

Influencing Positive Behavior Change: Increasing the Therapeutic Approach of Juvenile Courts

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AT THE MOST elemental level, the mission of the juvenile courts is to induce positive behavior change. There are levels to this behavior change effort. First, all juvenile courts work to secure the compliance of probationers to the rules and requirements of their respective programs. This first level generally involves beginning abstinence from illicit drugs and alcohol, lawful behavior, consistent attendance at school, and family stability.

Progressive and more ambitious juvenile courts strive for a second level of change. These programs move beyond compliance by targeting final outcomes that include sustained behavior change—characterized as empowerment and personal “growth.”

To “what” and to “whom” do we attribute this behavior change within juvenile court populations? There is a common belief that the catalysts for change (the “what”) can be found within the sanctions and supervision delivered by the court and probation department. There are long-held beliefs that change also comes from the efforts of court staff and treatment professionals (the “who”). New research cautions that it is someone else who assumes the lead role in this drama of change.

A Focus on Behavior Change

This article examines the ingredients for human behavior change. New research regarding “what works” in treatment will be reviewed. These findings may be considered provocative—challenging the belief about who induces behavior change and how that change is realized. This same outcome study also offers reassurance—outcome-based research confirms that many conditions and

aspects of the juvenile court model are helpful to our adolescent populations.

The Research

The American Psychological Association supported a research initiative that is nothing short of astounding. This work is the culmination of an effort to assemble the leading outcome researchers in the world. The mission of this group was to review 40 years of psychotherapy outcomes and detail the subsequent implications for direct practice. This research and its multiple findings are included in the recent release (1999) *The Heart and Soul of Change: What Works in Therapy*.

Although this research examined psychotherapy outcomes, these findings are critically important to the treatment initiatives of the juvenile court. Regarding this research, Murphy (1999) reports, “...the empirical evidence on the potency of client factors and therapeutic alliance in the process of change has profound implications *for the manner in which practitioners approach clients of any age and in any setting*” [emphasis added] (p.382). Simply put, while juvenile court staff may not all be in the business of therapy, all staff are in the business of behavior change. This article seeks to examine positive behavior change.

The Findings

The initial finding of this research offers relief and encouragement to juvenile court personnel; treatment is effective in helping human problems. Asay and Lambert (2000) state, “These reviews leave little doubt. Therapy is effective. Treated patients fare much better than the untreated” (p. 24).

Hubble, et al. (1999) add, “Study after study meta-analysis, and scholarly reviews have legitimized psychologically-based or informed interventions. Regarding at least its general efficacy, few believe that therapy needs to be put to the test any longer” (pps.1 & 2). This unarguable conclusion becomes a strong selling point to enlist greater community support for the juvenile court, which is especially important in an era where the existence of a separate court for youth has been challenged.

Given these findings of effectiveness, intervention models have vied to claim that their model offers the “best remedy” or the “most effective” treatment approach. Duncan and Miller (2000) speak to the headlong rush to claim superiority,

New schools of therapy arrive with the regularity of the book-of-the-month clubs main selection. Most profess to have the inside line on psychological dysfunction and the best remedies. But which one, pray tell, is really the best? To answer this empirical question, models have been pitted against each other in a great battle of the brands in the hopes that one would prove superior to others. Besides the occasional finding for a particular therapy, the critical mass of data reveals no differences in effectiveness among the various treatments... This finding of no difference was cleverly tagged the “dodo bird verdict” (Luborsky, Singer, and Luborsky, 1975). Borrowed from *Alice in Wonderland*, it says, “Everyone has won and so all must have prizes.” Now more than 20 years later and many attempts to dismiss or overturn it, the dodo bird verdict still stands (pg. 56).

These researchers also cite additional welcome findings relevant to the rehabilitative (habilitative) efforts of juvenile court. Data suggests the road to improvement is not long. After as few as 8–10 sessions, 50 percent of clients showed clinically significant change and 75 percent of clients significantly improved with six months of weekly treatment (Asay and Lambert, 1999). With most juvenile court programming averaging 6 to 12 months in length, these findings lend reassurance about the duration of a probation term.

Common Factors

This finding is bewildering—with over 400 treatment models, no one model has proven to be reliably better than any other. Duncan & Miller (2000) report, “Despite the fortunes spent on weekend workshops selling the latest fashion, the competition among the more than 250 therapeutic schools amounts to little more than the competition among aspirin, Advil, and Tylenol. All of them relieve pain and work better than no treatment at all. None stands head and shoulders above the rest” (p. 65). This “dodo bird verdict” first delivered by Luborsky, et al. in 1975, has been repeatedly upheld in subsequent studies: Lambert and Bergin, 1994; Seligman, 1995; Wampold, et al. 1997 (as cited in Duncan & Miller, 2000).

There simply is no “silver bullet” intervention. If no theory or model can claim “better,” then what accounts for the overall efficacy of treatment? Researchers (Lambert, 1992; Hubble, et al. 1999) sifted back through four

decades of outcome data to postulate that the beneficial effects of treatment largely result from processes *shared* by the various models and their recommended techniques. Simply put, similarities (common factors) rather than differences in the various models seem to be responsible for change. Each of the varied treatment models aid change, by somehow hitting the “target” of these common factors that are the curative powers. These “factors” that raise effectiveness are *transtheoretical*, as they are present and common to all of the treatment approaches. Without intentionally focusing on these factors, all therapies seem to become effective by raising these common factors in their own unique way.

