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A Proposed Program to Reduce Risk of Recidivism for First Time Juvenile Sex Offenders

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Abstract

This proposed pilot project is intended for juvenile sex offenders and their parents. The program aims to guide juvenile sex offenders into successful reintegration into their communities, and prevent re-incarcera-tion/relapse of juveniles released from juvenile correctional facilities and the family court using a multi-sys-temic approach. A developmental evaluation is proposed to be conducted from the behavioral objectives approach to measure the effectiveness of a 12-months pilot program.

Sex offenses committed by juveniles are now being taken more seriously, despite evident professional denial in some quarters. The notion that juveniles are merely curious or experimenting when engaged in deviant sex-ual activities has been dispelled (Becker, Cunning-ham-Rathner, & Kaplan, 1986). Juvenile's perpetrated sexual aggression has been a problem of growing con-cern in Jamaica over the last decade. Between 1999 and 2005, two hundred and ten of the 765 criminal acts reported to the police were rape and carnal abuse that were committed by juveniles aged 12- 15 years. All these cases involved adolescent male perpetrators. Moreover, according to these reports, the majority of these perpetrators were from the inner city areas where gang rape was very popular (Jamaica Police Statistics Department, 2006).

By legal definitions, sexually abusive behavior, whether juvenile or adults, is contact that is sexual in nature and that occurs without consent, without equality, and is a result of coercion, manipulation, game-playing, or deception (Shaw, 1999; Longo, 2002). Sexual abuse is widely recognized as a significant problem, and the scope may be underestimated considering that not all offenses are reported, due to cultural practices and acceptable social behavior. A significant amount of research has been conducted on juvenile sex offenders, which have revealed that these individuals are unique individuals. Perhaps the only statement that is reliably true for all juvenile sex offenders is that the traits and progression of behavior may vary tremendously from one individual to another (Fehrenbach, Smith, Monas-tersky, & Deisher, 1986; Johnson, 1988; Berliner, 1995). According to Fehrenbach et al., Johnson, and Berliner, nine of ten juvenile sex offenders were male. They also noted that juvenile sex offenders often committed their first sexual offense before age 15 and at times even before the age of 12 years. They further posited that juvenile sex offenders were found in every socioeco-nomic class and every racial, ethnic, religious, and cul-tural group.

The Center for Sex Offender Management (CSOM) (1999) reported that children who sexually abused were far more likely than the general population to have been physically, sexually, or otherwise abused. The Center further indicated that the minority of sexually abusive youths also had deviant sexual arousal and interest pat-terns. These arousal and interest patterns were recurrent and intense, and related directly to the nature of the sex-ual behavior problem (e.g., sexual arousal to young chil-dren). The research indicated that between 40% and 80% of sexually abusive youths have themselves been sexually abused. Additionally, it was reported that the following were other common traits found among juve-nile sex offenders: a) difficulties with impulse control and judgment; b) high rates of learning disabilities and academic dysfunction (30-60%); and c) mental illness (up to 80% have a diagnosable psychiatric disorder.

According to the professionals within the field of psychology, a history of victimization is virtually uni-versal among juvenile sex offenders. For instance, expe-rienced therapist, Robert Longo (2001) noted that as he thought back to the thousands of sex offenders he had interviewed and the hundreds he had treated, he could not think of many cases in which a patient did not have some history of abuse, neglect, family dysfunction, or some form of maltreatment within his or her history.

Research on adult sex offenders has shown that many, perhaps the majority, began committing sex crime in their teenage years or earlier (e.g., Groth, Longo, & McFadin, 1982; Longo & McFadin, 1981). More specif-ically, Ryan and Lane (1997) suggested that many child molestations may be committed by those under the age of 18 years. They believed that although this was evi-dent, some juveniles were often prevented or assisted in

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avoiding responsibility for sexually offensive/abusive behavior through definitions of their behavior as exploratory in nature; hence it was believed that such behavior would pass with age. However, more recent research on sexual offending and etiology has highlighted the dan-ger in making such an assumption (e.g., Aljazireh, 1993). Aljazireh highlighted that research has demon-strated that patterns of sexual offending often began in early adolescence and that many offenders showed a progression to more serious sexual assaults as adults.

