



MEMORANDUM

LEGISLATIVE REFERENCE BUREAU

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To: Ald. Michael J. Murphy
From: Tea Norfolk, Legislative Fiscal Analyst – Lead
Date: May 29, 2019
Subject: City-County Carjacking and Reckless Driving Task Force Enforcement & Accountability Subcommittee – Deterring Juvenile Offenders

This memo is in response to your request for information regarding the following two items:

1. The penalties associated with habitual offenders for carjacking and reckless driving.
2. Methods for preventing juveniles who associate with offenders from offending.

Penalties

In general, the maximum penalty for juveniles if they stay in juvenile court is 5 years in the Department of Corrections under the Serious Juvenile Offender law. Additionally, there is the possibility of waiver to adult court. Reckless driving, specifically, carries a maximum of 2 years in the Department of Corrections, but could possibly run until the juvenile's 18th birthday. Probation for any case has a maximum length of one year.

In adult court, both carjacking (s. 943.23(1g), Wis. Stats.) and armed robbery are class C felonies, which carry a 40-year penalty. The maximum is 20 years of initial confinement and 20 years of extended supervision.

The forfeiture for reckless driving (s. 346.62, Wis. Stats.) is \$25-200 for the first offense. The forfeiture of second and subsequent offenses within 4 years of the previous offense is \$50-500 and could result in one year in jail. If there are minor injuries, the forfeiture is \$300-2,000 and possibly 30 days in jail. Reckless driving causing serious bodily harm is a class I felony, which carries a maximum of 3 ½ years in prison and a maximum fine of \$10,000 along with automatic one-year driver license suspension. Homicide by the negligent operation of a vehicle is a class G felony, which carries a 10-year sentence and a maximum forfeiture of \$25,000.

Deterrence

According to the U.S. Department of Justice Office of Juvenile Justice and Delinquency Prevention (OJJDP), youth referred to juvenile court before the age of 13 are far more likely to become chronic juvenile offenders than youth whose initial contacts occur at a later age. Children who are involved in the justice system are 2 to 3 times more likely to become serious, violent, and chronic offenders than adolescents whose delinquent behavior begins in their teens. Additionally, youth tend to join gangs at younger ages than in the past, which leads to an increased number of youthful offenders.

According to Youth.gov, a U.S. government website dedicated to youth programs, research shows that early intervention is a cost-effective way to stop the “cradle to prison pipeline.” Research demonstrates that delinquency prevention programs are a good financial investment. A 2001 Washington State Institute for Public Policy study found that the total benefits of effective prevention programs were greater than their costs. Delinquency-prevention programs can save taxpayers 7 to 10 dollars for every dollar invested, primarily due to reductions in the amount spent on incarceration. Reduction in the likelihood of youth becoming serious and violent offenders reduces the burden of crime on society and saves taxpayers billions of dollars.

Programs are most successful when aimed first at preventing persistent disruptive behavior in children, second at focusing interventions on child delinquency, and third at preventing serious and violent juvenile offending. Interventions are more effective when employed early, whether they focus on the individual child, the home and family, or the school and community. Support for prevention and early intervention is generally endorsed by practitioners. Following a public health approach to intervention is recommended, including focus on known risk factors and knowledge of the behavior development of juveniles. Comprehensive public health interventions should focus on changing both the conditions and institutions that influence offending the community.

Effective programs address the 6 domains of work, education, relationships, community, health, and creativity. Two key assets needed by all youth are (1) learning/ doing, and (2) attaching/ belonging. OJJDP recommends the following types of school and community prevention programs be employed:

1. Classroom and behavior management programs.
2. Multi-component classroom-based programs.
3. Social competence promotion curriculums.
4. Conflict resolution and violence prevention curriculums.

5. Bullying prevention programs.
6. After school recreation programs.
7. Mentoring programs.
8. School organization programs.
9. Comprehensive community interventions.

One early intervention program, the Elmira Prenatal/ Early Infancy Project, sent nurses to the homes of pregnant, unmarried women in households with low socioeconomic status. These visits began during pregnancy and continued to the end of the second year after the child's birth. By the time the children were 15 years old, the positive impact of the visits was reflected in a decrease in children's reports of arrests, convictions, violation of probation, consumption of alcohol, sexual activity, and running away from home. This type of program can work in conjunction with a comprehensive training program for parents of Head Start children that includes a focus on social skills and prosocial behavior. The first step toward obtaining effective treatment is to provide families with access to mental health and other services.