Lambert (1992) concluded from extensive research data that there were *four* common factors. Hubble, et al. (1999) speak to this import research finding:

In 1992, Brigham Young University’s Michael Lambert proposed four therapeutic factors...as the principal elements accounting for improvement in clients. Although not derived from strict statistical analysis, he wrote that they embody what empirical studies suggest about psychotherapy outcome. Lambert added that the research base for this interpretation for the factors was extensive; spanned decades; dealt with a large number of adult disorders and a variety of research designs, including naturalistic observations, epidemiological studies, comparative clinical trials, and experimental analogues (pp. 96–98).

These four factors are identified as “client factors, relationship factors, hope and expectancy and model/technique.” With direct practice in mind, Hubble, et al. (1999) also included Lambert’s (1992) earlier work that rated some factors more influential in changing behavior and ascribed a weighting scale to these factors. If positive behavior change were to represent a 100 percent total, these common factors were then ranked and prioritized by their amount of influence. Figure 1 depicts the four factors of change and their percentage contribution to positive outcome.

The largest contributor to change (40 percent) was ascribed to client factors—not what juvenile court staff extend to youth or their families, but what youths possess as they enter the doors of the court. This includes internal factors (hope, optimism, skills, interests, pro-social proclivities, aspirations, past success) and external factors (a helpful uncle, employment, membership in a faith community). Client factors even involve fortuitous (chance) events that are controlled by neither court nor youth—an abusing boyfriend moves out and away from the family, a chance school experience instills renewed interest, a lesson “hits home” as a close friend/peer is seriously harmed by illicit drug use, etc.

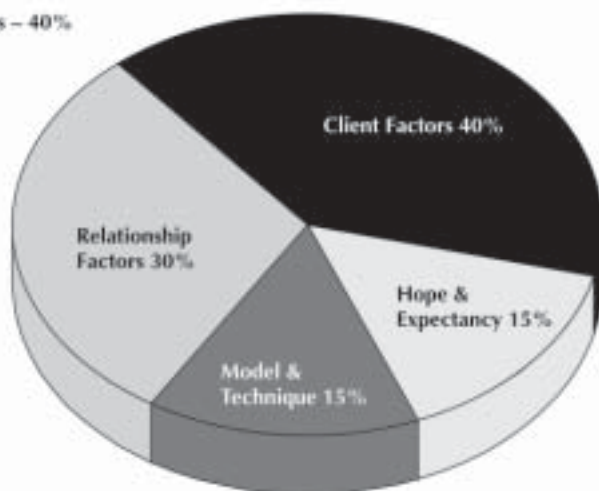
Client factors include what juvenile offenders bring to probation and adjunct treatment programs and, just as important, what influences their lives outside these programs. This coin of behavior change is two-sided: one side involves the juveniles’ pre-existing abilities, while the other side includes involvement and participation.

The strengths approach has been favored in juvenile court work because it uncovers and makes use of pre-existing abilities (Clark, 1997b, 1998; Nissen & Clark, in press). The strengths approach also encourages a balanced view (weaknesses and strengths) and raising motivation—necessary components for building solutions.

Involvement and participation is difficult. Many treatment programs are not individualized (regardless of their claims) nor do they offer true choices in programming. Further, juvenile court officers often resist offender input. The views and opinions of probationers (adolescents) can be markedly different from the juvenile court staff (adults). This can make adults resist seeking out input and working to integrate probationer ideas about “what works” for the youth individually or more broadly for probation or treatment program revision. Court officers need to make a distinc-

FIGURE 1
Four Common Factors to Change

Client Factors – 40%



Source: Lambert, 1992

tion—acknowledging and accepting the beliefs and positions of an adolescent is not the same as agreeing or acquiescing with them.

The research is clear and compelling: It is the probationers, not the juvenile court staff or the treatment providers, who make treatment work. Our juvenile court programs "...should be organized around participant resources, perceptions, experiences, and ideas...the data points to the inevitable conclusion that the 'engine' of change is the *client*" (Duncan & Miller, 2000, p. 67). It is the adolescent probationers and their family members who are the real stars in this remedial drama.

Relationship Factors— 30 Percent

Relationship factors make up about 30 percent of the contribution to change. By "relationship" is meant the strength of the alliance that develops between youth and staff. Relationship factors include perceived empathy, acceptance, warmth, trust, and self-expression.

Perceived Empathy

Communication studies (Brown & Keller, 1973; Anderson, 1997) consistently report that the information a speaker sends out is not always received in full by the listener. Parts of the intended message are either not adequately articulated, or not understood correctly by the listener. A dialogue between two people resembles listening to a radio that crackles from weak reception—even if one listens closely, much of the transmission will be garbled or missing.

Perceived empathy involves youths' belief that they are listened to and understood. Relationships develop as staff become committed to understanding probationers, making consistent efforts towards "filling in the gaps" of communication that is inherently error prone. Reflective listening is an important technique that constantly checks out what the staff member believes the youth has said. My experience in training staff of both juvenile court and juvenile drug courts is that most personnel, regardless of whether they have previously been trained in reflective listening, seldom (if ever) use this technique. It is simple to understand but tough to use—both consistently and correctly.

Evidence also supports "accurate empathy" as a condition of behavior change. Miller and Rollnick (1991) state,

Accurate empathy involves skillful reflective listening that clarifies and amplifies the client's own experiencing and meaning, without imposing the therapist's own material... Accurate empathy has been found to promote therapeutic change in general (Truax and Carkhuff, 1967; Truax and Mitchell, 1971) and recovery from addictive behaviors in particular (Luborsky, et al., 1985; Miller, et al., 1980, Valle, 1981) (Pg. 5).