Researchers have indicated that juveniles who had committed sex offenses were a heterogeneous mix. In that, they differed according to victim and offense characteristics and a wide range of variables, which included types of offending behaviors, histories of child maltreatment, sexual knowledge and experiences, academic and cognitive functioning, and mental health issues (Knight & Prentky, 1993; Weinrott, 1996). Redding (2002) indicated that a number of clinical studies have pointed to the presence of males and prepubescent youths who had engaged in sexual abusive behavior.

Fehrenbach et al. (1986) and Allard-Dansereau, Haley, Hamane, and Bernard-Bonnin (1997) postulated that sex offenses vary and may include behaviors some-times treated lightly, such as repeated obscene phone calls, exposure, frotteurism (rubbing against another against his or her will), and other forms of harassment. Nevertheless, they suggested that most adolescent offenses appeared to be more serious, and adolescents were actually more likely to attempt intercourse and other forms of genital-genital or genital-anal contact than adult offenders. They further noted that the age of a perpetrator should not be ignored, and neither should less severe behaviors be dismissed. For example, expo-sure (flashing), touching over the clothes, obscene, pseudo-mature language, possession of pornography, and boys-will-be-boys type coercion (Fehrenbach et al.; Allard-Dansereau et al.). To some researchers, all these signs may be signs of an abuser or potential abuser (e.g., Johnson, 1988; Allard-Dansereau et al.). According to Knight and Prentky (1993), juveniles with sexual behav-ioral problem have significant deficit in social compe-tence. Furthermore, Katz (1990) and Miner and Cimmins (1995) have argued that inadequate social skills, poor peer relationships, and social isolations were among the difficulties identified in these juveniles.

Ryan (2000) noted that there were two types of offenders. Referring to clinical observation and empirical research, he indicated that, as is the case for adult sexual offenders, juvenile sexual offenders would fall into two categories; those who sexually abused children and those who victimized peers and adults. From the time juvenile sex offending was first identified as a serious problem, there have been tremendous advances in the treatments available to juveniles who sexually offend. In 1983, there were only 20 programs in North America for juvenile sex offenders, while today there are well over 1,000 worldwide (Ryan). The majority of these juvenile sexual offender treatment programs have generally adhered to a traditional adult sex offender model. These standard interventions would include the teaching of relapse prevention and the sexual abuse cycle, empathy training, anger management, social and interpersonal skills training, cognitive restructuring, assertiveness training, journaling, and sex education (Hunter & Longo, 2004).

Nonetheless, despite the recognition given to intervention as being helpful to juvenile sex offenders and as an important component in the prevention of future sexual offenses, additional research on the effectiveness of different methods are required (Hunter & Longo, 2004). According to Hunter (2000), treatment could be a difficult hurdle for juvenile sex offenders. In one study, he noted that as many as 50% of youths entering a community-based treatment program were expelled during the first year of participation; most often for failure to comply with attendance requirements or therapeutic directives. He further argued that the failure to complete treatment may increase a youth's chances of re-offending.

A common belief about juvenile sexual offenders is that even after treatment most will offend again. How-ever, Hunter & Longo (2004), citing the research litera-ture, found no compelling evidence to suggest that the majority of juvenile sex offenders was likely to become adult sex offenders. They maintained that juveniles who engaged in sexual aggression frequently ceased such behavior by the time they reached adulthood. They fur-ther argued that juveniles who participated in treatment programs had sexual recidivism rates that range between 7% and 13% over follow-up periods of two to five years (Hunter & Longo). Accordingly, Alexander (1999) noted that youth participating in treatment had lower recidivism rates than either adult sex offenders or untreated juvenile sex offenders. In an analysis of eight separate studies, Alexander found that while adults had re-offend rates that averaged 13%, juveniles who partic-ipated in offense-specific treatment had a recidivism rate that averaged 7.1% in a 3-5 year follow-up. Worling (2001) , in a large-scale study that examined data from across Canada, found that only 5% of youths who underwent treatment were charged with another sexual offense within six years, compared to 18% of the youths who did not participate in treatment (Ryan, 2000).

