

# The Effects of Multisystemic Therapy (MST) on Recidivism Rates of Juvenile Offenders

Carrie Orndorff 2015

# What is MST?

- In home counseling program
- Works with the juvenile and the family
- Developed in the 1970's by Dr. Henggeler and Dr. Borduin
- Focuses on teaching families to function more effectively in the home setting
- Views parents/guardians as valuable resources, even if they have serious needs of their own
- Targets at-risk juveniles and their families
- Aims to give parents ability to effectively raise kids
- Teaches coping skills to juvenile's and adults

# MST goals

- Create positive change in families
- Support behavioral modification in the juvenile's normal environment
- Improve parental correction practices
- Improve family relations
- Reduce contact to deviants by youth
- Increase pro-social associations for youth
- Improve school achievement
- Increase connection to positive leisure activities
- Develop support networks

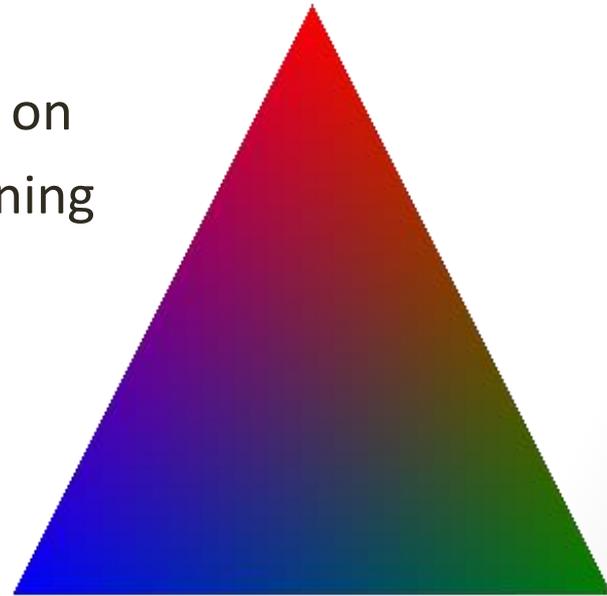
# MST service delivery

- Meet with family weekly
- Minimum 2 hours per week of individual or family therapy
- Typically lasts a minimum of 4 months
- Whole family involvement
- Collateral contact with school, probation officer and/or Children and Youth caseworker
- Weekly structuring of treatment goals
- Weekly review of progress by consultant



# Why MST?

- Early 1990's, PA shifted to Balanced and Restorative Justice (BARJ)
- BARJ paved way for Evidence Based Practices (EVP)
- EVP=programs should demonstrate effectiveness PRIOR to departments making referrals
- Programs began to be studied based on effectiveness, mainly through examining recidivism rates and also in meeting juvenile's and their family's needs



# Recidivism- why it matters

- EVP bases success on recidivism
- Less recidivism = less costs to departments
- Estimated 60,500 juveniles in correctional or residential confinement in 2007



# MST- a good fit

- MST's roots in community and family involvement play right into EVP guidelines
- MST has been evaluated and proven to be effective in reducing recidivism
- Family and individual needs are met without costly detention/confinement

# Meet Dauphin County

- population of 270,937
- 525 square miles
- 28.8% are under 18 years of age
- 74.5% Caucasian, 18.6% African American
- Average person per household is 2.4

- US Census 2013



# Harrisburg, PA

- Largest city in Dauphin County
- 52.4% African American, 30.7% Caucasian
- 31.2% of Harrisburg's population are under poverty level
- JPO 937 referrals in 2013, largest source was Harrisburg PD



# Service providers

## Pennsylvania Counseling Services (PCS)

- 17 locations throughout Pa
- Services include student assistance, truancy prevention, behavioral health, family based, outpatient, psychological and psychiatric
- MST provided in Dauphin and Lancaster Counties

## Hempfield Behavioral Health (HBH)

- 11 varying service types available through PA
- Aggression replacement therapy, communities that care, health family, sex offender therapy, more
- MST provided in Dauphin County

# Existing Research- Norway

- Conducted in 2004 by Ogden and Halliday-Boykins
- Participants were randomly assigned to either a usual child welfare program or MST
- Results indicated that a substantially greater decline in internalizing symptoms and minimally greater decline in externalizing symptoms was noted in the MST group, when compared to the control group
- Of note: one of the authors has extensively published with the developers of MST, therefore may not be considered completely objective

# Existing Research- USA

- Conducted in 2006 by Timmons-Mitchell, Kishna, Bender and Mitchell
- monitored 93 juveniles involved in the juvenile justice system
- Results indicated that after 18 months, the MST group had a recidivism rate of 66.7% and the non-MST group had a recidivism rate of 86.7%
- The non-MST group was 3.2 times more likely to be rearrested than the MST group
- Outcome data was gained from one secondary source, limiting ability to generalize results to broader youth conduct issues

