Residential Programs

Juveniles whose offenses are serious or who fail to respond to intermediate sanctions are handled at a different level of the juvenile justice continuum. These youths may be committed to a wide variety of residential programs, including out-of-home placement in an institutional or camp-like setting, or they may be eligible for an alternative placement, such as community confinement.

Number of Youths in Placement

In 1999, nearly one in every four adjudicated delinquency cases resulted in out-of-home placement. Placement cases had grown 24 percent in less than 10 years, from 124,900 in 1990 to 155,200 in 1999. The largest percentage increase was in the number of drug offense cases resulting in placement, which grew 73 percent from 1990 to 1999 (Puzzanchera 2003). However, recent census of residential facilities has demonstrated a significant decline in the number of youths in placement. In 2003, there were more than 101,000 juveniles in placement (Sedlak and McPherson 2010). In 2006, there were about 93,000 juveniles in residential placement (Sickmund, Sladky, and Kang 2008), and by 2008 there were just over 86,000 juveniles in public or private residential placement facilities (Sickmund 2010). Although there was a 26 percent decline in the placement rates of juveniles between 1998 and 2008, the falloff was not as sharp as the decline in arrest rates of juveniles during this time (33 percent).

Placement of Youth

The Survey of Youth in Residential Placement (SYRP) conducted by the Office of Juvenile Justice and Delinquency Prevention classifies residential programs into five general categories: detention, corrections, camp, community-based, and residential treatment. The recent SYRP survey included more than 7,000 youths in custody and found that 32 percent were placed in a correctional placement, 26 percent in detention, 18 percent in a community-based placement, 14 percent in residential treatment, and 10 percent in a camp (Sedlak and McPherson 2010).

The programs considered in this literature review include programs from all residential settings, including secure and nonsecure residential facilities, facilities that are publicly and privately run, and long-term and short-term facilities. This section does not include systemwide approaches or evaluations of systems or individual facilities.

Lack of a Standard Definition

There is currently no standard definition of residential treatment programs, and specific types of residential programs may be known by many different names—including detention centers, juvenile halls, reception and diagnostic centers, correctional facilities, wilderness camps, residential treatment centers, training schools, shelter care, and group homes (Sickmund 2010). Residential treatment can

Prepared by Development Services Group, Inc., under cooperative agreement number 2013–JF–FX–K002. Points of view or opinions expressed in this document are those of the author and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.
encompass a wide variety of methods of service delivery. A report from the General Accounting Office (GAO 2007) noted the wide diversity of programs and facilities that appear under different names. Further, “[N]o [F]ederal laws define what constitutes a residential program, nor are there any standard, commonly recognized definitions for specific types of programs” (GAO 2008, 5). Settings range from relatively relaxed group homes or halfway houses to extremely structured, hospital-like environments.

This has contributed to serious challenges, including problems in the oversight of these programs. Since there are no standard definitions for residential programs, individual programs can select their own classification. There are currently no Federal laws that regulate residential programs, and States have taken a variety of approaches to oversight that range from statutory regulation to no oversight at all. States often regulate programs that receive public funding, but States may not license or regulate privately run programs, and Federal oversight does not extend to private facilities that receive no Federal funds (GAO 2007). This has led to questions about the qualifications of the management and staff that run residential programs and deep concerns about the safety of youth in the programs.

The GAO launched an investigation into allegations of abuse and death in residential treatment programs for troubled youth, including wilderness camps, boot camps, and boarding schools. The investigations found thousands of cases and allegations of child abuse and neglect (GAO 2007). The report noted that ineffective management and negligent operating practices led to many cases where youths were abused or even killed: “[T]his ineffective management compounded negative consequences of (and sometimes directly resulted in) the hiring of untrained staff; a lack of adequate nourishment; and reckless or negligent operating practices, including a lack of adequate equipment. These factors played a significant role in the death GAO examined” (GAO 2007, i).