Although intervention has been credited as success-fully working with juvenile sex offenders, Ryan and Lane (1997) posited that the history of treatment approaches used to help individuals troubled by deviant sexual deviation have had varying effects. They implied that these treatment approaches, which were under-pinned by theories, have received substantial attention in the last century. Moreover, this served as a basis for understanding both the history of the ways in which people thought about sexual offending, as well as the history of current approaches to treatment (Ryan & Lane). Conversely, Holin & Howells (1991) maintained that theoretical approaches to sexual offending behavior have progressed from ideas based entirely upon theoret-

ical assumptions to theories founded on the findings of research that was data driven.

Intervention should be underpinned by theories. There are a number of theories that have been proposed to explain why some juveniles sexually abuse others. Although there is no clear and simple formula for how this happens, as sexual offending behaviors are extremely complex. For this intervention program several theories are applicable. These include social learning, social process, social bond, and the system theory.

Social Learning Theory

Social learning theory postulated that sexually abu-sive behavior in children was linked to many factors, including exposure to sexuality and/or violence, early childhood experiences (sexual victimization), exposure to child pornography and advertising, substance abuse, heightened arousal to children, and exposure to aggressive role models/family violence (Ryan & Lane, 1997). According to Ryan and Lane (1991), in terms of juveniles sexual offending, a child's early experience of sexual arousal may have occurred in the context of an explorative relationship, including victimization. Additionally, Ryan & Lane (1991) suggested that a child having experienced those early encounters would most likely continue that behavior unless otherwise directed.

The social bond theory, as posited by Travis Hirschi (1969), linked the onset of delinquency to the weakening of the ties that attached individuals to society. Hirschi maintained that the stronger the bond to others and society, the less likely one would commit a crime. On the other hand, the weaker the bond the more likely an individual would commit a crime. This social bond is developed early in one's life and plays a significant role in later life, which is well supported by a number of empirically validated and reliable studies (e.g., Van Voorhis, Cullen, Mathers, Garner, 1998; Wiatrwski, Griswold, and Roberts, 1981). Hirschi identified four elements of this bond: attachment; commitment; involvement; and belief. These are acquired through the socialization process throughout one's life. Thus he believed that juveniles, who have experienced strong bonding and attachment with their parents, as well as positive peer relationships, were less likely to display delinquent behavior.

Developmental theories in explaining sexual offending, in terms of early childhood experience, fam-ily and the environment, focused on factors such as fam-ily trauma, physical and sexual abuse, neglect, undefined family roles and boundaries, and exposure to sexually traumatic experiences or explicit materials that were believed to contribute to the development of sex-ual offending behavior (Ryan & Lane 1991). However, from the systems theory perspective the juvenile who had committed sexual offenses was not seen in a compartmentalized way, but as a whole package. Therefore, in trying to address the problems of juvenile sex offenders, a holistic/multi-systemic approach is quite appropriate, in which all the systems that are impacting their behavior must be considered, while at the same time networking with the social agencies that could create positive change.