Practitioners almost unanimously agree that more coordination among the juvenile justice system, schools, child welfare agencies, and mental health agencies is needed to deal with very young offenders. The following mechanisms are recommended for coordinating and fully integrating a continuum of care and sanctions for child delinquents:

1. A governing body or interagency council that, at minimum, includes representatives from all juvenile justice-related human services organizations and agencies and has the authority to convene these agencies to develop a comprehensive strategy for dealing with child delinquents.
2. A front-end mechanism within the juvenile justice system that can make comprehensive assessments of referred child delinquents, such as Community Assessment Centers that provide a single point of entry.
3. A mechanism to ensure interagency coordination and collaboration in the delivery of services in the post-adjudication phase, such as wraparound services that can be applied to children and families in a flexible and individualized manner.

OJJDP states that policymakers should be concerned about child delinquents and children with persistent disruptive behavior because child delinquents are 2 to 3 times more likely to become tomorrow's serious offenders and because they are expensive to society due to the numerous interventions they receive from different agencies.

OJJDP recommends more consistent tracking of the number of referrals child welfare offices receive from police for children age 12 or younger who have committed delinquent acts. Given the number of agencies that provide services, OJJDP further recommends improved data sharing between agencies, which can avoid duplication of assessments or inconsistent approaches for children who receive services from multiple agencies. Better integration of services will increase effectiveness. Additionally, funding preventive programs that serve high risk children from becoming tomorrow's incarcerated offenders is a more effective expenditure of taxpayer dollars. A more effective balance of resources should be developed so that the roots of serious adolescent delinquency can be better addressed in childhood, while still addressing those children who have become incarcerated as well.

Programs

Across the nation, several programs are aimed at preventing at-risk juveniles from becoming offenders. The programs listed alphabetically below have been evaluated and determined by evidence-based research to be effective in deterring juveniles from offending.

Adolescent Diversion Project (Michigan State University)

This program diverts arrested youth from formal processing in the juvenile system and provides them community-based services. The goal is to prevent future delinquency by strengthening youth's attachment to family and other prosocial individuals, increasing youth's access to resources in the community, and keeping youth from potentially stigmatizing social contexts. The program is a collaboration among Michigan State University personnel from the Ingham County Juvenile Court and members of the community.

The conceptual framework of the program involves 3 theoretical perspectives: social control and bonding, social learning, and social-interactionist theories. Social control theory emphasizes the importance of social bonds in preventing delinquent behavior. Social learning theory suggests that delinquency is learned through interactions with family, peers, and others. Finally, social-interactionist theory suggests that it is the labeling of behavior as delinquent that results in further social interactions that intentionally or unintentionally label youth as delinquent.

During an 18-week intervention, caseworkers spend 6 to 8 hours per week with the juveniles in their homes, schools, and community. The caseworkers work one-on-one with juveniles in order to provide them with services tailored to their specific needs. Caseworkers focus on improving juveniles' skills in several areas, including family relationships, school issues, employment, and free-time activities. For example, caseworkers teach youth about resources available in the community so that juveniles can access these resources on their own once the program is over. Additionally, caseworkers assist juveniles in behavioral contracting and advocacy efforts. After the first 12 weeks, caseworkers begin to shift into a consultant role, preparing juveniles to use the techniques and strategies they've learned following the end of the program.

Big Brothers Big Sisters Community-Based Mentoring Program

This program offers one-to-one mentoring in a community setting for at-risk youth between the ages of 6 and 18. The program is associated with a significant reduction in initiating drug and alcohol use and antisocial behavior among mentored youth. Mentored youth had significantly better relationships with parents and emotional support among peers. The goal is to support healthy development of youths by addressing their need for positive adult contact, thereby reducing risk factors for negative behavior and enhancing protective factors for positive behavior.

Youth targeted for this program are at high risk of exposure to violence and trauma at home and in the community. The program is based on the theory of social control, where attachments to prosocial, supportive adults, a commitment to appropriate goals, and a mutually trusting relationship between the mentor and mentee can allow the child to begin to feel more socially accepted and supported. The increased level of support from adults allows youths to view themselves in a more positive light and engage in more constructive behavior. Youth who are more socially bonded have more to lose from misbehavior.