Egan (1994), author of *The Skilled Helper*, reports the two crucial elements of empathy as understanding and communication. Juvenile court staff are considered empathic when they understand the adolescent's world and experiences *and then* communicate this understanding back to the youth. Turnell & Lipchik (1999) take this idea of empathic understanding further, including not only emotions, but thoughts and behaviors as well. They report, "While it is important to join clients where they are emotionally, the therapist can also build understanding in relation to content or description of the problem; the client's judgments and meanings and what the client wants and hopes for" (p.3). Compliance can occur *without* the probationer feeling understood—the same cannot be said if one wants to induce growth.

Perceived empathy is a term that corrects a previous bias in research. Most outcome studies measured empathy and the strength of the alliance by counselor (adult) report. However, it is the juvenile court participant's assessment of the alliance that matters more. Tallman and Bohart (1999) report, "Findings abound that the client's perceptions of the relationship or alliance, more so than the counselor's, correlate more highly with therapeutic outcome (Horvath, 1995; Orlinsky, et al., 1994)" (p.102). Further research by Bachelor (1991) found that client perceptions of the alliance are stronger predictors of outcome than the counselor's views.

This bias of staff evaluations being valued and privileged over the perceptions of the adolescent is rampant in juvenile courts. I am reminded of an example that occurred while I was providing on-site technical assistance to an established juvenile drug court. I had a chance encounter with a group of juvenile probationers who were milling outside their court building awaiting their weekly progress review hearing. I introduced myself and began an impromptu conversation, eventually asking for their views and thoughts about

their juvenile drug court program. Their responses were both enthusiastic and numerous. Encouraged, I brought this information to the next staff meeting. I was upset to find that all of this important information was devalued and dismissed very quickly by the program staff members.

Acceptance

Acceptance relates to the extent that any treatment program may fit the adolescent's worldview and beliefs. Kazdin (1980) found client acceptability of a particular procedure is a major determinant of its use and ultimate success. Two recent studies (Conoley, et al., 1991; Scheel, et al., 1998) found a greater acceptance of treatment and better compliance with interventions when rationales were congruent with client's perceptions about themselves, the target problems, and their ideas for change (as cited in Duncan & Miller, 2000).

An acid test for any juvenile court program lies in the question, to what extent are any interventions predetermined? Are probationers turned into passive recipients of prepackaged programming? Progressive juvenile courts will make an effort to instill participation and include the youths. Many are surprised to find there is more leeway to alter and adapt programming than they first believed. Murphy (1999) cites, "The notion of acceptability reflects good common sense: people tend to do what makes sense to them and what they believe will work. It is hardly profound to suggest that the best way to determine what is appealing and feasible for people is to ask them" (p. 370). It is in this "asking" that profound differences in efficacy will be realized. Furman and Ahola (1994) report that the relationship is developed and the alliance is strengthened as court youth and their families are allowed to have a say in problem definition, setting goals, and having a voice in deciding what methods/tasks will be used to reach those goals.

There are extenuating circumstances to consider in allowing a youth's participation at this advanced level. In the mandated arena of juvenile courts, participation is not "voluntary" (at least not in the same manner and context as outpatient therapy or counseling). These types of programs may impose a goal of "abstinence from alcohol and other drugs" on juvenile court youth. This goal will remain in force whether the participant agrees to it or not. However, that is not to say that we cannot seek the youth's thoughts and possible ideas for *their individualized methods* to

achieve that goal. In a new monograph on strength-based practice for the juvenile courts (Nissen & Clark, in press), I argue that juvenile court programs need to stay close to the youth and family's definition of the problem (and their own unique methods), as they are the ones who will be asked to complete the necessary changes. This idea is echoed by Snyder, et al. (1999), who argue that juvenile court staffs must listen closely to program youth. If not, then therapeutic goals will be established "...that are more for the helper than for the helped" (p. 191).

Trust

I have listed (Clark, in press) three major components to establishing trust with juvenile court probationers: faith, reliability, and predictability.

Faith. Juvenile courts would be wise not to replicate the adult court's "learning by example." In most adult drug courts, the majority of a treatment group within a program can watch (and hopefully learn vicariously) from the back of the courtroom as the court "makes an example" of one errant participant. Some adult court arrangements backfire with adolescents. Adolescents believe that if the court ridicules and makes an example of one participant, it can just as easily ridicule them as well. With that belief, faith is broken and the all-important therapeutic relationship suffers. The group will empathize with the transgressor and the hoped-for lessons are lost. Courts would be wise to keep castigations brief and to the point (avoiding long-winded lectures).

Research on adolescent development issues (Offer & Sabshin, 1984) calls on juvenile court staff, whenever possible, to take a teenager aside and *away from the group* to correct and castigate. Because adolescents have a drive for loyalty and an over-reliance on "belonging" with their peers, publicly admonishing them in front of a group will almost certainly evoke a defiant attitude and disrespectful behavior.

Juvenile court staff members are not likely to be the first adults in authority positions to work with probationers. Consider that a majority of our juvenile court populations have run afoul of traditional community institutions. These teens have had a steady diet of angry adults, including many who have weak egos regardless of their age or standing. With their character deficits, these "grown-ups" have often wielded their adult power over adolescents in oppressive or vengeful ways.