This has become a growing concern for Human Rights groups and the society as a whole. One example of gang rape that was committed in an urban inner city area in 2003 was highlighted by the Guardian newspa-per which reported on events that took place on Interna-tional Women's Day. As reported by the newspaper, Kelly (name was changed,) who was participating in a forum held on International Women's Day in Jamaica 2004, disclosed that she was gang raped when she was 13-years- old. As she recalled the incident she spoke inaudibly and ripped a bus ticket into pieces. Kelly stated, "It was lunchtime. I was with three of my girl-friends; we'd gone home to change clothes" (George, 2004, p. 12). It was reported that five boys about the age of 15- 16 years went to her door and said they wanted to "battery" - have sex with - one of Kelly's friends (p. 12). Kelly continued with her story, "I couldn't allow that, so I slammed the door. They kicked it in and beat me unconscious. My friends ran away" (p. 12). George reported that when Kelly woke up, it was obvious she had been raped. Kelly further stated, "I went to the hos-pital and got a report of my injuries and told the police. But I don't know what they did about it" (p. 12).

Having read Kelly's unfortunate incident, along with the reports coming out of the family court and the Police Rape Unit, and being a social worker and teacher it was evident that juvenile sex offenders needed to be educated regarding the legal, moral and health issues when they became involved in illegal sexual activities. With this conviction, it is being proposed that a pilot project be developed that would address juvenile sex offenders. This program would be called the *Second Chance for Children*. It would be designed specifically to address male juveniles who had committed sexual acts and would also include their parents. It would uti-lize the Multi-systemic Treatment (MST) technique which is an intensive family and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The strategies for this program would include educational and treatment strategies. The proposed project would be conducted over a three year period with the focus mainly on training and service learning.

Program Phases

The *Second Chance for Children* is designed to spe-cifically address male juveniles who have committed sexual acts, and their parents, utilizing the MST tech-nique. This technique is an intensive family- and com-munity-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. MST views individuals as being ingrained

within a complex network of interconnected systems that encompass individuals, family, and extra familial (peers, school, community) factors. The strategies wou

Program Philosophy

Second Chance for Children intervention philoso-phy is founded in clearly defined common concepts. Therefore, this intervention program believes that: a) intervention using the MST technique is a dynamic pro-cess which would assist the individual, family and com-munity in reducing deviant juvenile behavior; and b) education is an organized effort that facilitates changes in the individual's knowledge, understanding, skills atti-tudes and beliefs.

Program Goals and Objectives

The program's goals would be unique to each group of individuals. These goals are to help juveniles (boys) who have committed sexual acts to: reduce their risk of re-offending through acceptance of responsibility for their behavior; and acquirement of new information, and cognitive and behavior change through intervention. The goals for parents would include helping them to improve their parenting skills and to develop better interaction with their children through education and training.

There are ten clearly defined objectives proposed for this program. These are: to use an integrated approach in treating juvenile offenders; to get juveniles who have committed sexual offenses to understand how their behavior impacts other persons; to get participants to learn and understand that they cannot impose their behaviors on others; to learn appropriate skills regarding sexual contact; to improve pro-social skills in juveniles; to provide an opportunity for juveniles to express their emotional needs; to improve coping strategies and strengthen social bonds; to work with juvenile sex offenders in their local setting; to improve decision making skills; to educate juveniles on health issues resulting from promiscuity; to inform juveniles of the legal implication of illegal sexual acts; to bridge rela-tionships; and to improve parenting skills.

Program Specifics

The program would target the following groups of individuals: juvenile who had been referred by the juve-nile justice and family court systems, the schools, child care and protection service, and/or parents; and parents of juveniles who had been referred. Also, it would be community based and would begin as a pilot with the intention to expand, based on the evaluations that would be conducted on an ongoing basis during and after the pilot phase. Along with juveniles and their parents, teachers (school), probation officers, motivational speakers, counselors, and human service practitioners would also be involved in the training sessions.

Eligibility and Staff

The participants eligible for the program would include male juvenile sex offenders between the ages of 12-18. These juvenile sex offenders would be first time offenders. The parents would be those of the juvenile sex offenders who were participating in the program. The staff would include a program director, a program coordinator, two trained counselors, a community social worker, and resource persons (special motivational speakers).

