

Case Planning for Juveniles

Fidelity Criteria

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Summary

Three Phases

Case planning and implementation can be divided into 3 phases: Assessment, Plan Development, and Implementation. In order to have the most impact, practitioners should adhere to best practices at each phase.

Assessment

Case planning for juveniles generally adheres to the Risk-Needs-Responsivity (R-N-R) principle. An individual youth's risk of re-offending is evaluated using a validated instrument and the youth is categorized as at low, medium or high risk of reoffending. Risk assessments take into account factors that are associated with juvenile delinquency, and may include dynamic factors, static factors, criminogenic needs, and/or protective factors. The assessment process may also identify individual factors unique to the youth that may affect his or her responsiveness to treatment. Research shows that high-risk youth benefit more from interventions than low-risk youth; thus, more resources are generally directed toward youth identified as having a high(er) risk of reoffending.

Concerns about assessments that should be taken into consideration:

- There is the potential for measurement bias (predictions of reoffending may be influenced by youths' demographic characteristics)
- Use of risk-needs assessments may contribute to racial disparities
- Many assessment tools were initially developed for adults and modified for juveniles

Plan Development

A case plan is drawn up, based on the youth's identified risk and needs, ideally including any responsibility factors. Case plans should adhere to the National Reentry Resource Center's four core principles for improving outcomes for youth involved in the justice system:

1. Base supervision, service, and resource-allocation decisions on the results of validated risk and needs assessments.
2. Adopt and effectively implement programs and services demonstrated to reduce recidivism and improve other youth outcomes, and use data to evaluate the results and direct system improvements.
3. Employ a coordinated approach across service systems to address youth's needs.
4. Tailor system policies, programs, and supervision to reflect the distinct developmental needs of adolescents.

Although most research on application of the R-N-R principle to case planning pertains to adults, some research specifically addresses its effectiveness with youth. Interventions for youth should demonstrate these developmentally appropriate characteristics:

- They should take into account that youths' brains are still developing and that they generally lack the capacity for self-regulation and mature judgment

- They should recognize that for most youth, the natural maturation process will ensure they do not continue to offend into adulthood
- They should leverage social contexts, which are especially important for youth (families, school, work opportunities, and/or pro-social peer groups) to promote healthy development
- They should be fair and just
- They should be *perceived* as fair and just by the youth themselves

Additionally, effective interventions demonstrate these characteristics:

- Focus on high-risk youth
- Address criminogenic needs rather than non-criminogenic needs
 - Limit the number of needs addressed at any one time
 - Goal is to address as many as possible while setting realistic expectations
- Connect youth with services and interventions in their community
 - Match needs to appropriate services
 - Studies show that youth with needs other than substance use or family/parenting issues are less likely to be directed to services that meet their needs
 - Ensure that youth with disruptive behavior problems receive appropriate services
 - Do not overservice low-risk youth
 - Interventions for this group should especially avoid overuse of peer-oriented services
- Set a limited number of goals that are short-term, easily accomplished, and measurable (SMART)
 - Set targeted and incremental expectations for youth
 - Youth and caregivers must understand the expectations and consequences if they are not met
 - Include incentives for meeting expectations
 - Include clear consequences for non-compliance
- Are ongoing (begin early and continue until discharge from supervision)
- Respond to changes in conditions (e.g., program completion, violations, loss of employment)
- Are co-developed with youth and caregivers/supportive adults
 - Case planners should actively listen and engage with youth in developing their case plans
 - Case planners should engage youth in the process of change
 - Case planners should engage parents or other supportive adults
- Are team-based
 - Include youth as part of team
 - Include family members or other supporting adults
 - Include all relevant professionals
- Use cognitive-behavioral and/or skill-building approaches
- Build on youth's strengths

Implementation

Research shows that while risk assessment is important, the success of a case plan depends on good implementation. This suggests that barriers to implementation should be addressed alongside the creation of the case plan. Identified barriers include:

- Criminogenic barriers that interfere with youth's attendance and/or engagement
 - Poor motivation and/or denial
 - Substance abuse
 - Parent-youth conflict
- Lifestyle destabilizers
 - Housing instability
 - Financial insecurity
 - Neighborhood concerns (e.g., violence, gang activity, drug use in neighborhood)
- Clinical destabilizers
 - Non-criminogenic mental health diagnoses such as depression, anxiety, PTSD
 - Abuse, neglect, trauma
- Parental factors
 - Lack of parental involvement
 - Parental beliefs
- Organizational factors
 - Delays to access services
 - Treatment set up but not materializing (lack of services, long waitlists, poor communication between case manager and providers)

Overall Characteristics

Case plans are beneficial when they:

- Identify ways that youths' specific needs can be met (through referrals and connecting youth with services)
- Increase youths' ownership of goals and plans to achieve them
- Support prioritization of key activities, by highlighting main objectives and putting non-essential activities lower on the priority list
- Set clear, specific, and measurable targets (SMART goals)
- Use data to monitor progress toward targets/goals
- Are implemented with fidelity, so that youth receive the services they need

Fidelity monitoring should address these criteria and encompass all three phases of the case planning process.

Source Notes

I. Special considerations for working with adolescents (Adolescents are not “mini-adults”)

Primary source: NRC, 2013

All interventions should be developmentally appropriate. Characteristics of adolescents :

- Youth are primed to experiment with risky behavior and lack mature capacities for self-regulation and judgment
 - Less capacity for self-regulation than adults
 - Can have a hard time managing their emotions and behavior, especially when they are nervous, excited, or stressed
 - Typically more likely to take risks that will result in an immediate reward
 - Are more susceptible to peer pressure
 - Have a harder time considering the long-term consequences of their actions
- Research shows that most youth age out of the experimentation phase and most youth who become involved in the juvenile justice system do not continue offending into adulthood
- Social contexts provide critical supports to promote healthy development; these include:
 - Families
 - School
 - Work opportunities
 - Prosocial peer groups
- Fair and just treatment is critical to youth’s development and legal socialization, impacting their:
 - Development of a sense of self
 - Understanding their place in the community
 - Adoption of societal norms about prosocial behavior
- As important as fair and just treatment is youth’s ***perception of fair and just treatment***

NRC Recommendation: Justice system responses are more likely to be successful in getting them on track to successful adulthood when they:

- acknowledge adolescents’ needs/differences
- respect the critical importance of social contexts in youth’s lives
- promote positive youth development.

II. Use of the Risk-Need-Responsivity Principle

Primary source: Brogan, 2015

RNR approach emphasises that decreasing recidivism requires:

- *Determining offender’s risk of re-offending* (low, medium, high)
 - More resources should be devoted to high-risk individuals
- *Matching treatment to individual needs*

- Identify individual's specific needs
 - Criminogenic needs are those that, if addressed, are likely to lead to a reduction in risk of re-offending
 - Procriminal attitudes
 - Antisocial personality
 - Procriminal associates
 - History of antisocial behavior
 - Substance abuse
 - Circumstances pertaining to family/marital
 - School/work
 - Leisure/recreation
 - Non-criminogenic needs are those that, if addressed, are unlikely to lead to a reduction in risk of re-offending
 - Example: self-esteem
- Devote resources to address individual needs
- *Considering specific factors related to responsivity to treatment*
 - Individuals have different strengths and deficits that may impact the effectiveness of treatment(s)
 - General responsivity, e.g., cognitive-behavioral approach
 - Specific responsivity, e.g., personality, demographics, ability & motivation
 - Definition of responsivity *"matching the correct type (behavioral target and intensity) of programming to an individual based on his or her risk and needs profile"* (Crites & Taxman, 2013)

General research on the RNR model indicates that:

- Treating high-risk offenders leads to greater reduction in recidivism than treating low-risk offenders
- Treating low-risk offenders may actually increase recidivism
- Addressing criminogenic rather than non-criminogenic needs leads to greater reduction in recidivism
- Using cognitive-behavioral approaches leads to greater reductions in recidivism
- The more closely a program adheres to RNR principles, the greater it appears to reduce recidivism
- RNR approaches are effective among female offenders

These research studies include juveniles; however, research among justice-involved youth has focused heavily on use of risk assessment to predict recidivism and less on examination of RNR model as a whole. A meta-analysis addressing the RNR model in juvenile justice found a strong relationship between adherence to RNR principles, especially treating criminogenic needs, and reduced recidivism. However, adherence to risk principle was not significantly related to decreased recidivism.