Because of these prior experiences, establishment of trust is often an uphill battle during the initial phase of treatment. It is also helpful if staff members make all attempts to convince youthful probationers that what is onerous and "must" be done (with them, to them) programmatically, is being done *for them* and is in their best interests. We must take extra time and effort to convince them that our intentions and actions are aligned with their best interests.

Reliability. Due to adolescents' limited ability to think abstractly, juvenile court officers must take care to be as clear and concise as possible. When we make commitments to probationers, it is hard for a youth to sort through any qualifiers we might attach. For example, a juvenile court staff member might say, "*If I* can clear my afternoon calendar and *if I* can reach your mother by telephone at her place of employment, *then* I might stop by later today for a home visit." The qualifiers for the home visit are not heard, as any adult might understand them. The adolescent interprets the statement as; "I'll be stopping by later today for a home visit."

Reliability means it is also important to follow up (and follow-through) on all program directions. I have provided on-site review and consultation to established juvenile courts, and I find that inconsistencies regarding program requirements are common. In one instance, a court frequently mentioned the program requirement that all probationers obtain a "mentor" at the start of their programming. This was listed repeatedly in all printed material and informational handouts passed out to prospective youths and families. However, I found many youths that had reached their third month (or more) in the program but still had not secured a mentor. It became almost "routine" to ask about this program requirement during progress review hearings. Youth would offer a negative shrug, be admonished for their inattention, with the court failing to set up the specific, "who will do what, by when, and checked on by whom" to ensure effective follow-up.

This lack of follow-through is especially troublesome with developing adolescents, even if not debilitating or considered "serious" in the eyes of court staff. Adults, who have developed abstract thought and are more advanced in moral reasoning, can understand this inconsistency but still conclude that though the court may be lax on some requirements, other (and possibly more important) program rules will still be enforced with vigor.

However, adolescents' moral reasoning is incomplete and it is highly probable that experiencing discordant rules could well lead them to the idea that "if they don't mean what they say about a mentor, then what about consistent sobriety?"

Predictability. A frustrating aspect of adolescents is that they develop their own values and morals by finding the discrepancies in any of the values espoused by mentoring adults. In short, they find their own values by picking ours apart. Most adults find that having their inequities or inconsistencies pointed out by youth groups is irritating. However, some adults who do not understand this developmental condition or staff members who have weak egos will try to gain revenge. With this developmental issue in mind, "walking the walk" and being predictable have great implications for juvenile court staff members.

A second aspect of this component of trust involves trying not to lecture or place adolescents in a "one down" position that engenders resistance and rebelliousness. When working and interacting with this younger population, framing directions and instructions in more amenable "I" messages is extremely important for trust building. The adage, "disclose, don't impose" is often heard in juvenile courts as it bypasses the adolescent resistance that comes from "being told." Juvenile court staff members have far more latitude than one might first believe to offer their "views" and personal experiences for teaching rather than dictating and strictly listing instructions as traditional roles would advise.

Some may bristle at this request for personal disclosure. Those trained within the legal profession and also those familiar with the adjunct helping professions have been taught that it is unprofessional to "open up" to clients about our personal lives. However, consider a contrasting position taken by Leigh (1998, p. 43). Leigh believes this advice against self-disclosure is a byproduct of the "deficit-based" medical model where staff are considered to be the "experts" and clients are seen as "damaged goods" (sick) and passive recipients (patients) of our expert advice. The status of staff and their ideas/beliefs are considered far superior to those of the client. Leigh considers that a much more open stance toward disclosure will engender true rapport. If we expect a greater level of intimacy from the defendant in our assessments, we should be ready to offer a greater level of intimacy from our lives as well. The treatment field has been taught to deflect a personal question

with a question, while the criminal justice staff has been taught to consider most personal questions as an impertinent affront that needs to be addressed and confronted (i.e., “I’ll ask the questions here”). Although professional relationships are not friendships, they are *relationships* nonetheless. Consider how ridiculous people would sound in their personal lives if they answered these types of questions posed by an acquaintance with responses of, “Why is that important to you?” or “We’re not talking about me!” How hard it would be to build any type of positive relationship with this kind of nondisclosure and distancing.

Leigh cautions one to be “transparent, not public;” to discern the difference between opening up our lives to *respond* to a situation that arises when interacting with a teen, rather than offering up our experiences in an unsolicited and self-centered fashion. The value of disclosure is found in imparting wisdom and teaching during a time of interactional opportunity, not in self-aggrandizement.

Warmth, self-expression. These two conditions for building relationships are intertwined. Extending warmth (attention, concern, interest) occurs in tandem with allowing a youth’s self-expression. All juvenile court staff must understand and embrace a long-held credo from the counseling field—*listening is curative*. Tallman and Bohart (1999) report, “Research strongly suggests that what clients find helpful in therapy has little to do with the techniques that therapists find so important... The most helpful factor was having a time and a place to focus on themselves and talk” (p. 105). Harve, et al. (1991) found that giving traumatized individuals a chance to “tell their story” and engage in “account making” is a pathway to healing. A rather obscure but interesting earlier study by Schwitzgabel (1961) showed that paying juvenile delinquents to talk into a tape recorder about their experiences led to meaningful improvements in their behavior, including fewer arrests (as cited in Tallmon & Bohart, 1999).

It would be wise for the juvenile court staff to critically examine how they build the alliance with probationers, both as a unified program and individually in their personal interactions with youth. Duncan and Miller (2000) state emphatically, “Clients’ favorable ratings of the alliance are the best predictors of success—more predictive than diagnosis, approach, counselor or any other variable” (pp. 57–58). It is amazing that when both client and relationship factors are considered,

up to 70 percent of positive behavior change has been accounted for.