Location and Community Profile

The project would be located in the Rema Commu-nity Center, which is in close proximity to three high schools, two junior high schools and three primary schools. This location is selected based on statistical reports from the Kingston & St. Andrew juvenile and family court for the years 2000-2003, which indicated that this region of Kingston and St. Andrew had the highest incidents of sex offenses committed by juveniles (Social and Economic Survey of Jamaica, 2003).

The community of Rema and its environs are classi-fied as a low socio-economic community, with a popula-tion of approximately 15,000 residents, with age group ranging from 0-90 years of age. The community is char-acterized by inadequate public facilities, substandard quality housing stock, high percentage of unemploy-ment, and no entertainment facilities. These and other factors have contributed to the increase in the adolescent criminal population, particularly sexual offenders.

Intervention Program and Procedure

Sex offenders upon entering the program would be assessed to determine programming needs and treatment style (e.g., group counseling, individual counseling, and seminars) suitable for them. The Child and Adolescent Functional Assessment Scale (CAFAS) test would be administered as a group pre-test for the juveniles. CAFAS is a testing instrument that is most reliable in predicting recidivism with juvenile offenders (Quist & Matshazi, 2002). For the parents, a one group pre-test would also be administered.

Training Session for Juveniles . The training pro-gram would include: sex education; anger management; problem solving; conflict management; human sexual-ity; legal issues regarding sex offenses; and acceptance of responsibility for one's behavior, and empathy for victims. Activities to accommodate the training would be: role play; open discussions; individual and group counseling; special presentations (guest speakers); com-munity service; and field trips (e.g., to juvenile correc-tional facilities) (see Appendix A). The content and

skills the juvenile would be able to attain as a result of participating in the training sessions include: building self- esteem (juveniles would learn to love and accept themselves); communication/social skills (how to interact with their peers and adults); problem solving (how to solve problems); responsibility (how to accept responsibilities); anger management (how to control their anger); human sexuality (the acceptance of one's sexual-ity); health issues (the consequences of having unpro-tected sex such as sexual transmitted diseases); and legal issues (the legal consequences of committing ille-gal sex acts).

Training Sessions for Parents. Two hours training sessions would be held by- weekly. Topics would focus on family life education, parenting skills, communication skills, decision making skills, time management, and building positive relationships. In addition, the program would include structured family therapy. Sessions would be conducted by trained therapists, counselors and specialists in family therapy and parenting skills. Training techniques would involve group therapy, discussion and presentations by resource persons (see Appendix B). To ensure regular attendance, parents would be given personal diaries to log all information pertaining to the training sessions. Juvenile participants would be given letters as reminders for their parents.

End of Program. In the final month of the parent's training program, there would be two combined sessions involving juveniles and their parents. The aims of these sessions would be to: observe interaction and communication patterns between and within the groups (parents and children); get a verbal feedback from both groups, regarding what they had learnt; and get parents to express openly their feelings towards their children, as well as affording the juveniles an opportunity to hear how their parents felt about them. During the final week of training for the parents, a formal evaluation would be conducted by external evaluators. In the final months of the program, the CAFAS test and an evaluation would be administered to the juveniles. This would be done as one of the means of evaluating the program. A graduating exercise would be held at the end of the program, and certificates would be awarded to students and par-ents who had successfully completed the training pro-gram.

Follow up Activities (Phase 2). Juvenile partici-pants would do their two months voluntary service. The aim of this would be to have them gainfully occupied, lowering the risk of them becoming involved in deviant activities as well as providing them with the opportunity to practice some of the pro-social skills they were taught during the program. During the following months, the intervention team (counselors, social workers, probation officers) would visit with juveniles at their homes and place of voluntary service. This would help in determin-ing how well they had adjusted, and if the intervention was meaningful. The team would meet monthly to dis-cuss the progress of each participant, towards attaining the intervention goals. Obstacles and/or barriers would be identified and discussed as these could affect the goal attainment of the program, as well as participants from attaining their goals. A logical model would be used to outline the steps and track the program progress at each step towards its goal.