Mentors are typically adults ages 22 to 49. Staff supervision and support are critical to ensuring the mentor and youth meet regularly to build positive relationships. One-to-one mentoring takes place in a community setting. The match between the adult and youth is essential because the pairing can lead to a caring and supportive relationship, which is crucial to at-risk youth. Mentors spend approximately 3 to 5 hours per week, 2 to 4 times per month, for at least one year. Goals are established between the case manager and the parent/ guardian, along with the child. One goal is to develop a relationship that is mutually satisfying, where both mentor and mentee wish to come together freely on a regular basis. Matches engage in developmentally appropriate

social activities, such as going to a movie, shopping, attending a sports event, going to a restaurant, reading books, going on a hike, going to museums, or simply hanging out and sharing thoughts. These activities enhance communication skills, develop relationship skills, and support positive decision-making.

Functional Family Therapy

The Functional Family Therapy program helps adolescents on probation and their families. It is a family-based prevention and intervention program for at-risk youths ages 11 to 18. A family therapist works with the family and helps individual family members see how they can positively motivate change in their home.

The program works in 3 phases. During the first phase, the therapist attempts to break down resistance to therapy and encourages the family to believe that negative communication and interaction patterns can be changed. In the second phase, family members are taught new ways to approach day-to-day situations; they are shown how to change their behaviors and responses to situations. During the third phase, family members are encouraged to move new relational skills into other social situations (school or the workplace, for example).

This program reduces recidivism rates and juvenile delinquency at a low cost. Twelve sessions cost approximately 1/6th the cost of detaining a youth for one month. Another positive effect of the program is that the siblings of the youth on parole are less likely to commit crimes because of the help their family has received.

In one study, the treatment group had lower recidivism rates, and when the program was delivered by high-adherent therapists, the results were more significant. The program had a positive effect on youth by reducing risky behavior, increasing strengths, and improving functioning across key life domains. The model of functional family therapy concentrates on decreasing risk factors and increasing protective factors that directly affect adolescents, with particular emphasis on familial factors.

The program consists of 8 to 12 one-hour sessions for mild cases and incorporates up to 30 sessions of direct service for families in more difficult situations. Sessions are generally spread over a 3-months period and can be conducted in clinical settings as outpatient therapy and as a home-based model. The model has 5 specific phases: engagement, motivation, relational assessment, behavior change, and generalization.

In the engagement phase, therapists concentrate on establishing and maintaining a strength-based relationship with clients, demonstrating that therapists will listen to, help, and respect clients. In the motivational phase, therapists concentrate on the relationship between adolescents and their family; the goal is to motivate adolescents and their families to want to continue therapy for lasting change. In the relational assessment phase, the emphasis changes from an individual problem to a relational perspective; therapists work on values, interaction patterns, sources of resistance, and resources. The behavior change phase aims to reduce and eliminate problem behaviors and relational patterns through individual behavior change interventions, including skill training in family communication, parenting, problem solving, and conflict management. The goal of the generalization phase is to increase the family's capacity to adequately use multi-systemic community resources and to engage in relapse prevention. The emphasis is on relationships between family members and on multiple community systems.

Gang Reduction Program

This is a comprehensive multi-year initiative to reduce youth gang crime and violence through a combination of strategies. The program was funded by the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. It was a targeted multi-year (2003-08) initiative to reduce crime and violence associated with youth street gangs in a select group of cities throughout the United States. The initiative facilitated collaborations among federal agencies, local stakeholders, and communities, and it included primary prevention, secondary prevention, intervention, and gang suppression strategies.

The program is based on the Spergel model of gang interventions, which posits that gang problems result from the interaction of sociological, demographic, economic, and cultural factors along with social instability and lack of economic opportunity. The model focuses on assessing youth needs and providing them with individualized support services and suppression/ control by involving their families, local organizations, and communities. Services were categorized as one of the following 3: (1) prevention, (2) intervention/ reentry, and (3) suppression.

Prevention services included the following:

1. Assistance in setting academic goals and encouraging higher education.
2. Academic enrichment and homework assistance.
3. College preparation and awareness.

4. Leadership development and skills.
5. Crime and violence prevention.
6. Abstinence education.
7. Art as a means of expressing oneself.
8. Prenatal and infancy education, planning, and referrals.
9. Mentoring.
10. Case management.

Intervention/ reentry services included the following:

1. After-school sports and recreation.
2. Case management.
3. Teen court for first-time juvenile offenders.
4. Mentoring.
5. A client referral system.