Hope and Expectancy— 15 percent

The next contributor to change (15 percent) is hope and expectancy. This involves the youth’s hope and expectancy that change will occur as a result of receiving court services. A more operative explanation involves three conditions: 1) conveying an attitude of hope without minimizing the problems and pain that accompany the youth’s situation; 2) turning the focus of treatment towards the present and future instead of the past; and 3) instilling a sense of empowerment and possibility to counteract the demoralization and passive resignation often found in adolescent substance turmoil.

1. Conveying an Attitude of Hope Without Minimizing the Problems and the Pain that Accompany the Youth’s Situation

Instilling hope has more complexity than simple encouragement (“You can do it”). Juvenile probationers need to believe that taking part in court programming will improve their situation (expectancy). Testimonials of success and program efficacy occurring early in court services is important. A successful program will move to assert this during the orientation phase of programming. Snyder, et al. (1999) relates that probationers must sense that their assigned probation officers, working in this particular setting, have helped others to reach their goals (p.182).

The duality of instilling hope while also acknowledging problems and pain can be negotiated. There is a strength-based strategy that encourages staff to allow the problem to coexist with the emerging solution. In many instances within juvenile court work, there is a mindset to conquer, eliminate, or “kill” the problem. Oftentimes it is helpful and much more expedient to *allow the problem to remain*—to coexist with the emerging solution or healthy behavior.

An explanation is needed. Consider that problems are not always enemies: They are often experienced as covert friends. For example, perfectionism in extreme measures can produce overwhelming and anxious feelings that can become debilitating. However, one would not want to completely rid people of perfectionism. At levels that are more moderate and healthy, perfectionism leads to posi-

tive qualities of organization and attention to detail. So too with drug use. Illicit drug and alcohol use, albeit harmful, extends to many youth feelings of excitement, release and euphoria. Can we help youth to consider that their drug use might be kept around as an “old acquaintance,” but one that they’ve grown past? Can problems stick around for any help or motivation they might offer, but not be given enough power to influence and hurt?

This is not just meaningless play on words. There is a popular slogan in strength-based approaches, “The person is not the problem, the problem is the problem.” Strength-based practice takes that a step further to assert that the problem is actually the person’s *relationship* to the problem. Consider adolescent substance abuse. Miller and Rollnick (1991) believe that ambivalence lies at the heart of substance abuse problems. These researchers believe the conflicting dichotomies found in drug use—love/hate, enjoyment/pain, want/don’t want—are especially bedeviling and hard to resolve. Miller & Rollnick point to the irony that it is this type of ambivalence (good/bad, love/hate) that will be strongly defended if attacked. For staff to jump too strongly against one side of this dichotomy (i.e., “Drugs are bad”) will only incur a defensive reaction from youth (“No they’re not”). This circular end game is what these practitioners call the “confrontational-denial trap.” This “trap” elicits a natural resistance (“psychological reactance”) that starts the no-win scenario often experienced between adult staff and adolescent participant: “Drugs are bad” (“No they’re not”) or, “You have a problem” (“No I don’t”). Motivational interviewing strategy suggests allowing the competing sides of ambivalence to remain. This entails a strategy to allow the line of questioning, “What’s good about your drug/alcohol use?” Youth are well aware that juvenile court programming moves against drug use, but this type of question acknowledges *both sides* of the dichotomy, and can allow the participant to offer “self motivational” statements (i.e., “I like using drugs but I’ve been getting in so much trouble lately—maybe I should quit”). A further axiom of the treatment field, and one that speaks to long-term growth vs. compliance states: “We only change those people who give us permission to change.”

Juvenile court youth and their families often feel “stuck” in problem states—partly due to limited views that allow no escape (i.e., “I can’t quit,” “You don’t understand, I have

to hang out with my using buddies”). Bill O’Hanlon (personal communication, October 12, 2000) describes a helpful metaphor that leads to more productivity. A conception is gained from slapstick comedy found in an old Vaudeville routine. In this routine, two ingratiating French waiters approach a single kitchen door. They stop to repeatedly defer to each other to allow the other to enter the single door first. “After you,” one offers, “No, please, after you,” the other replies, until confusion reigns. At the same moment, they both decide to act and turn into the door simultaneously—only to wedge their shoulders in the small opening. O’Hanlon advises juvenile court personnel to consider the idea of “creating a second door” and allow conflicting feelings and conditions to coexist. A youth can feel scared and hopeless about being able to begin abstinence from drugs and yet marshal the confidence to avoid using “just for today.” A painfully shy young female can fear the crowded room and yet find the fortitude to enter. To convince this young female “there’s no need to be shy” or that “there’s nothing to be afraid of” is an uphill climb with dubious results. The lure of drug use/movements towards sobriety, hesitancy/action, fear/confidence, all can coexist. Juvenile court staff need not necessarily eliminate the negative to realize the positive.