III Use of Assessments

Primary source: Development Services Group, Inc., 2015

- Assessments can be used at various stages in the juvenile justice system, including diversion, adjudication, and disposition. Categorization of risk depends on stage.

Intent of risk-needs assessments is a) to remove subjectivity from the process and b) to incorporate research-based factors that are associated with problem behaviors.

Limitations include:

- Potential measurement bias (predictions of reoffending may be influenced by youths' race/ethnicity, gender, age, or other demographic characteristics)
- Use of risk-needs assessments may contribute to racial disparities and disproportionate minority contact
 - Prior offenses may reflect a juvenile's past behavior or could be reflection of justice system's unequal response to offending behavior of different racial groups
 - As a result, number of prior arrests or adjudications could impact predicted risk level of youths and may result in their being incorrectly classified into a higher risk level
 - Such a classification could be a reflection which youths are more likely to come into contact with the justice system again rather than are more likely to offend
- Research on juveniles is more limited than research on adult offenders. Many assessment tools initially developed for adults and modified for juveniles
- Research is limited by issues such as small sample sizes and questions about external validity (e.g., validity may vary according to jurisdiction)

Administration:

Actuarial--items scored from tool, then weighted and summed. Formula calculates total risk score, cross-referenced with an actuarial table that provides an estimate of risk over a specified time frame. Estimate based on # of individuals who received the same score and recidivated during the development of the assessment tool.

Does not allow practitioners/professionals to use their discretion (though may be an override option)

Structured professional judgment--practitioners consider risk factors that are related to reoffending as well as other factors that may be unique to the juvenile. Practitioner decides what risk factors to consider and how they should be measured. More discretion when estimating risk.

Study by the National Council on Crime and Delinquency evaluated commonly used risk assessments. Found high percentage of agreement among workers administering instruments (IRR). Mixed results regarding validity and equity of instruments. Also found that instruments using actuarial approach "generally do better" (Baird et al., 2013).

IV Application of R-N-R Principles to Case Planning for Youth

Primary source: Nelson, 2018

This study examined the quality of service-to-need match for 385 youth following implementation of a valid risk assessment tool (the Structured Assessment of Violence Risk for Youth--SAVRY). A

case-planning protocol instructed that youth should not receive interventions designed to address more than 3 criminogenic need areas at any one time, because:

- Behavior change is difficult
- Required attendance in interventions can be a hardship for youth because they are also expected to fulfill responsibilities in other areas such as satisfying educational requirements, maintaining employment commitments, or meeting family obligations
- Youth are often dependent on parents or public transportation (if available) to attend appointments, which can create a burden for families and working parents, especially single parents

The authors note that “the ideal number of needs and services to target in a supervision plan is an area for further study. The goal is to target as many criminogenic needs as possible while still setting realistic expectations.”

General results include these rates for matching services with youth needs:

Substance abuse--75% matched appropriately

Family/parenting problems--63% matched appropriately

However, 50% or fewer youth with need areas other than substance use or family/parenting had needs matched with appropriate services

Less than 50% of youth with **disruptive behavioral problems** (cf Antisocial Personality within RNR framework) had their need appropriately met

--30% received a service they should not have received

-- More than 65% did not receive a service they needed

These results are consistent with those reported in other studies.

Other studies show disruptive behavioral problems has one of the strongest associations with later recidivism.

Low-risk youth were often overserved, especially by the overuse of peer-oriented services, which increase the likelihood of exposure to higher risk youth. The authors note that “research is needed to provide guidance to juvenile justice agencies regarding the line for what is harmful versus helpful for [low-risk youth with emotional stability concerns].”