Suppression services included the following:

1. Coordinated resources in high-crime areas.
2. Presence of law enforcement.
3. Community outreach.
4. Gang injunctions (restraining orders against gang members to prohibit them from engaging in gang activity).
5. Graduated sanctions.

Great Life Mentoring

This one-on-one mentoring program provides support to youth referred from a community mental health agency by adult volunteers who spend 2 to 3 hours weekly on positive community activities. Youth and adults are paired for a period of one year or more. The program is provided to youth aged 7 to 18 years who come from low-income families and have a mental health diagnosis. Mentors provide enhancement to treatment, and youth are expected to continue receiving mental health services. Mentors engage in positive community activities and provide one-on-one support and companionship to youth. Mentors must pass an initial screening and complete a 20-hour, curriculum-based training prior to being matched with a mentee. Mentors document their contacts with mentees in a database that is reviewed by program staff, who follow up as needed. Mentors have monthly in-person meeting with staff of the program throughout their first year, with additional one-on-one meetings and email

contact as needed. Mentors also receive guidance as appropriate from the youth's mental health providers.

Home Visitation by Nurses

Nurses involved in the "Prenatal and Infancy Home Visitation by Nurses" program pay visits to low income, single mothers between their third trimester and the second year of their child's life. During these visits, nurses focus on the health of the mother and child, the support relationships in the mother's life, and the enrollment of the mother and child in Health and Human Services programs. A 15-year follow-up study found that mothers and children involved in the program had had a 79 percent lower child abuse rate, a 56 percent lower child runaway rate, and a 56 percent lower child arrest rate. Maternal behavior problems also dropped significantly in the studied group.

Mentoring

Mentoring is designed to promote healthy development and functioning. The use of mentoring to address the needs of at-risk populations has grown since early research found that mentored youth were less likely to skip school or engage in drinking, drugs, and violence. Mentoring programs can have a prevention or intervention focus and be designed to serve different at-risk populations, such as children living in high-poverty neighborhoods, children of incarcerated parents, children in foster care, abused and neglected youths, youths who have disabilities, pregnant and parenting adolescents, academically at-risk students, and adolescents involved in the juvenile justice system.

Most mentors are volunteers who are matched with a mentee. Occasionally a mentor is matched with a group of mentees. Mentors can be adults or older peers. The goal is to reduce risk factors by enhancing protective factors, such as healthy beliefs, opportunities for involvement, and social and material reinforcement for appropriate behavior.

Mentoring models include informal, formal, community-based, and school-based. Informal mentoring results from frequent, unstructured contacts with an adult or older peer who provides guidance to the younger person. Formal mentoring occurs when programs provide volunteer mentors for at-risk youth. Community-based mentoring matches a carefully screened volunteer with an at-risk youth. The pair meets regularly for at least 4 hours per month for at least one year. The pair engages in activities within the community, such as sports, games, movies, or visiting a library or museum. School-based programs match a younger person with either an adult or an older student. The

pair typically meets at the school in a supervised setting for one hour per week during or after school. The mentoring activities tend to be concentrated on academics, along with social activities. The relationship usually lasts for a school year.

Other mentoring models include group mentoring, wherein one mentor meets with a group of youths; e-mentoring, in which the 2 individuals communicate over the Internet; and peer mentoring, wherein students are used as mentors.

Minneapolis Hot Spots Experiment

This program increased police presence in crime “hot spots” to reduce criminal activity. The program focused on small clusters of high-crime addresses, rather than entire patrol beats or neighborhoods. These were known as “hot spots” of crime, and were identified based on the frequency of calls for service to the area.

Multi-systemic Therapy

Multi-systemic therapy is a family and community-based treatment program for young offenders who have exhibited serious antisocial, problem, and delinquent behaviors. The treatment group had fewer rearrests and spent fewer days incarcerated than a comparison group that received usual services. The program also had a positive impact on family cohesion and social skills for the intervention group. The program requires involvement of the family, who assist in uncovering and assessing the functional origins of adolescent behavioral problems. The target age range is 12 to 17 and focuses on youth who present with serious antisocial and problem behavior with serious criminal offenses. Intervention is used on adolescents and the beginning of their criminal career by treating them within the environment that forms the basis of their problem behavior instead of in custody, removed from their natural ecology.