# Existing Research- United Kingdom

- Conducted in 2011 by Butler, Baruch, Hickey, & Fonagy
- Juveniles were randomly assigned to either MST or other “services-as-usual” (anger management, substance abuse, social skills conflict solving, etc...)
- Study results indicated that MST was linked to a significantly larger reduction in number of nonviolent offenses at 18 months out
- Violent offenses reduced as well but not at a significant rate
- Parents and juveniles reported improvement in delinquent and aggressive behavior

# Social Control Theory

- Travis Hirschi



# Social Control Theory

- Travis Hirshchi (1969)
- Based on the belief that all people possess the drive to act in the selfish and often aggressive ways that lead to criminal actions
- This theory is unique in that it focuses on why people do not commit crime, rather than why they commit crime
- This theory explains what makes people control these urges, and suggests that people participate in criminal actions when their bond to society has diminished
- Lack of social connections leads to rise in criminal behavior

# How they fit...

## **Social Control Theory**

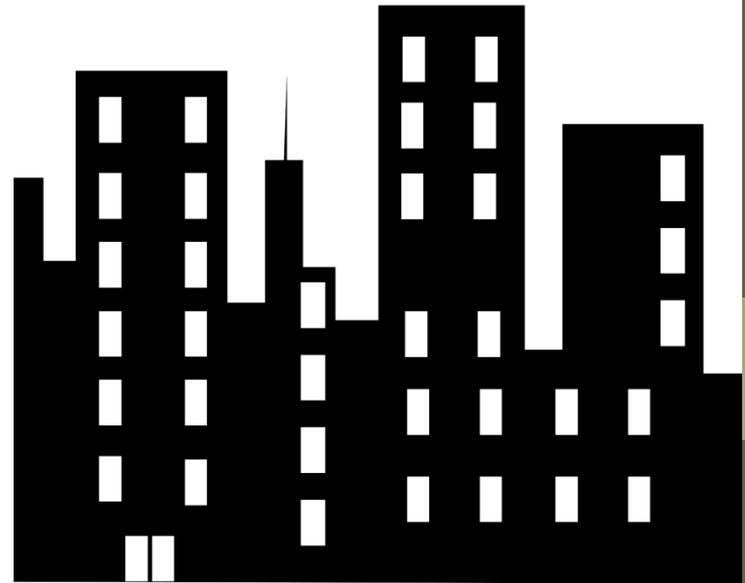
- Attachment between parent and child is important, especially in averting delinquent behavior
- Strong connections to society make a person less apt to engage in criminal behavior
- When someone commits time and energy to social norms they are less likely to break them

## **MST**

- Services provided in home and include parents as important parts of treatment
- Involve community connections and support them
- Strengthen family bonds so juveniles are more attached to family members and community, less likely to deviate

# Variables examined

- Diagnosis
- Medication
- Drug and alcohol abuse
- Family status
- Area living in
- Present, previous and future charges
- Successful completion



# Research Questions/Hypothesis

- What, if any, specific variables are shared by youth in Dauphin County who were not successful (in terms of recidivism) after receiving MST?
- Though previous research indicates that subgroups such as gender and race were not significant, does that apply to Dauphin County as well?
- H- MST will prove to be effective in reduced recidivism in Dauphin County, but on a much smaller scale than touted in research.

# Measurement and Collection

- Participation Status
  - MST- Hempfield Behavioral Health
  - MST- PA Counseling
  - Non-MST
- Recidivate
  - Any new charge after the start of MST or 6 months past MST completion date = recidivate

All data secondary- gathered from on base, JCMS, and MST reports

# Findings

Table 1.

Did the Juvenile Recidivate (receive new charge since start of MST/study)?

	Yes	No	Total
Service Provider:			
• Pa Counseling	10	11	21
• Hempfield Behavioral Health	14	15	29
• None (did not receive MST)	7	14	21

Table 2

## Sample Demographics

	n	%
Gender: female	16	22.5
male	55	77.5
total	71	100
Race: African American	44	62
Caucasian	26	36.6
Hispanic	1	1.4
total	71	100
Age: 11-14	20	28.2
15-17	51	71.8
total	71	100

Table 3

## Sample Demographics

	n	%
Area of residence: urban	33	46.5
suburban	32	45.1
rural	6	8.4
Lived with: both parents	11	15.5
Mom	52	73.2
Dad	4	5.6
Other family member	4	5.6
Parental marital status: married	10	14.1
Divorced	7	9.9
Separated	2	2.8
Never married	52	73.2

# Successfully completed MST

Diagnosis	Yes	No	total
ADD/ADHD	9	3	12
ODD	7	8	15
Bipolar	1	0	1
Depression/Anxiety	2	0	2
PTSD	1	0	1
Other	1	8	9
None	16	15	31
<b>Total</b>	<b>37</b>	<b>34</b>	<b>71</b>