2. *Become Future Focused: The Past, and the Focus on Past Failures, Can Open the Door to Demoralization and Resignation—Hope Is Future Based.*

When a probation officer keeps remedial efforts focused on the future, positive outcomes are enhanced. I have detailed future focused questions (Clark, 1998) that help orient both youth and juvenile court staff to solution building. The problem is generally found looking from the present back to the past. The solution, however, is generally found looking from the present to the future. Furman and Ahola (1992) report that the *single, most useful effort* you can make with the time you spend with adolescent offenders, is to get them to look ahead and describe what is happening when the problem is envisioned as “solved” or is not considered to be as bad. These European therapists, using strength-based practice, believe that if goals are to be immediately helpful and meaningful to the adolescent and family, they must first be conceived through visions of a “problem-free

future.” It is through this looking ahead, a “harnessing” of the future, that goals for the present actions (first steps) become known. Court staff can utilize the Miracle (Outcome) Questions (Berg & Miller, 1992): “What if you go to sleep tonight and a miracle happens and the problem(s) that brought you into the court (detention center) are *solved*. But, because you are asleep, you don’t know the miracle happened. When you wake up tomorrow, what would you notice as you go about your day that tells you a miracle has happened and things are different?” “What else?” “Imagine, for a moment, that we are now six months or more in the future, after we have worked together and the problems that brought you (this family) to juvenile court jurisdiction have been solved. What will be different in your life, six months from now, that will tell you the problem is solved?” “What else?”

The miracle question is the hallmark of solution-focused therapy model. A miracle in this context is simply the present or future without the problem. It is used to orient the teen and family toward their desired outcome by helping them construct a different future. Helping an offender and family establish goals needs to be preceded by an understanding of what they want to happen. When (if) workers find no past successes to build on, they can help the family to form a different future by imagining a “miracle.” As many justice workers have experienced, it often is difficult to stop a family from “problem talk” and start the search for solutions. The miracle question was designed to allow the adolescent and family to “put down the problem” and begin to look at what will occur when the problem is not present. If court youth are prompted to imagine what a positive future might look like for themselves, they automatically begin to view their present difficulties as transitory, rather than as everlasting. This question is used to identify the youth’s goals to reach court dismissal.

This question is followed by other questions that shape the evolving description into small, specific, and behavioral goals. “What will be the smallest sign that this (outcome) is happening?” “When you are no longer (skipping school, breaking the law, etc.), what will you be doing instead?” “What will be the first sign this is happening?” “What do you know about (yourself, your family, your past) that tells you this could happen for you?”

3. *Empowerment and Possibility: Hope and Expectancy Are Encouraged When Juvenile Court Programs Help Youth Establish Goals and Then Move Them into Action*

All programs will list large (macro) outcome/final goals to reach graduation and court dismissal. Similarly, most juvenile probation plans are established for large issues and long-standing presenting complaints. These plans list large problem behaviors to be resolved by a review hearing date set many months into the future. However, day-to-day goal setting should “think small” and goals should be shaped into little steps that could be consistent with the “one week rule” of strength-based practice—never mutually establish any goal with a youth that couldn’t be reached in the next seven days. Some youth staff go beyond this and use a “48 hour” rule to make a goal seem more obtainable and to begin behavior change. Short time frames propel “first steps” and start small incremental movements to change.

Snyder, et al. (1999) call for treatment programming to first induce “personal agency thinking” (e.g., “I *can* do it”), and then set mutual, concrete and obtainable goals to enhance “pathways thinking” (e.g., “here’s *how* I do it”). Juvenile courts would do well to focus staff retreats on these two conditions alone for program and practice revisions. They could easily spend a day examining where and how their court programming enhances agency and pathways thinking—ever vigilant to increase these conditions. It is these two conditions that will turn the wheel of behavior change.

Ilardi and Craighead (1994) found a large portion of client improvement occurs in the first three to four weeks of treatment. They point out this improvement happens before clients learn the methods or strategies for change that programs stand ready to teach. How could change occur before program direction and support can be delivered? It is important to consider that the instillation of hope and expectancy of change is not a precondition for change—it *is* change.

Model and Technique—15 Percent

One of the smallest contributors to change (15 percent) is model and technique. This involves staff procedures, techniques and beliefs—broadly defined as our therapeutic

structure and healing rituals. It is humbling to consider that most of what universities and institutes teach and expound constitutes one of the lowest contributions to change. Further, court programs and techniques are deemed helpful only to the extent that they raise the other common factors!

All is not lost. The strategies and methods that juvenile court staff provide to probationers are helpful—yet for reasons that are contrary to popular beliefs. Tallman and Bohart (1999) explain:

Clients utilize and tailor what each approach provides to address their problems. Even *if* different techniques have different specific effects, clients take these effects, individualize them to their specific purposes, and use them... In short, what turns out to be most important is how each client uses the device or method, more than the device or method itself. Clients then are the “magicians” with the special healing powers. [Staff] set the stage and serve as assistants who provide the conditions under which this magic can operate. They do not provide the magic, although they may provide means for mobilizing, channeling, and focusing the client’s magic (pg. 95).

It appears that rather than mediating change directly, techniques used by court programs simply activate the natural healing propensity of adolescent probationers. Youth are not static and passive; they are active and generative. Our techniques and program requirements can be important to guide this process.

Practice Implications

Here are several issues that are raised for juvenile courts when these common factors are considered:

1. All Probation Staff Can Increase Their Therapeutic Approach

This article is written with great compassion for the Juvenile court probation officer and all those in a helping role with youth. For these personnel, the common factor research is encouraging. Duncan & Miller (2000) list several (very) interesting research findings:

Christensen and Jacobson (1994), in their evaluation of effectiveness, found no differences between professionals and paraprofessionals or between more and less experienced therapists. Strupp and

Hadley (1979) found that experienced therapists were no more helpful than a group of untrained college professors. Jacobson (1995) determined that novice graduate students were more effective at couple’s therapy than trained professionals (p.66).