Therapists work with patients within the home, which reduces barriers that keep families from accessing services. Therapists have small caseloads of 4 to 6 families, work as a team, are available 24 hours a day and 7 days a week, and provide services at times that are convenient to the family. Average length of treatment is 4 months with multiple sessions per week.

The therapy course includes empowering parents and improving their effectiveness by identifying strengths, developing natural support systems, and removing barriers. The family takes the lead in setting treatment goals, and the therapist helps them to accomplish their goals.

In evaluating the effectiveness of the program, researchers found that the treatment group reported significantly higher family cohesion than the comparison groups. The treatment group also reported significantly lower peer aggression than the comparison group. Four years after probation, 26.1 % of the treatment group had been rearrested compared to 71.4 % of the comparison group. Of those who had been arrested from the treatment group, their arrests were for significantly less serious or violent crimes than those of the comparison group. Family functioning also improved, with significant differences found with respect to family cohesion and adaptability.

One Summer Plus Summer Jobs Program

This program served students from some of Chicago's most violent schools. A rigorous randomized controlled trial evaluation found the program to deliver substantial reductions in youth violence, with those benefits realized primarily after program participation ended. Similarly, the Becoming a Man program in Chicago, which offers youth weekly group sessions during the school day and uses cognitive behavioral therapy to help youth deal with high-stakes situations, was found to increase graduation rates and reduce criminal behavior among young men in Chicago Public Schools.

As noted in a policy brief from Urban Institute, Great Lakes cities with serious violence problems could benefit from developing a comprehensive strategy and infrastructure that includes prevention, including supporting school discipline policies that reduce the likelihood of justice involvement. Revisions to school disciplinary criteria may be considered prevention, given that school expulsion is a risk factor for justice involvement. Restorative justice models are increasingly being implemented as an alternative approach to school discipline, particularly in contrast to zero tolerance approaches. For Wisconsin, expanding Medicaid as the other 5 Great Lakes states have done has the potential to increase access to community-based behavioral health services for both justice-involved young adults and low-income young adults generally.

Operation Peacekeeper

Operation Peacekeeper is a community and problem-oriented policing program to reduce gang involvement and violence among urban youth, ages 10 to 18. Youth outreach workers serve as mentors for youth in neighborhood settings. It is modeled after the Ceasefire Initiative by the Boston Police Department, which used detailed information about gang activity to identify problem areas and reduce gang-related violence in the Boston metropolitan area.

Youth outreach workers communicate to youth that they have better options for their lives. These are streetwise young men and women trained in community organizing, mentoring, mediation, conflict resolution, and case management. Working in neighborhood settings where young people are at risk of violence. Youth outreach workers serve as mentors and positive role models for youth. Their role is to make sure youth understand the consequences of violence and that there are positive alternatives to gang membership. Youth outreach workers work in collaboration with government and community-based organizations to provide resources for youths to escape a gang lifestyle. The program also depends on the involvement of the community to help influence criminal justice agencies to construct customized solutions.

Police Foot Patrol (Philadelphia, PA)

This program used a foot patrol to reduce violent crime in hot spots in Philadelphia, PA. Rookie officers patrolled areas (an average of 1.3 miles of streets) during 2 shifts per day. There were significant reductions in reported violent crime, although the effect seemed to fade once officers were removed from their targeted beats.

The program used proactive, nonthreatening, and community-oriented approaches to local policing. The strategy combined these approaches with techniques borrowed from hot spots policing, disseminating foot patrol to specific high-crime locations. The overall goal was to create significant reductions in violent crime by increasing officer presence in high-crime locations, specifically during the summer months.

The strategy concentrated on implementing foot patrol at certain addresses, street segments, and clusters of microspatial units with high levels of violent crime. Police visibility and presence were increased in high-crime locations.

Officers patrolled their areas 5 days per week for about 16 hours a day. Those involved in the foot patrol intervention had recently graduated from the police academy. In each target area, 2 pairs of rookie officers were assigned to engage in intensive foot-patrol policing. Pairs of police officers patrolled the targeted areas for at least 8 hours each day. The officer pairs were assigned to either a morning (10 a.m. to 6 p.m.) or an evening shift (6 p.m. to 2 a.m.) from Tuesday through Saturday nights. The pairs alternated morning and evening shifts every other week. Thus, there were areas were not covered by foot patrols from 2 a.m. to 10 a.m. each day, and from 2 a.m. Sunday through 10 a.m. Tuesday each week. The hot spots targeted by the foot patrols encompassed an average of 1.3 miles of streets and 14.7 intersections.