Assessment and Evaluation

Assessment would include a clinical review, review of court documents, probation reports, family interview, and review of school records. Furthermore, paper/pen test specific to the training would be administered. A number of evaluation techniques would be used throughout the duration of the program. This would include developmental evaluation, monitoring and auditing, outcome evaluation, and summative evaluation (see Appendix C).

Developmental Evaluation. The program would be evaluated throughout the program cycle. This would be done to assess the effectiveness of the steps taken to achieve desired program outcome. It would involve the participation of the program director, the program coordinator, primary stakeholders and evaluators. Emphasis would be placed on output measures so as to allow the program director and coordinator to plan appropriately for the participants.

Monitoring and Auditing. These evaluations would be done to improve the effectiveness of the program implementation and service delivery and to guarantee that all the resources were spent in the most effective, efficient and productive way. In addition, it would help in tracking participant's involvement in the program. The decision to conduct a monitoring evaluation would allow the program director and coordinator to make appropriate decisions on a daily or weekly basis so that the program is being administered as designed and altered as necessary.

Outcome Evaluation. An outcome evaluation would also be conducted to determine if the desired changes in attitude, behavior and knowledge had been attained as a result of the intervention. Participants would be tested at the beginning and the end of the program cycle.

Summative Evaluation. This would help to deter-mine the merit and worth of the program. The program for the juveniles would be evaluated at the end of the pilot, but the evaluation for the parents program would be conducted at the end of their program, which would be scheduled for six months. Due to the level of external funds that would be received for the project, an external evaluator would be contracted to give objectivity to the process. Using an internal evaluator could bias the pro-cess, considering that an internal person would be inte-grally involved in the program. The findings and recommendations would help in determining the effec-tiveness, continuation, expansion, and or replications at other sites .A full report presenting data, interpretation and recommendations would be presented. Moreover, the evaluation procedures would utilize particular tech-

niques, such as: focus group meetings with participants (juveniles); interviews with parents, staff members, and observers (non-participants); interview with program directors, coordinators and resource persons; and participants' surveys.

Evaluation Design

The evaluation design would be behavioral and consist of four levels. The behavioral design would be used because the focus would be on the degree to which juveniles were able to change their anti-social behavior as a result of the training received. Likewise, it would be used to determine how well parents had changed their attitude towards parenting or adjusted their parenting styles. Some of the questions that would be guiding this evaluation include whether the program was achieving its objectives and whether it was making a positive impact on the lives of participants. A behavioral perfor-mance achievement test would be conducted quarterly. Results would be compared with the behavioral objec-tives stated to determine if they were being achieved. The behavioral objective design would assist the direc-tor and staff in the summative decision making.

A four-level evaluation would be used as the intervention program would focus on several educational trainings that would look specifically at four levels of training outcomes; learning, recreation, behavior change, and results. The director would be interested in knowing the impact the training components had on the juveniles and their parents, in terms of the training outcomes. The evaluator would conduct a time series evaluation for the juveniles and one group pre-test and post-test evaluations for the parents.

These evaluation techniques would assist the researcher in knowing how effective the intervention program was in changing attitudes and increasing the knowledge of the juveniles and their parents. The time series design was selected particularly for the juveniles, because having the data collected before the interven-tion program commenced would provide baseline data for comparison with the data collected during and after the intervention. Employing this technique would pro-vide the program director with a comprehensive knowl-edge of the program's effectiveness. If some goals and objectives of the program were not being met, there would be time to redefine them before the end of the program. These data would be compared during the analysis process.