Imagine if this research were speaking about cardiac surgeons who were actively engaged in open-heart surgery! To find “no difference” or small differences in effectiveness, regardless of training and experience, would be shocking. But these research findings are not so startling or disheartening when one considers that therapy clients (and especially juvenile court probationers) are not passive recipients of clinical expertise, but active participants in the process of change.

These findings offer a tremendous boon for the youth worker. The mystique or complexity surrounding “therapy” can be worked through and shed. Instead, what is truly “therapeutic” becomes illuminated by these four common factors, and more staff members can begin to build the all-important alliance and work to enhance these factors with youth and family. With the complexity of many presenting problems, professional therapy and substance abuse treatment will always have its place in this specialty court, but what is “effective” can be shared by all.

2. Balance and Sensibility

Balance. As encouraging as this research on the common factors is to some, it may be considered threatening to others. Treatment providers or other juvenile court staff members may feel their treatment experience is being called into question. A balance must be struck. Professional expertise will still be required and in great demand, but the strategies professionals employ will be of great consequence. To be a committed student of change requires a different focus—a focus on the client as the common denominator in behavior change. Duncan and Miller (2000) speak to this change of focus:

Models that help the therapist approach the client’s goals differently, establish a better match with the client’s world view, capitalize on chance events, or utilize environmental supports are likely to prove the most beneficial in resolving a treatment impasse (pg. 59).

Sensibility. Court staff must avoid the extremism of “all-or-nothing” thinking. I do not

advocate that juvenile court programs be “run” or governed by youthful offenders. Yet, the common factors do suggest that juvenile court programs work *with* the adolescents and families rather than *on* them. The result is a partnership, in the truest sense of the word. It does not mean “going easy” on youth or treating them with Pollyanna-ish indulgence. Rather, this research validates and confirms how rules and expectations—demands for lawful and healthy behavior—are actually part of a therapeutic structure.

In examining rules and how relationships truly “help” a client, Tallman and Bohart (1999) offer several explanations. These researchers describe how juvenile court programming, driven by “common factors,” can advance responsible behavior by juvenile court youth. First, the increased interactions and bonding between staff and program youth lend a “corrective emotional experience” that is inherently healing—it mends the damage from toxic relationships in the youth’s past. Second, juvenile courts provide an environment in which appropriate behaviors receive reinforcement. Appropriate behaviors must be encouraged and *demand*ed by program rules—rules that do not waiver (i.e., reliability and predictability). Common factors programming will prompt staff to place high expectations on incoming youth and will raise the staff’s belief in the capabilities and competency of program youth—and in communicating these beliefs to probationers.

It is troubling that the reverse is also true. Court staffs can expect very little and expect the worst. In one on-site juvenile court evaluation, I reviewed the orientation materials distributed to all prospective youth and family beginning the referral process. In brochures detailing the lengthy explanation of court services, I found 12 sanctions listed for breaking program rules, but these were paired with only 5 incentives for successful participation. It was easy to see what this staff was assuming and expecting from new probationers—and just as easy to imagine what first impressions were being communicated to the incoming youth. This experience points out the importance of applying incentives in a balanced ratio (versus a sole reliance on sanctions).

Third, court programs can provide new learning opportunities for youth—fostering the belief that there can be interest, fun, and peer camaraderie without illegal behavior and illicit drug use as the common denominator or *raison d’être*. Programs need to look be-

yond the reduction of delinquent behavior and facilitate aspirations, vocational interests, and hobbies *as identified by the youth*. Adjunct mentor programs, developed specifically for juvenile court assistance, offer tremendous support along these lines.

4. *Becoming Change-Focused*

One problem found with the medical model can be found in the issue of diagnosis. To render a diagnosis is akin to taking a “snapshot”—a moment-in-time photograph. The problem is that a diagnosis conveys an idea that conditions/behaviors described by the diagnoses are static and constant—even lending the idea of *permanence* to the youth’s presenting complaints. However, Duncan & Miller (2000) offer a different—and a far more productive view:

...The magnitude, severity, and frequency of problems are in flux, constantly changing. In this regard, clients will report better and worse days, times free of symptoms, and moments when their problems seem to get the best of them. With or without prompting, they can describe these changes—the ebb and flow of the problem’s presence and ascendancy in their daily affairs. From this standpoint, it might be said that change itself is a powerful client factor, affecting the lives of clients before, during, and after (treatment) (pg. 68).

I have advocated that juvenile justice staff view court youth through a change-focused lens (Clark, 1996a; Clark 1997a & b). It is helpful when staff pay constant attention to change, listening and making themselves ever alert to how juvenile court youth are changing. Doing so will help illuminate their resources and the strengths that enabled or supported their change. There are two lines of inquiry to find this change:

Questions can be asked about “pretreatment change” (Berg and Miller, 1994; Clark, 1996b).

- After being arrested and petitioned, many people notice good changes have already started before their first appointment here at the court (referral to the juvenile court). “What changes have you noticed in your situation?” “How is this different than before?” “How did you get these changes to happen?”

Numerous studies (Wiener-Davis, et al. 1987; Talmon, 1990; Bloom, 1981) found a majority of clients make significant changes

in their problem patterns from the time of setting up their initial appointment to actually entering treatment. Just experiencing some type of “start” or initiation of change can begin positive movement. In single subject research, this author found similar responses from juveniles and families newly assigned to my juvenile probation caseload. The important point is that teens and families rarely report these changes spontaneously. Probation officers must ask to elicit and amplify these changes or they remain obscure. When those that experience them ignore problems, they seem to move underground, where they grow and fester and return even stronger. However, when solutions are ignored, they simply fade away unnoticed, and more important, unused.