During the implementation of the strategy, rookie officers engaged in various types of activities while patrolling assigned locations. Some officers engaged in extensive community-oriented work, speaking to community members and visiting child care centers and juvenile hangouts. Other officers took a more crime-oriented approach to their patrol assignment, stopping vehicles at stop signs and intersections, and interviewing pedestrians. In sum, the strategy used a meticulous analysis of the distribution of violent crime across locations, to successfully employ visible presence of officers in the most problematic areas.

The program is based on a combination of criminological theories, including rational choice, routine activities, and environmental criminology. Spatially oriented crime control programs aim to make changes in areas that provide crime opportunities, to create constraints on criminal behavior. The rational choice theory posits that the decision to commit a crime is made rationally by an offender, that it is a deliberate decision made after judging that the potential benefits of the crime outweigh the potential risks. The routine activities theory posits that a criminal act occurs when there is a convergence of a suitable target in the absence of a capable guardian.

The role of place is introduced by environmental criminology, also known as crime pattern theory, which suggests that a reduction in offending will occur if characteristics of an environment are altered to make the location less appealing to criminals. Through a combination of rational choice, routine activities, and environmental criminology, a theory arises that making changes to an environment can have a significant impact on a potential criminal's decision to commit crimes in that area. Therefore, the foot patrol strategy followed from the premise that increasing officer visibility in high-crime locations would render such locations less optimal for criminal offending, leading to a deterrent effect and a reduction in violent crime.

The target areas experienced a relative 23 percent reduction in reported violent crime in comparison with the control areas. While there was some displacement of violent crime to nearby locations, the effects were outweighed by the direct benefits seen in target areas and overall reduction in crime. However, the foot patrol did not have lasting impacts on crime once the officers were removed from the targeted beats.

Recreation Programs

The Department of Education has reported that youths are most likely to commit crimes between 2 p.m. and 8 p.m., with crime rates peaking at 3 p.m. Recreation programs

allow youths to connect with other adults and children in the community. Positive friendships may assist children in later years. Youth programs designed to fit the personalities and skills of different children include sports, dancing, music, rock climbing, drama, karate, bowling, art, and other activities.

Social Decision Making/ Problem Solving Program

This program was developed in 1979 as a collaborative effort among professionals from a wide variety of disciplines, including teachers, school administrators, psychologists, and researchers. The ultimate goal was to prevent violence, substance abuse, and related problem behaviors by teaching social, emotional, and decision-making skills that students would utilize throughout their lives. The program is based on the theory that although a child's behavior and peer acceptance are influenced by numerous factors, there are specific behaviors that can predict acceptance or rejection within a peer group. The program enhances these specific behaviors through the training and practice of important social and decision-making skills throughout the program's curriculum.

The program seeks to alleviate the stress that arises during the elementary to middle school transition. Students are asked to do the following:

1. Focus on their feelings and the feelings of others in problematic situations.
2. Think about their goals and develop solutions to achieve them while keeping potential consequences in mind.
3. Focus on how they would implement their solutions.
4. Develop confidence in their ability to overcome problematic situations, while also understanding that even the best solutions do not always lead to resolutions.

The program takes place during the school year and is structured around a specific curriculum, which includes 3 sets of social problem-solving skills: (1) interpersonal sensitivity, (2) means-ends thinking, and (3) planning and anticipation. Interpersonal sensitivity focuses on an individual's feelings in problematic situations, articulating those feelings, and developing a goal for the situation. Means-ends thinking strives to develop alternate ways to reach an individual's goal in the situation, while also developing consequences for each goal. Finally, planning and anticipation focuses on carrying out the solution, anticipating potential obstacles, and using the knowledge gained from the present situation to plan for the future.

The program is organized into 3 phases: the readiness phase, the instructional phase, and the application phase. The readiness phase focuses on developing students' self-control skills, as well as their group participation and social awareness skills. The instructional phase includes an 8-step problem-solving procedure and stresses the importance of initiative in producing positive resolutions, both of which take place during the first half of the year. Finally, the application phase, which takes place during the second half of the school year, utilizes the skills developed during the instructional phase and integrates them into the students' social and affective realms.

Overall, the program was found to significantly reduce the stressors associated with a student's transition into middle school.

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