Data Collection

To guarantee the validity and reliability of the evaluation findings, several collection methods would be employed (triangulation). Triangulation would be used in determining the strength of evidence in support of findings. Examples of methods to be employed would include: questionnaires; interviews; focus groups; and observation. Two groups of ten participants and ten parents would be asked to fill out questionnaires. These participants would be selected using the simple random sampling technique. Nevertheless, for the focus group discussions, all juvenile participants would be involved, considering the small number of juveniles participating in the program. Observation would take place periodically during the life cycle of the program, and interviews would be conducted by director, staff and resource persons.

Evaluation Report

Communicating and reporting evaluation activities and findings may be considered as one of the most criti-cal aspects of an evaluation. The format for evaluation and reporting would include: working sessions; a comprehensive written report; accompanied with an executive report that would focus primarily on the evaluation findings; and personal discussions, memos, and e-mails.

Conclusion

Working with juveniles who have committed sexual offenses may be a challenge, particularly with juveniles living in the inner cities. However, there are strategies that may help in designing effective program for the successful transition of juvenile sex offenders. These strategies include educational strategies (training sessions, seminars, and workshops), treatment strategies (cognitive therapy, family counseling, and behavior modification), intensive supervision, and risk assessment.

The Second Chance for Children intervention pro-gram would focus on juveniles ranging from 12-16 years of age and explore the treatment for male juvenile sex offenders. The dialectic psycho-educational approach that is being proposed is within the multi-sys-temic treatment style, which involves parents, school officials, judicial officials (probation officers), and com-munity leaders. The program's focus on first time juve-nile sex offenders would employ educational strategies, treatment strategies, intensive supervision and risk assessment in the intervention process with juveniles and their parents. Program evaluation would be con-ducted during and at the end of the program to deter-mine the effectiveness of the program, with a view of it being replicated in other locations even if it has to be customized to fit that particular location.

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Appendix A

Table 1.
Training Program for Juveniles

Time	Topics	Objectives	Activities	Resource Person/s
September Week 1 **Monday** Refreshment will be served at the end of the orientation	Orientation	1. Introduction of juveniles and their parents to the program and explain the expectation of the program. 2. Introduce juveniles and their parents to staff, and get them acquainted with each other.	1. Ice breaker sessions. 2. Introduction of staff, parents, juveniles. 3. Introduction to facilities 4. Motivational talk by a special invited guest.	Program Director Program Coordinator Administrative staff Counselor Community social worker Probation officer Ministry of health representatives.
Wednesday	Orientation Cont. - Juvenile only	1. Outlining of rules and regs 2. Conducting pretest	Registration, presentation by program Director, and Coordinator Question and answer session.	Program Director, and Coordinator
Thursday	Orientation Cont. - Juvenile only	Administering of pretest		Program Director, Coordinator and Administrative assistant.
September-cont. *Week 2,3,4*	1. Relationship building. 2. Building of self-esteem. 3. Achievement test	1. .To help juvenile develop positive and trusting relationships 2. To help juveniles build high self- esteem - help them to love and accept themselves. 3. . To determine how effective the content of the lessons impact on participants behavior.	Video presentation on relationship building Discussion Role play Written, short questions	Program Coordinators Community social worker Participants and teachers
October	Developing positive attitudes. Achievement test	1. Helping juveniles to develop positive attitude	Presentation Discussion	Motivational speakers
November	Communication/social skills	1. Help juveniles to better communication skills with peers and adults.	Presentation Group activities. Recreational activities.	Teacher from community schools.
December Christmas Party	Responsibility and accountability	1. To help juvenile develop a sense of responsibility. 2. To get juveniles to understand that responsibility goes along with accountability. 3. To help juvenile develop affection for others. To encourage socialization. To enjoy the festive season.	Exchange of Christmas gifts between juvenile participants. Exchange of Pleasantries. Dining	Resource persons-police personnel. All staff, juveniles and their families, recourse personals and specially invited guest.
January	1. Dealing with fear and anxieties. 2. Achievement test.	1. Help juveniles deal help juveniles deal with their anxieties in a meaningful way	Presentation Discussion	Staff and resource person
February	1. Problem solving 2. Conflict management 3. Decision making	1. Help juveniles to resolve problems without being abusive. 2. To promote the juvenile's ability to learn and make better choices.	Presentation Discussion	Personnel from the Dispute Resolution Foundation.

