Significant but small improvement in summary alcohol attitude scores at post-viewing compared to pre-viewing. Middle school students had significantly lower pre-viewing and post-viewing scores than high school students. Students who reported that they understood a lot of English had better attitude summary scores than those who understood 'about half' or 'very little' English.</p>
<p>Schinke, Tepavac, Cole, 2000</p>	<p>Setting: Ten reservations in North Dakota, South Dakota, Idaho, Montana and Oklahoma.</p> <p>Population: 3rd, 4th and 5th grade students (mean age: 10.28).</p> <p>Intervention: 15, 50-minute weekly sessions involving instruction, modeling, cognitive behavioral life skills training demonstrated by older peers consisting of role-playing, discussions and homework.</p> <p>Cultural Component: Life skills training tailored to Native American culture. Role-playing and discussions about ceremonial substance use, and holistic American Indian concepts of health.</p> <p>Community: Youth, family, teachers, neighbors, local law enforcement, guidance counselors and local businesses involved in a series of activities to raise awareness of substance abuse prevention. Activities included: media releases, flyers, posters, informational meetings and role-playing.</p>	<p>Pre-post assessment of self-reported substance use and bio-chemical samples (correlation accuracy =0.53). Post assessments conducted at 6 and 12 months post-intervention and every 12 months thereafter for 3 years.</p>	<p>Design: Random assignment of schools into 1 of 3 arms. Arm 1: (skills) students received the full intervention with the exception of the community involvement component, Arm 2: (community) students received the full intervention, Arm 3: control group received no intervention.</p> <p>Timeframe: Spring term of an academic school year and follow-up for a total of 3.5 years. Sample totaled 1,199 with 14.11% percent attrition during the study period.</p>	<p>Results: Substance abuse rates increased across the three Arms of the study and over the study period.</p> <p>Cigarette use was unchanged during the intervention and follow-up, while rates of alcohol, marijuana and smokeless tobacco use were lowest for those in skills (Arm 1) than those in the community (Arm 2) group or the control group (Arm 3).</p> <p>Community intervention seemed to have no positive effect on substance abuse. Alcohol use was lowest in the skills arm (Arm 1) at both 30 and 42 month follow-ups respectively, $F(2,1261)=7.55, p<.0001$; $F(2,1193)=5.83, p<.001$.</p>

Study	Intervention	Measures	Design	Results
Nelson, Arthur, 2003	<p>Setting: Phoenix, Arizona. An urban combined middle school and high school district</p> <p>Population: Predominantly Latino, average age 12.7 years. Self-selected into a lunch and after-school club.</p> <p>Intervention: Storytelling for Empowerment Program designed to create positive peer group through a 27 lesson activity workbook across 4 months. Program broken into sections: Knowledge (brain physiology, addictions and the effects of drugs), Skills (decision-making strategies).</p> <p>Cultural Component: Personal and Character (multicultural stories and plays), Cultural definitions (bicultural /subcultural), and Future (stories of multicultural role models and goal setting).</p>	<p>Pre-Post self-reported drug use from the National Youth Survey of drug use, attitudes and self-concept.</p> <p>Contact hours during the interventions</p>	<p>Design: Quasi-Experimental (2 cohort design, 1998 and 1999). Intervention in 2 of the district's 4 schools. A third school in the district served as the comparison site receiving no intervention.</p> <p>Timeframe: 2 years – 12 months per cohort (n=292 trx and 640 comp.)</p>	<p>Results: The number of contact hours with the program significantly influenced self-reported use. As contact hours increased, self-reported use decreased during a 30-day period (p=.041). In fact, in the 1998 cohort, participants with less than 28 hours of contact increased self-reported alcohol consumption significantly, while those with more than 28 hours of contact significantly decreased self-reported alcohol consumption.</p> <p>A significant decrease in marijuana use was also determined for high contact participants.</p>
Botvin, Schinke, Epstein and Diaz, 1994	<p>Setting: 6 New York City Public Schools</p> <p>Population: Recruited in the 7th grade, 48% African American, 37% Latino, 5% White and 3% Asian</p> <p>Intervention: Life Skills: 15 sessions, 2 per week provided to all 7th grade students in select schools, focusing on resistance skills, cognitive skills, attitudinal, psychological and social factors.</p> <p>Cultural Component: Similar to life skills, but cultural portion focused on myth (Ancient Greek, African and Spanish culture) and contemporary storytelling (representative of inner-city culture), conducted by professionally trained counselors.</p>	<p>149 item self-report questionnaire measuring life skills and knowledge as well as behavioral intentions to drink or use drugs</p> <p>Carbon monoxide breath test</p>	<p>Design: Schools divided into one of three groups to receive either a) broad-spectrum life-skills training, b) culturally-focused intervention or c) information-only control.</p> <p>Information Only Control: 5 sessions provided to all 7th grade youth in select schools. Focused on information about drug use and its consequences. The data collectors matched the ethnicity of the students.</p> <p>Timeframe: about 6 months (n=639 at posttest (84% of original sample))</p>	<p>Results: Because self-reported use was so low across the sample, the researchers relied upon measures of future intention to use. The intention to drink beer or wine in the next year was significantly lower in both the life skills (p<.01) and the cultural (p<.01) groups.</p> <p>Both prevention groups had lower risk-taking scores (p<.01) than the control group.</p> <p>Both prevention approaches were equally effective in decreasing the future intention to drink beer or wine.</p>