# Did the juvenile take medication

Diagnosis	Yes	No	Total
ADD/ADHD	6	6	12
ODD	1	14	15
Bipolar	0	1	1
Depression/Anxiety	0	2	2
PTSD	1	0	1
Other	0	9	9
None	0	31	31
<b>Total</b>	<b>8</b>	<b>63</b>	<b>71</b>

# Area of residence/marital status

Marital Status Parents	Urban	Suburban	Rural
Married	3	6	1
Divorced	2	3	2
Separated	0	2	0
Never married	28	21	3
<b>Total</b>	<b>33</b>	<b>32</b>	<b>6</b>

# Did the juvenile successfully complete MST

Complete MST	Frequency	Percent
Yes	37	52.1
No (engagement issues)	2	2.8
No (placed residentially)	9	12.7
No (AWOL)	2	2.8
n/a (did not participate in MST)	21	29.6
<b>Total</b>	<b>71</b>	<b>100</b>

# Summary

- Juveniles who participated in MST recidivated at a higher rate than those that did not receive MST
  - Unexpected
  - Hypothesis that MST services in Dauphin County will reduce a juvenile's likelihood of recidivating is NOT supported
  - May be explained by the likelihood that those juveniles who were referred to MST were of higher risk levels than those that weren't
  - Sample drawn may not have been an accurate representation of the non-treatment group
  - Indicates a need for future study

# Summary (cont'd)

## As expected:

- Males dominated the sample at a rate of 70%
- Age of juvenile was statistically significant when compared to prior charges
- Presence of a diagnosis was significantly related to occurrence of new charges

## Surprisingly:

- Race and gender were statistically significant, despite previous research indicating otherwise
- Age did not have a relationship to successful completion
- None of the females indicated substance abuse

# Limitations

- Sample size- variances in gender and race were good, but a large sample would make it more generalizable
- Non-MST group selection – more stringent selection method needs to be utilized for a more comparable group
- Initial study planned to include YLS data, but it was not rolled out early enough to be available for all the participants in this group therefore was not useful
- The MST service providers may drift from adherence to program requirements, and this study did not measure for that

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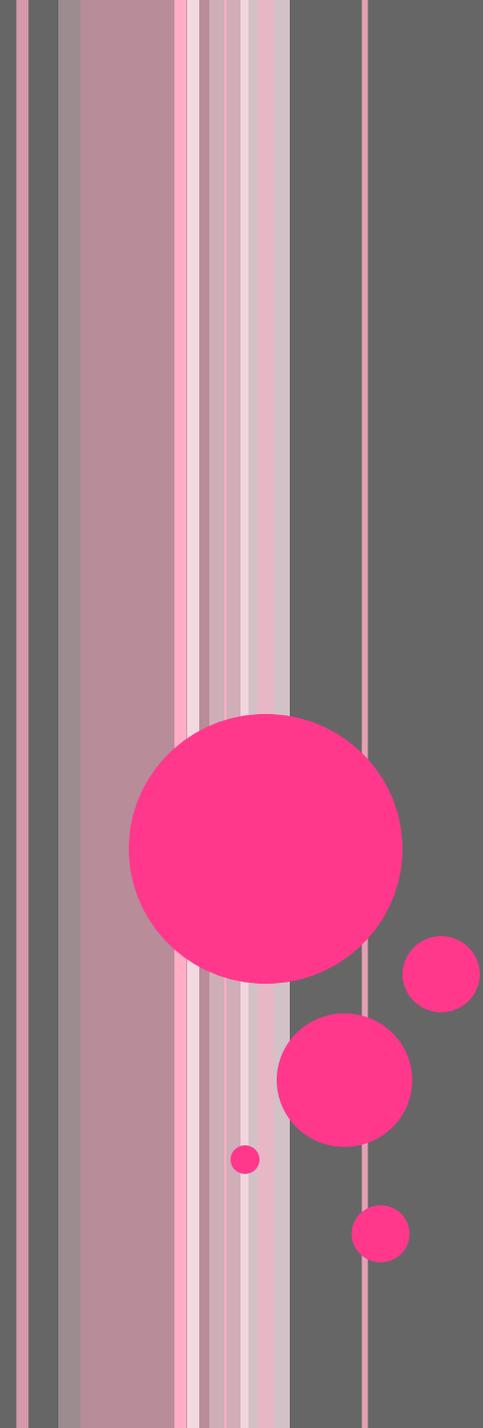
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[quickfacts.census.gov/qfd/states/42/42043.html](http://quickfacts.census.gov/qfd/states/42/42043.html)

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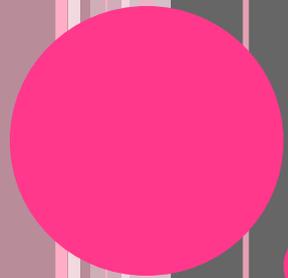
# GIRLS CIRCLE IN FRANKLIN COUNTY

Presented by Dora Housekeeper

# WHY SHOULD THE JUVENILE JUSTICE SYSTEM FOCUS ON GIRLS?

- Rising number of girls becoming involved in the system
- Different paths to delinquency
- Gender-Responsive Treatment





# WHAT IS GIRLS CIRCLE?



# OVERVIEW

- Developed in 1994 by Girls' Circle Association (now One Circle Foundation)
- Structured Support Group
- Who facilitates groups?
- What settings is the program utilized in?