(From Peterson-Badali, 2015)

- Clinicians frequently identified youth’s needs in assessments (50-93%, depending on need)
- Needs were matched with appropriate intervention at much lower rates (overall service-to-recommendation matching was 30.7%)
- Needs matching was generally associated with lower incidence of reoffending

V. Barriers to Effective Intervention

A. Primary source: Kapoor, 2018)

Study examined barriers to intervention for 219 youth in a large Canadian city:

174 Male; 45 Female

Age range 12-20 years

43% Black

22% White

18% Asian

17% Other

Youth were assessed using the YLS/CMI assessment.

Average number of criminogenic need domains identified as requiring service: 5.15

Average number of matched needs: 1.65

Barriers identified:

- Criminogenic Barriers (whether or not identified as a “need” for particular youth, appeared to interfere with attendance and/or engagement in case management and interventions targeted at other needs)
 - Poor motivation and/or denial
 - Substance abuse
 - Parent-youth conflict
- Lifestyle Destabilizers
 - Housing instability
 - Financial insecurity
 - Neighborhood concerns (e.g, violence, gang activity, drug use in neighborhood)
- Clinical Destabilizers
 - Noncriminogenic mental health diagnoses (DSM-IV (e.g., depression, anxiety, PTSD, psychotic disorders
 - Other mental health issues interfering with intervention and/or case management
 - Abuse, neglect, trauma
- Capacity Issues
 - Issues related to youth ability to engage in treatment due to low intelligence, immaturity, or comprehension issues
- Parental Factors
 - Lack of parental involvement
 - Parental beliefs
- Organizational Factors
 - Delays of over a month to access services
 - Treatment set up but did not materialize
 - Lack of services

- Long waitlists
- Poor communication between probation and providers

Youth experienced an average of 3.85 barriers

Excluding criminogenic barriers, average was 2.77

No difference across age

B. Primary Source: Haqanee, 2014

This study explored the following questions related to implementation of RNR principles in case planning for juveniles:

- Why are some criminogenic needs more frequently and successfully addressed than others?
- How do probation officers select and prioritize youths' needs in case management (including whether, when, and why they deviate from the results of their risk-needs assessments)?
- (How) do probation officers address procriminal attitudes in their practice?
- What are barriers to youths' successful completion of programming?

Qualitative approach, using interviews with 29 youth probation officers from 8 offices in Toronto area. Identified these themes:

- Problems with access to and quality of outside services
 - Lack of programming for higher risk and older youth
 - Probation officers end up referring youth to general counselors
 - Long waitlists for programming b/c of lack of funding or staff turnover
 - Community agencies unwilling to work with challenging and resistant youth
 - Counselors may not be CBT trained
 - Need for program evaluation to ensure proven methods are being applied
 - *"That's the thing—we send you the kids that no one else will work with. That's your mandate that you work with hard-to-reach at-risk youth. What did you think was going to happen? Of course they're going to not show up five million times; of course they're going to give you excuses. Just having quality staff ... funding the program and funding quality staff to actually work is... hard"*
 - Lack of access to schools and/or resources and services within schools
 - Especially challenging for older youth and/or youth who had been out of school for some time
 - Schools reluctant to take challenging youth w/ long history of past academic and behavioral issues along with perceived lack of motivation and effort. Youth may have developed negative reputations within school system (e.g., labeled as "offenders")
 - *"The schools really don't want to deal with our kids, especially if they come from lower income, visible minorities, and parents who aren't really proactive in demanding the services from the school; they kind of get slid under the carpet and just pulled along until they're old enough"*

to get them out of the system. We have to fight with the schools a lot of the time to get our kids back into school.”