Study	Intervention	Measures	Design	Results
<p>Botvin, Schinke, Epstein, Diaz and Botvin, 1995</p> <p>[Follow-up to Botvin, Schinke, Epstein and Diaz, 1994]</p>	<p>Setting: 6 New York City Public Schools</p> <p>Population: Recruited in the 7th grade, 48% African American, 37% Latino, 5% White and 3% Asian.</p> <p>Intervention: Life Skills: 15 sessions, 2 per week provided to all 7th grade students in select schools, focusing on resistance skills, cognitive skills, attitudinal, psychological and social factors.</p> <p>Cultural Component: Similar to life skills, but cultural portion focused on myth (Ancient Greek, African and Spanish culture) and contemporary storytelling (representative of inner-city culture), conducted by professionally trained counselors.</p>	<p>149 item self-report questionnaire measuring life skills and knowledge as well as behavioral intentions to drink or use drugs, measures repeated again in the 9th grade.</p> <p>Carbon monoxide breath test</p>	<p>Design: Schools divided into one of three groups to receive either a) broad-spectrum life-skills training, b) culturally-focused intervention or c) information-only control. All three groups received booster sessions in the 8th grade.</p> <p>Information Only Control: 5 sessions (3 booster sessions in 8th grade) provided to all 7th grade youth in select schools. Focuses simply on providing students with information about drug use and its consequences.</p> <p>The data collectors matched the ethnicity of the students.</p> <p>Timeframe: 2 years (n=456 at posttest (60% of original sample))</p>	<p>Results: Follow-up results show that 2 years after the initial intervention both the life skills and the culturally-focused groups significantly decreased intentions to drink alcohol more than the information only control $t(428)=-2.98, p<.002, \beta=-.14$.</p> <p>Students in the culturally-focused intervention drank alcohol less often $(t(444)=-2.79, p<.003, \beta=-.14)$, consumed less when they did drink $(t(439)=-2.46, p<.007, \beta=-.09)$ and had lower intentions to drink than those in the life skills prevention intervention $(t(428)=-2.30, p<.01, \beta=-.11)$.</p> <p>None of the interventions had any influence over marijuana use or intention to use marijuana.</p>

**TABLE 3:
CULTURAL COMPETENCE STUDIES TARGETING MENTAL HEALTH POPULATIONS**

Study	Intervention	Measures	Design	Results
Costantino, Malgady, and Rogler, 1994	<p>Setting: Public school made up of mostly children of low socio-economic status; Brooklyn New York</p> <p>Population: 9-13 year-old Hispanic children from Brooklyn, New York who displayed symptoms of anxiety, conduct and phobic disorders.</p> <p>Intervention: Cultural Component: Therapy sessions for the treatment group were structured as 8, 90-minute sessions using a pictorial storytelling modality to depict Hispanic families in urban neighborhoods. The program was called TEMAS (Tell-Me-A-Story). Interviewers for both the treatment and the comparison groups were conducted by Hispanic graduate psychology trainees.</p> <p>Other: The attention-control group engaged in discussion sessions with an emphasis on psycho-educational content. They viewed 4 children's videos (Tom Sawyer, Pinocchio, The Black Stallion and Star Wars).</p>	<p>Pre/Post assessments of Anxiety and Phobia Symptoms using 3 tools</p> <p>Teacher Behavior Rating Scale completed by teachers assessing youth behavior</p>	<p>Design: Random assignment of the 30 most symptomatic males and females in each of the 3 categories (anxiety, conduct and phobic disorders) to either an experimental intervention (involving TEMAS curriculum) or an attention-control group.</p> <p>Timeframe: Eight weeks (n=90)</p>	<p>Results: Storytelling treatment improved 6th graders' conduct according to teacher ratings of severity on the BRS (posttest M=55.2) about half a standard deviation more than attention control treatment. For males, storytelling treatment significantly reduced phobic symptoms. For females, storytelling treatment was more effective than attention control treatment at both 5th grade and 6th grade levels.</p> <p>No significant differences between treatments at any grade level with respect to Inattentive Passive and Tension-Anxiety Scales. Significant main effect on the self-reported SCL-90 Anxiety subscale; the storytelling group reported less anxiety (adjusted posttest M=55.5) than the attention control group (M=60.8). Among the therapists, no significant adjusted mean posttest differences were determined between participants treated by three treatment group therapists or the three control group therapist-teacher pairs.</p>

Study	Intervention	Measures	Design	Results
<p>Yeh, Takeuchi and Sue, 1994</p>	<p>Setting: Mental health treatment facilities in Los Angeles County</p> <p>Population: First-time Asian-American clients</p> <p>Intervention: Cultural Component: Ethnic-specific centers labeled “Parallel” and those that did not identify with a particular ethnic group who served primarily Caucasians were labeled “Mainstream.”</p>	<p>Ethnic match (# of times center matched therapist's ethnicity to that of client).</p> <p>Utilization of services (dropout rate and length of treatment).</p> <p>Functioning level at intake and discharge (determined by the GAS score given to the client at termination of services).</p>	<p>Design: Data gathered retrospectively; Measures of age, sex, MediCal eligibility and admission functioning level were used to control for possible differences. Southeast Asians were divided from all other Asian-Americans to see if effects differed by group.</p> <p>Timeframe: 4 years (n=912; 489 “Parallel” and 432 “Mainstream”)</p>	<p>Results: Asian American clients showed better utilization patterns in terms of reduced client dropout and increased length of treatment at parallel centers than mainstream centers even when demographic variables, functioning at admission and ethnic match of therapist to client were controlled.</p> <p>Parallel centers were able to match 71 % of Asian-American clients with therapists of the same ethnic background (Korean, Chinese, Japanese etc.) and Mainstream centers only matched 8 % of clients. Measures of client functioning (GAS) at discharge were higher for clients at Parallel centers than Mainstream centers. Parallel centers were found to be both a clinically and statistically significant predictor of higher functioning scores for clients at discharge when compared to Mainstream centers. 28% of clients at Mainstream centers terminated services after one session, where only 6% dropped-out at parallel centers.</p>



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