# BASIC CIRCLE FORMAT

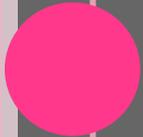
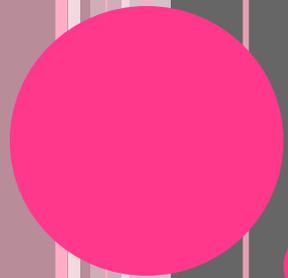
- Opening Ritual
- Theme Introduction
- Check-In
- Activity
- Sharing of Activity
- Closing Ritual



# EVIDENCE BASED?

- Utilizes motivational interviewing and strengths-based approaches
- Selected for gender-specific program evaluation by OJJDP
  - Results anticipated in 2015





# PRIOR RESEARCH

# EVALUATION RESULTS YEAR ONE

- 278 surveys from 15 sites in 19 cities
- Groups varied in length from 8 weeks to over 14 weeks
- Findings
  - Decrease in self-harming behavior
  - Decrease in rates of alcohol use
  - Increase in attachment to school
  - Increase in self-efficacy
  - Very few differences among subgroups



# CIRCLES ACROSS SONOMA

- Sonoma County, California
- Collaboration between Sonoma Probation Department, Girls Circle Association, and community-based counseling services
- 8 weeks as condition of supervision or alternative to detention
- Showed improvements in body image, telling adults what they need, and self-efficacy
- Interview data showed positive relationships between girls and facilitators
- Girls did not report any probation violations in the group
- Some felt forced to participate



# U.S. AND CANADA MULTI-SITE STUDY

- 63 girls ranging in age from 10 to 17
- 9 separate programs in U.S. and Canada
- 10 week curriculum
- Increases in body image, perceived social support, and self-efficacy
- No significant findings regarding self-esteem and locus of control



# THEORIES THAT APPLY

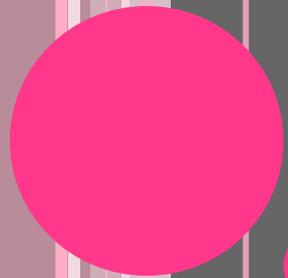
- Social Learning Theory
- Social Bond Theory
- General Strain Theory
- Relational-Cultural Theory of female development



# HYPOTHESIS

- Improvements in self-efficacy and other areas as seen in prior studies
- Groups with a probation officer as a facilitator will see smaller improvements than those without a probation officer as a facilitator





# METHODS

# SAMPLE

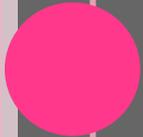
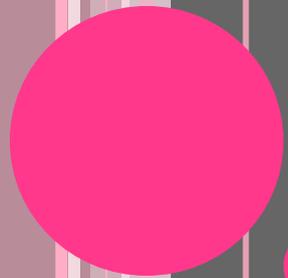
- 31 girls who participated
- Not all girls on probation
- Some groups facilitated by Student Assistance Program



# DATA COLLECTION

- Pre-tests
- Post-tests





# FINDINGS

# AREAS EXAMINED

- Skill Building
  - School engagement
  - Participation in sports or hobbies
  - Eating healthy
- Self-Efficacy Scale



# FINDINGS

- No significant results
- Multiple areas approaching significant for groups facilitated by a Juvenile Probation Officer



# EXPERIENCE

Post-Test Question	Mean Response (All)	Mean Response (JPO Facilitator)	Mean Response (SAP Facilitator)
I could share what I was thinking in Girls Circle.	3.10	2.38	3.35
I could ask Girls Circle leaders for help.	2.97	2.13	3.27
Everyone supported me when I made decisions about my life in Girls Circle.	3.33	2.75	3.55
Everyone respected me in Girls Circle.	3.40	2.88	3.59
Girls Circle leaders focus on what I'm good at.	3.23	2.88	3.36
Girls Circle is fun.	3.72	3.29	3.86
No one shares others' secrets in Girls Circle.	3.03	2.86	3.09



# LIMITATIONS

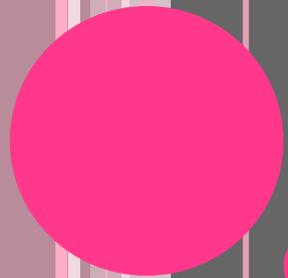
- No way to measure fidelity to model
- Small sample
- No external validity
- Data collected by another agency



# IMPLICATIONS AND RECOMMENDATIONS

- Program shows promise
- More research is needed
  - Girls Circle
    - Impact on other areas, such as resiliency
  - Services for girls
- Barriers to implement program on larger scale need to be addressed





QUESTIONS?