The second (and the more constant) search involves pursuing change that occurs between probation appointments. There are questions (Clark, 1998) to employ to expand on instances of change. When change is found, we need to investigate and amplify:

- “How did you do this?” “How did you know that would work?” “How did you manage to take this important step to turn things around?” “What does this say about you?” “What would you need to do to keep this going (do this again)?”

When sitting down with a probationer during a scheduled report time, I have found many court staff will check on issues by using a preformed mental list of questions. These questions asked by staff become routine: Were there any violations of court/probation orders this week? Have all urine drops been “clean”? How is her/his school attendance for this past week? Has s/he made all treatment sessions since last meeting? These questions are important—but they do not represent a full line of inquiry. When inquiries become habitual, they narrow the investigation and bypass many other instances of change. Open-ended questions that search for positive changes can be asked as well.

5. *Build the Alliance*

Two alliance-building issues for youth workers need to be considered:

- 1) This article has explained how influential the staff-youth alliance proves to be for inducing positive behavior change. However, a further understanding detailed by this research is that staff *must work fast* to build the alliance. Mohl, et al. (1991) and

Plotnicov (1990) point out that the impact of establishing the alliance *early in treatment*, generally by the fourth or fifth meeting, is critical for treatment outcome (as cited in Duncan et al. 2000).

Many courts have an intensive start to their juvenile court programming. One example is found in the juvenile court operated in Santa Clara County, California. The Santa Clara program includes a “Jump Start” as a beginning phase to their programming. New probationers are intensely inducted and programmed for their first 30 days of participation. However, upon close inspection, most courts implement intensive starts as a one-sided orientation. It is solely constructed for the youth to understand and become acclimated to the program structure, schedule, and requirements.

I have seen many courts provide warm greetings to new youth and introduce the staff to them in round-robin fashion. However, this is not enough. What is needed is a corresponding intensive “jump” where adult staff make a concerted effort to meet, quickly become familiar with, and even charm the incoming participant. Some may chafe at the recommendation for staff to court and “woo” incoming offenders—but the research is clear: the *youth’s perceptions of the alliance rules when it comes to outcome*. Skeptics need only consider Blatt, et al. (1996) and the largest outcome study ever undertaken (Treatment of Depression Collaborative Research Project), which found the type of treatment received was only minimally related to improvement, but was *heavily determined* by the client-rated quality of the relationship. Even if this study could be somehow ignored, there are approximately one thousand more studies on alliance that detail the same finding (as cited in Hubble, et al. 1999).

- There is a difference between “easy” and “simple.” It is simple to understand how important the alliance is to outcome and place a majority of our emphasis here. To say alliance building is *easy* is quite another matter. All youth are different—and due to different personality styles, adolescents will evaluate the conditions of a positive alliance in differing ways. Bachelor & Horvath (1999) found almost half of all clients want to be listened to (empathic reflections) and respected, while another 40 percent wanted more “expert” advice from staff that promotes direction and allows self-understanding (to “make sense”

of issues). A smaller group wanted input and saw the alliance as a “50/50” partnership where they felt the need to contribute as much as the staff (counselor). Duncan and Miller (2000) state, “The degree and intensity of [staff/counselor] input vary and are driven by the client’s expectations of our role. Some clients want a lot from us in terms of generating ideas while others prefer to keep us in a sounding board role” (p. 85).

Juvenile courts must not only court and woo new probationers, but survey and poll them continuously on their perceptions and ratings of staff-youth alliance. Simply put—you cannot modify or alter the court’s approach to a youth if you don’t know what the youth’s perception is. Duncan and Miller (2000) cite a critical effort that has profound implications for the juvenile court process, “Influencing the client’s perceptions of the alliance represents *the most direct impact we can have on change*” [emphasis added] (p. 75).

Postscript

This common factor research has only recently been published. Presently, many in the field of psychiatry, psychology, and social work are grappling with this direct-practice information. Juvenile court staffs and community treatment providers can begin the process of becoming familiar with these four common factors, and we too, must wrestle with how to become more aligned with these empirically-based findings regarding the pathways to change.

This article does not impeach current probation efforts—only the belief that court staff and treatment providers are the “stars” of change. Researchers have bemoaned the fact that several decades of inquiries of treatment outcome have studied all the wrong elements—the models, techniques and staff—while leaving out the most important contributor to change...the youth and family! Staff expertise continues to be vital and required; but only to guide and raise the three critical ingredients—the “tactical triad” of a youth’s resources, perceptions, and participation. Offender and family motivation is not static or fixed, but is found on a continuum as it can be *influenced and increased*. Aligning probation practice to promote these common factors can help advance youth along this motivational continuum.

Most articles, whether research-oriented or practice-based, generally end with a call for further research. While I wholeheartedly support qualitative and quantitative analysis to increase practice wisdom, the call for “further research” occurs as routinely as a signature to correspondence.

I do not end this article with a call for more research. These factors, common to all treatment, have been illuminated from research studies—all counted—that number literally in the thousands. Instead, I implore juvenile court staffs to review this compelling research. Consider the idea of Bergin & Garfield (1994), who assert that rather than argue over whether or not “treatment works,” we should address the more important question of whether the “client works!”

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