Table 1.

Training Program for Juveniles

Time	Topics	Objectives	Activities	Resource Person/s
March	1. Anger management. 2. Field trip 3. Achievement test	1. Help juveniles to use coping strategies when in conflict. 2. Help juveniles to understand the consequences if they continue their delinquent behavior-(incarceration)	Visit to a juvenile correction facility.	Program coordinator Parents Correctional staff
April	1. Human sexuality 2. Intimacy 3. Responsible sexual behavior.	1. Help juveniles to better understand about human sexuality.	Discussion	Ministry of Healthy Personals
May	1. Health issues relating to irresponsible sexual behavior 2. Achievement test	1. Help juveniles to understand the health issues associated with irresponsible sexual behavior (e.g., contracting of sexual transmitted diseases).	Video presentation. Discussion	Personals from the National Family Planning Agencies.
June	1. Evaluation 2. Closing exercise	1. .To evaluate the effectiveness of the intervention 2. Closing exercise.	Verbal feedback on the program.	Staff and participants.
July-August	1. Community service	1. To keep participants meaningfully occupied, and to have them practice some of the pro-social skills they were taught.	Volunteering in government agencies.	Social worker Probation officers Program coordinator
September-August	1. Follow up 2. Certification for Participants who have successfully completed the two years program.	1. To determine the effect the intervention program had on participants. 2. To provide evidence that they have complied with directives from the juvenile/family court and successfully completed the program.	1. School and home visits by counselors probation officers 2. Certification exercise	Participants Counselor Social workers Probation officers All staff members Juveniles Parents Guest speakers and specially invited guest.

Appendix B

Table 2.
Training Program for Parents

Time	Topics	Objectives	Activities	Resource Persons
September	1. Developmental stages and normal expectations (Erickson's Psychological Stages of Development) 2. Basic needs of children 3. Maslow's Hierarchy of needs	1. To help parents to understand the different stages of development their children have to go through, and the different crisis accompanying each stage	Discussion	Psychologist and specialist in these areas
October	1. Parenting skills 2. Unhealthy interpersonal relationships 3. Quality vs. Quantity time spent with children 4. Characteristics associated with positive parenting.	1. Help parents to understand the responsibility that accompanies parenting	Discussion Verbal and video presentation	Resource persons from the parenting center
November	1. Building/rebuilding relationships	1. To get parents to build positive relationships with their children	Discussion	Resource persons from the parenting center
December	1. Communication skills.	1. Help parents to develop good communication skills	Discussion	Language and communication specialist
January	1. Decision making 2. Effective/appropriate discipline	1. To help parents make the best decision for themselves and their children 2. Help parents recognize the importance of discipline vs. punishment		Specialist in the area
February	1. Social networking 2. Combine classes for juvenline and their parents a. Evaluation b. Post test c. Closing exercise	1. Help parents to understand the importance of social networking (agencies from which they can get help) 2. To observe interaction between parents and juveniles and parents 3. To determine how effective the training was 4. To allow participants to fell a sense of accomplishment	Human Service Agencies will be invited to mount display and speak about their agencies- services offered will be highlighted. - Group work and open discussion	Œ Personals from various Human Service Agencies. Œ Program director and coordinator. Œ Counselors Œ External evaluators Œ Parents and their families Œ Special invited guest Œ Representative for funding agencies, human service agencies and community members

Appendix C

Table 3.
Evaluation Types

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
C	D	A & C		C	A & D	C		C	B

KEY:

A = Developmental

B = Summative

C = Monitoring and Auditing

D = Outcome