# REFERENCES

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# Putting Research Into Practice Victim Awareness Programs

Presented by:

Devin N. Yeager, M.S.

Northumberland County Juvenile Probation



# Victim Awareness Programs

- Dispositional Tool designed for delinquent youth
- Low-Medium risk offenders (YLS Score of 3-22)
- All levels of supervision
- 4 sessions in length designed for 3-4 hours in duration (12-16 hour program)
  - 2 week program, 2 sessions per week
- Maximum of 12 participants per 2 facilitators in a group
- Provides an opportunity to take responsibility for restoring the harm that a crime has caused to the victim; educates offenders on empathy and remorse; holds offenders accountable; aids in changes of through process and motivation to change

# Victim Awareness Program Criteria to be Considered

- The juvenile admits to the offense
- There is an identifiable victim
- The juvenile shows willingness to change
- The juvenile states at Intake that he/she regrets committing the offense
- The juvenile's attitude and view towards the victim shows empathy/sympathy at the time of Intake
- Reading skills
- Writing skills
- Gender
- Age (10-13; 14-17)
- Risk Level (YLS Score/Level of Risk)
- Responsivity Factors
- Mental Health Limitations

# Victim Awareness Program Goals & Objectives

- Teach juvenile offenders the effects of victimization
- Increase awareness of the impact of crime
- Encourage acceptance of responsibility
- Provide victims the opportunity to speak regarding consequences of crime(s)
- Build a relationship between the agency and victims
- Aid in changes of thought process and behavioral change; as well the motivation to change
- Reduce recidivism

# Victim Awareness Program Components

- Victim's Rights
- Thinking Traps
- Bullying
- Social Networks
- Impacts of Crime
- Empathy
- Taking Accountability-Self Disclosure
- Making Amends
- Audio-visual media
- Victim testimony
- Role playing
- Apology/Accountability letters
- Homework
- Book-Work
- Feedback Form
- Certificate of Completion

# Victim Awareness Program

## The Setting & Time

- Structured, Informal, Supervised setting
- Open space
- Arranged in groups of 3 to 6
- Round tables preferred
- Sessions should be run on the same day & time of the week every week until the program is complete.
- Participants are graded on: **Attendance**, **Respect** towards staff & peers, **Preparation** for class, **Participation** in class, and **Following directions** (100 points– 5 points in each category per day or 25 points per day x 4 days)
  - Participants must receive a **70%** in the class to pass. If they do not, they are taken before the Court on a Dispositional Review or Violation of Probation.

# Pre & Post Test

- Likert Scale (1-6)
- Measures:
  - Sensitivity to Victim Plight
  - Victim Blaming
  - Accountability
  - Knowledge of Victim Rights
  - Knowledge of Victim Facts
  - Criminal Sentiments
  - Empathy
- Scoring
  - Binary Coding (Victim's Rights & Related Facts)
  - Scale Scores (All other areas)
- Outcome
  - Compare scores (252 possible points- 6 knowledge; 246 measureable outcomes)
  - T-Test

# Victim Awareness Program Data Collection/Outcomes

- Number & Percentage of Successful Completion
- Measurable increases in
  - Victim sensitivity Levels
  - Knowledge of the System & Victim's Rights
  - Accountability
  - Empathy
  - Positive Attitudes towards the CJ system
- The Proportion of offenders who recidivate after attending VAP (6 months, 1 year, 2 years).
- The amount of financial restitution paid per amount ordered after attending VAP
- The proportion of juveniles participating in valued community service & number of service hours worked per amount ordered after completion of VAP