- Needs are easier to address if they are straightforward and the role of probation officers is well-defined
 - Attitudes, peers, and personality need domains challenging to address b/c less concrete, harder to measure, target and monitor
 - Absence of standardized guidelines for assessment and documentation
 - Though some officers tried to target more challenging criminogenic needs during supervision, did not feel they were adequately trained to take on counseling role
 - *“The Ministry is coming out with more directives that probation officers are supposed to be using cognitive behavioral approaches and moving [clients] through the stages of change. However, we are not... trained. Yes, we sat in on maybe a day or a couple of days to learn the framework of what CBT is, but if the Ministry is moving more towards us in using CBT in our work with the youth, we need to be trained as more cognitive behavioral therapists.”*
 - *Some officers felt management did not support them to take on a greater counseling role*
 - *“Sometimes it takes you a long time to move them through the stages of change, and management doesn’t understand that. Our case notes don’t reflect that we are targeting these areas and we can’t even see whether they make that much progress except if they end up going to the programs or they don’t get charged. There is a reliance on outreach counseling for these types of needs because there’s an emphasis on referrals but a lot of kids don’t have the trust with the other workers. We have developed that trust, they see us regularly, they have to come see us; we have the leverage.”*
 - Probation officers must prioritize needs and the ranking is not always dependent on youths’ risk-need score in that area
 - Need to limit number of goals for youth at one time
 - Goals need to be achievable and this depended on youth’s motivation
 - Need for collaboration between officer and youth in setting targets
 - *“Our kids have so many needs that to address every single one of them is impossible. ... You have to prioritize basically, is what I’m trying to say. They’re the key player in all this, and they’re the ones that need to want to do it... I can have my ideas, but it doesn’t really matter. I want him to be doing something. If it’s a choice between me hammering him over the head with what I want or him doing what he wants, I’ll take what he wants.”*
 - Sometimes needs must be met indirectly
 - *“Sometimes it may be a little bit tricky, because he may score high on, let’s say, school. But peer relations are also an issue. So even though*

school is the higher number, if you target his peers and help him to make wise choices for peers of positive influence that will make him basically... help his schooling. We can go by the score, but then you have to use common sense, as well, as to what is making him stay out of school. It's his friends. It's the substance use."

- May be hard to prioritize high impact needs
 - Education (see barriers above)
 - Probation officers viewed life at home as strong predictor of youths' success during probation and in future
 - Some parents take a "hands off" approach
 - Language and cultural barriers
 - Parents face multiple stressors (e.g., financial, mental health issues) reducing involvement in probation
 - Substance abuse--youth almost always normalized their use
 - Participate in court-ordered substance abuse counseling but with no desire to change their substance use
- Responsivity concerns
 - High prevalence of underlying mental health issues among higher risk youths
 - May not always have a diagnosis
 - Officers frustrated when trying to access mental health programming
 - *"When it comes to mental health issues, you end up sending them to this place and then they screen them ... and most of them end up not being Criminogenic Needs in Probation 47 suitable for that service. They will want a kid who is A, B, and C, and maybe your kid is A, B and D. And so they will say, "Okay your kid is not suitable for our process.""*
 - Language and cultural barriers, including associated stigma & fear of hurting their family's reputation
 - May need to work with youth to address basic needs (e.g., housing, safety, food) before criminogenic needs
 - These issues are priorities for youth
 - Failing to help undermines rapport with youth
 - Financial problems (related to transportation and housing) barriers to addressing criminogenic needs
 - Probation officers highlighted that one solution to youths with multiple needs was to refer youth to "outreach" counselors who could help them with more practical issues in the community (e.g., obtaining housing, applying for work) while also counseling youths around their various criminogenic needs. These workers also often picked youth up from their homes, bypassing the issue of transportation that was noted by

many as a significant factor in youths' lack of attendance to other programming in the community

- Longstanding and intertwined issues result in entrenched problems that are complex and difficult to address
 - Problems may be beyond probation officer's ability to address
 - *"There are a lot of factors that have affected them, especially their family ... and school history. So then you get them here... on a 6-month court order and you're expected to change their life in that short period of time when it's taken them such a long time to get here. And it's just not really reasonable."*
 - *Given multiple needs, youth may require highly individualized and flexible counseling*

VI. Assessing Fidelity for Application of Risk-Need Assessments in Case Plans

Primary source: Thurman, 2019

Study of two probation/parole officers in mid-Atlantic state, using LSI-R Level of Service Inventory-Revised). Adult focus.