# Contact Information

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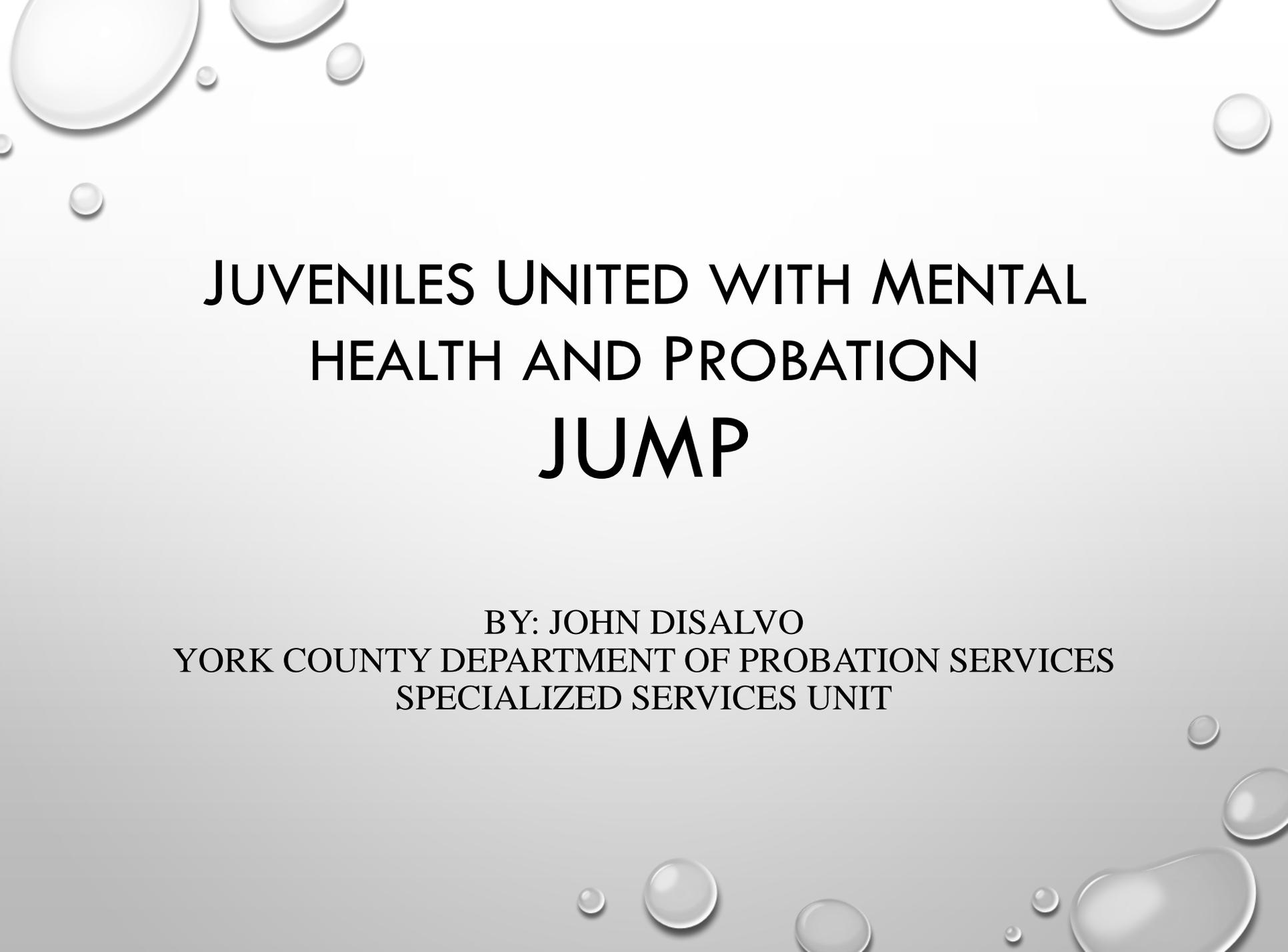
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# JUVENILES UNITED WITH MENTAL HEALTH AND PROBATION JUMP

BY: JOHN DISALVO  
YORK COUNTY DEPARTMENT OF PROBATION SERVICES  
SPECIALIZED SERVICES UNIT

# MISSION

JUMP COURT IS COMMITTED TO PROVIDING A QUALITY, INTENSIVE COMMUNITY-BASED SERVICE TO JUVENILES WITH BEHAVIORAL MENTAL HEALTH PROBLEMS AND THEIR FAMILIES THROUGH A COORDINATION OF SERVICES BETWEEN THE YORK COUNTY JUVENILE COURT, MENTAL HEALTH SYSTEMS OF YORK COUNTY, AND LAUREL LIFE, IN A MANNER CONSISTENT WITH PRINCIPLES OF RESTORATIVE JUSTICE.

# COST ANALYSIS

## OVERALL SAVINGS:

AVERAGE COST FOR 8 ½ MONTHS OF JUMP SERVICES FOR ONE JUVENILE = \$9,733

AVERAGE COST FOR 8 ½ MONTHS OF RESIDENTIAL TREATMENT FOR ONE JUVENILE = \$59,160

SUPERVISING 10 KIDS IN THE COMMUNITY VS. RESIDENTIAL TREATMENT PRESENTS A POTENTIAL SAVINGS OF \$494,270.

# GETTING STARTED

- PROGRAM STARTED 1999 – SAME MODEL
- IDENTIFYING STAFF
  - 1 JPO, 1 MHIDD ICM, 1 FAMILY THERAPIST, 1 D&A COUNSELOR
- LOCATING OFFICE SPACE
  - ALL UNDER ONE ROOF-THIS IS THE KEY!!!!
- IDENTIFYING REFERRALS
  - LINE OFFICER REFERRAL
  - ALTERNATIVE TO PLACEMENT RESIDENTIAL
  - PLACEMENT OPTION/STEP-DOWN

# ACHIEVEMENT



2005 Court-Operated Program of  
the Year

Pennsylvania Juvenile Court  
Judges' Commission

# CONCEPTUAL DEVELOPMENT

- IDEA RESULTED FROM INEFFECTIVENESS
  - COMMUNICATION PROBLEMS AND COLLABORATION BETWEEN SERVICES/NEED TO IMPROVE SERVICE DELIVERY

# FROM SEPARATION TO COLLABORATION

## 4 TEAM MEMBERS

### TEAM APPROACH

- JOINT FAMILY VISITS
- WEEKLY TEAM MEETINGS
- COMBINED REPORTS
- CELL PHONES COMMUNICATION
- MONTHLY SUPERVISOR MEETINGS
- NETWORKING WITH ALL CHILD-SERVING SYSTEMS

# CASE MANAGEMENT

- YORK/ADAMS MENTAL HEALTH INTELLECTUAL DEVELOPMENTAL DISABILITIES (MHIDD)
- GOAL PLAN
- ENSURE TREATMENT NEEDS ARE BEING MET
- ENSURE MENTAL HEALTH AND MEDICAL NEEDS ARE BEING MET



# INDIVIDUAL & FAMILY THERAPY

- MANITO INC.
  - SERVICES:
    - STRUCTURED FAMILY THERAPY
    - COGNITIVE BEHAVIORAL THERAPY
    - EYE MOVEMENT DESENSITIZATION AND REPROCESSING
    - COORDINATES GROUP THERAPY SESSIONS
    - INDIVIDUAL SESSIONS
- 

# YOUTH MENTOR

- COMMUNITY SERVICE
  - RESCUE MISSION
- YOUTH ACTIVITIES
  - MINI-GOLF
  - BASKETBALL
  - GYM
  - MOVIES

# PROBATION

- YORK COUNTY DEPARTMENT OF PROBATION SERVICES- SPECIALIZED SERVICES UNIT
- SERVICES:
  - ACCOUNTABILITY
  - ENSURE COURT ORDERED REQUIREMENTS ARE BEING MET
  - GENERAL SUPERVISION
  - COMMUNITY PROTECTION

# THE JUMP MODEL

- YOUTH WITH MENTAL HEALTH DIAGNOSIS
- FAMILY THAT IS WILLING TO WORK TOGETHER TO AVOID OUT-OF-HOME PLACEMENT OF CHILD
- INTERVIEW
- 34 WEEK IN-HOME INTERVENTION – WE COME TO YOU!
- 5 PHASE PROGRAM FORMAT WITH INDIVIDUALIZED SERVICE PLAN TO ADDRESS TREATMENT NEEDS AND ENSURE RESTORATIVE JUSTICE REQUIREMENTS ARE BEING ACCOMPLISHED
- MOVEMENT FROM PHASE TO PHASE IN JUMP COURT
- FULLY SUPPORTED BY THE JUVENILE COURT

# OTHER MODALITIES

- COMPETENCY DEVELOPMENT THROUGH GUIDED GROUP ACTIVITY
  - ANTI-SMOKING EDUCATION GROUPS
  - GROUP THERAPY SESSIONS
  - GROUP D&A SESSIONS
  - VICTIM AWARENESS PROGRAM
  - COMMUNITY SERVICE PROJECTS
  - PARENT GROUPS

# PHASE 1-BUILDING TRUST/COMMUNITY PROTECTION

- 4 WEEKS
- ELECTRONIC MONITORING
  - + DRUG TEST
  - PLACEMENT STEPDOWN
  - HIGH YLS
- MINIMUM 1 IN HOME CONTACT PER WEEK
- GOAL DEVELOPMENT
- 6PM CURFEW OR HOUSE ARREST



# STAGE 2-TAKING RESPONSIBILITY

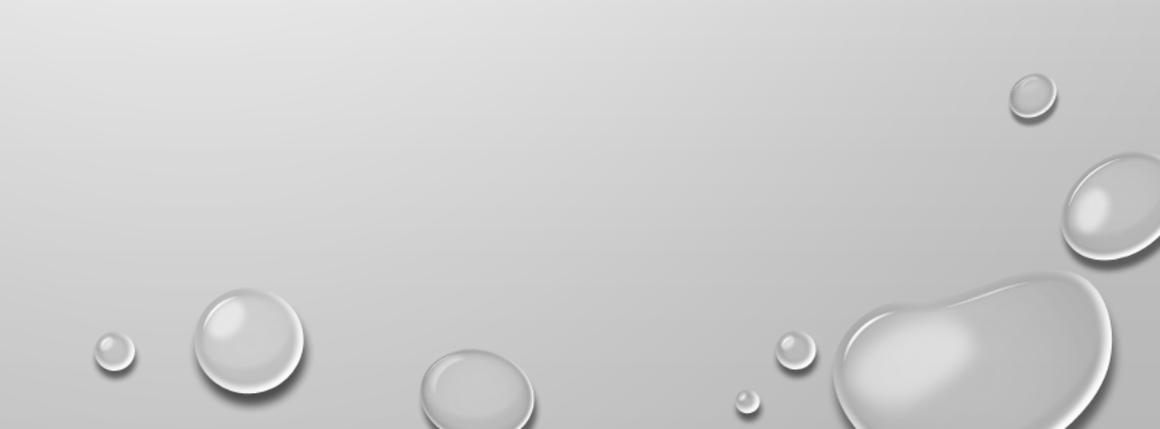
- 4 WEEKS
  - BI-WEEKLY IN HOME PROBATION CONTACT
  - UNDERSTANDING AND OWNERSHIP OF TREATMENT NEEDS
  - 7PM CURFEW
- 