Identifies 4 fidelity measures to assess how well RNA tools are incorporated into case plans:

- Whether a person has criminogenic or responsivity need in a particular area
- Consistency between LSI-R scale need areas and special conditions
- Whether the officer incorporated the LSI-R need areas into a case plan
- Whether the special conditions are reflected in the case plan

Issues identified:

Probation officers may lack understanding about the criminogenic need subcomponents and how to incorporate them into case plans

Agencies did not provide policy to reinforce the RNA utilization issue

Probation officers used contact standards instead of case plan standards to identify the frequency of contacts between officer and individual

VII. Effective Case Management

Primary source: Carey, 2010

Characteristics of effective case management:

- Empirical assessment of risk and criminogenic needs
- Comprehensive
 - Addresses both dynamic and stability factors)
- Ongoing

- Begins early (before sentencing)
- Continues until offenders are discharged from supervision
- Dynamic
 - Responds to changes in conditions (e.g., program completion, violations, loss of employment)
 - Responds to changes in risk levels/factors
- Team-based
 - Includes all relevant professionals
 - Includes offender as part of team
 - For youth, includes family members or other supporting adults
- Relies on appropriate targeting of interventions
 - Evidence-based
 - Available
 - Accessible to offenders when and where needed
 - Appropriately sequenced
 - Defines specific action steps to achieve
- Engages offender in process of change
- Supported by automation

VIII Factors that Characterize Effective Interventions

Primary source: Lipsey, 2009

Three factors most strongly associated with intervention effects:

- Intervention approach and type of treatment
 - Positive effects associated with cognitive-behavioral and skill-building programs
 - Also some effects for other approaches, e.g., general counseling
- Quantity and quality of treatment provided
 - A well implemented program that is less efficacious can outperform a more efficacious one that is poorly implemented
 - Quality is not well documented (proxy variable)
- Characteristics of juveniles receiving treatment
 - Recidivism effects not strongly differentiated by age, gender or ethnicity (but most studies use male participants)
 - Larger recidivism rates for higher risk juveniles

Results:

Juvenile characteristics

Largest effect was for risk (greater reduction in recidivism for higher risk juveniles)

Smaller effects for juveniles with aggressive/violent histories

Small effect of gender (males had higher recidivism rates)

No effect of age or ethnicity

Program characteristics

Smallest effect for programs emphasizing discipline

Largest effects for therapeutic interventions: counseling interventions, multiple services, skill building and restorative programs

Non-therapeutic interventions: Surveillance had a positive effect

Deterrence and especially discipline showed negative effects

Risk has most consistent relationship to recidivism (high risk, greater reduction in recidivism)

Smaller effects for juveniles with aggressive/violent histories (offsets impact of risk, i.e., smaller reduction in recidivism for these youth)

Larger recidivism effects for older juveniles (except for multiple coordinated services)

After risk, largest and most consistent relationship with recidivism is quality of program

Higher quality program associated with bigger effects on recidivism

Variation in duration and total hours of service not related to the effects (but centered on mean values for each specific intervention type)

Level of supervision not related to recidivism effects (though counseling interventions less effective for incarcerated juveniles and skill building interventions more effective for diversion cases)

Gender and ethnicity largely unrelated to effects, though counseling less effective for largely male samples and more effective for minority samples

Intervention types within each philosophy have statistically similar recidivism effects (but some had only few studies) Some indication that among counseling approaches, mean recidivism reductions for mentoring and group counseling were greater than 20% (but may not be reliable). Individual counseling, peer-oriented group counseling, and mixed counseling with referrals showed smaller effects

Skill building approaches--behavioral and cognitive-behavioral interventions especially effective; job-related ones less effective.

Multiple coordinated services--case management showed relatively high recidivism reductions; multimodal regimens showed smallest effect of any of the therapeutic interventions in any category.

IX Additional considerations

Build on adolescents' strengths (see Search Institute's [40 Developmental Assets for Adolescents](#))

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