# STAGE 3-SHOWING COMPETENCY

- 12 WEEKS
- 8PM CURFEW
- OPPORTUNITY TO PRACTICE ANY SKILLS DEVELOPED IN GROUP AND INDIVIDUAL WORK
- SUPPORT ACADEMIC DEVELOPMENT
- SUPPORT AND ENCOURAGE SEEKING AND MAINTAINING EMPLOYMENT



# STAGE 4-TRANSITION BRIDGING

- 8 WEEKS
  - 9PM CURFEW
  - “AS NEEDED” IN HOME PROBATION CONTACTS
- 



# PHASE 5 – PROGRAM COMPLETION

- 6 WEEKS
  - 10PM CURFEW
  - “AS NEEDED” IN HOME PROBATION CONTACTS
  - ABILITY TO DEMONSTRATE SKILL DEVELOPMENT WITHOUT CLOSE PROBATION SUPERVISION
- 

# JUMP COURT

- JUDGE
- PROBATION OFFICER
- CASE MANAGER
- THERAPIST
- PARENTS & FAMILY
- JUVENILE
- DA
- PD

# JUMP COURT

- MAIN FOCUSES
  - SCHOOL
  - FAMILY
  - PROGRESS IN TREATMENT
- CAN MAKE LEGAL DECISIONS
  - VIOLATION HEARINGS
  - DISPOSITION
- PHASE 1,2,3 – BIWEEKLY; PHASE 4 &5 – EVERY 4 WEEKS



# JUMP ACTIVITIES

- SUMMER MONTHS
  - HIKING
  - LASER TAG
  - LAKE TOBIAS
  - KAYAKING
  - RUNNING CLUB
- 

# PURPOSE OF STUDY

- DETERMINE IF JUMP IS EFFECTIVE IN TREATING JUVENILES WITH A MENTAL HEALTH DIAGNOSIS
- BENEFIT FIELD THROUGH REPLICATION IF PROVED EFFECTIVE
- WHAT CAN BE CHANGED TO MAKE MORE EFFICIENT

The image features a light gray background with a subtle gradient. In the top-left and bottom-right corners, there are several realistic water droplets of various sizes, rendered with soft shadows and highlights to give them a three-dimensional appearance. The word "SAMPLE" is centered in the middle of the page in a bold, black, sans-serif font.

**SAMPLE**

<b>Characteristic</b>	<b>n=</b>	<b>%</b>
<b>Gender</b>		
<b>Male</b>	27	87.1
<b>Female</b>	4	12.9
<b>Race</b>		
<b>White</b>	21	67.7
<b>African American</b>	9	29
<b>Hispanic</b>	1	3.2
<b>Age</b>		
<b>10 to 12</b>	0	0
<b>13 to 15</b>	14	45.2
<b>16 to 17</b>	15	48.4
<b>18+</b>	2	6.5

Diagnosis	n=	%
Attention Deficit Hyperactivity Disorder	25	80.6
Anxiety Disorder	5	16.1
Mood Disorder	18	58.1
Adjustment Disorder	2	6.5
Asperger's	3	9.7
Conduct Disorder	20	64.5
Oppositional Defiant Disorder	5	16.1
Depressive Disorder	4	12.9
Intermittent Explosive Disorder	1	3.2
Bipolar Disorder	5	16.1
Obsessive Compulsive Disorder	1	3.2
Disruptive Behavior Disorder	1	3.2
Post Traumatic Stress Disorder	1	3.2
Victim of Abuse	3	9.7
Substance Abuse or Dependence	24	77.4
Parent/Child Relational Problems	17	54.8

# RESULTS

- THE SAMPLE REPRESENTS 31 PARTICIPANTS WHO WERE DISCHARGED FROM THE PROGRAM IN THE GIVEN TIMEFRAME. OF THOSE 31 PARTICIPANTS, 15 (48.4 PERCENT), WERE ABLE TO COMPLETE THE PROGRAM SUCCESSFULLY. 16 PARTICIPANTS (51.6 PERCENT) WERE DISCHARGED UNSUCCESSFULLY. OF THE 31 PARTICIPANTS IN THE SAMPLE, 16 (51.6 PERCENT) RECIDIVATED. 15 PARTICIPANTS DID NOT RECIDIVATE.
- 77% HAVE CO-OCCURRING MH AND D&A!!

# PROPOSED RESTRUCTURING

- REMOVE YOUTH MENTOR
- IMPLEMENT DRUG AND ALCOHOL COUNSELOR

# Questions?