The lack of clarity in definitions of residential treatment programs can also affect the research that seeks to find what treatment options work best for certain populations. Without the use of consistent language to differentiate between specific types of residential programs, it is difficult for those in the field who work with youths to determine the best option of care for them or to match the appropriate services to the needs of youths—a component that is essential to effective treatment (Andrews et al. 1990).

**Differences between Residential Programs**

Although there is no consistent definition of residential programs, there are important distinctions that can help differentiate between programs. Residential facilities can vary considerably in important program components, such as program goals, security features, physical environment, facility size, length of stay, treatment services, and targeted population. For instance, some residential facilities may resemble adult prisons or jails in setting and structure. Other programs resemble campuses or houses, and others, such as wilderness camps, are run in outdoor settings (Sedlak and McPherson 2010).

Security features significantly differ, depending on the residential placement. Detention and correctional facilities generally use locks to secure youth in residence, while other residential placements, such as group homes, may be nonsecure and allow youth to leave the residence (see the literature review on Correctional Facilities for further information).

The theoretical framework of residential programs also provides an important distinction. For example, some residential programs, such as wilderness camps, are grounded in an experiential learning process, while other programs, such as boot camps, rely on a military model that uses physical and psychological aggression toward youth (for more, see the literature review on Wilderness Camps).
Residential treatment programs generally run on a continuum of restrictiveness. Programs that are the least restrictive generally include outpatient treatment programs, whereas the most restrictive programs are inpatient psychiatric hospitals. In the midrange are programs such as day treatment centers and residential treatment centers (Bates, English, and Giles 1997).

Program goals offer another important distinction. Certain residential programs, such as boot camps, emphasize reducing delinquent behavior and recidivism of juveniles. Other programs, such as residential treatment centers, concentrate on providing youth with therapeutic treatment for behavioral health issues (see the literature review on Residential Treatment Centers).

**Outcome Evidence**

Residential placement facilities for youth should offer comprehensive treatment programs with emphases on education, skills development, and vocational or employment training and experience (Howell 1998). Lipsey and colleagues (2000) performed a meta-analysis of research on programs for both institutionalized and noninstitutionalized serious juvenile offenders conducted in the United States by psychologists, criminologists, or sociologists, and that were published after 1970. Two program types showing relatively large, statistically significant mean effects on recidivism for institutionalized offenders across all estimation procedures were interpersonal skills programs and teaching family home programs. Behavioral programs, community residential programs, and multiple service programs also showed positive effects; however, the results were less consistent. Mixed (but generally positive) recidivism effects were shown for individual counseling, guided group counseling, and group counseling. Employment programs and drug abstinence programs showed weak or no effects, although evidence was inconsistent. Finally, milieu therapy (highly structured therapeutic communities) consistently showed weak or no effects on recidivism.

**Limitations of Research**

Unfortunately, there are limitations to the research on residential programs. As discussed earlier, there is a definitive need for a standardized definition of residential programs. Often, residential programs are viewed as a single type of institutional and ineffective treatment option for youth. However, this misunderstanding of residential programs can obscure any positive outcomes that youth may experience (Butler and McPherson 2007). Although boot camps and group homes are both specific types of residential programs, they differ dramatically on important elements such as targeted population and treatment services, and to draw conclusions about residential programs based on research of both programs would present an inaccurate picture of program effectiveness. However, without a clear definition of residential programs, it is difficult to discern the differences in the evaluation research.

In addition, there appears to be little consensus on what constitutes success. The diversity of measures used in evaluation research stems in part from the varying needs of referral and reimbursement organizations. For instance, psychiatric accrediting bodies expect evaluations to concentrate on symptom reduction on the basis of psychiatric diagnostic categories, while social service agencies are more interested in outcome measures of individual and family functioning (Bettmann and Jasperson 2009). Because of the challenges associated with measuring outcomes, the available literature has concentrated largely on short-term outcomes. Also, numerous methodological problems have characterized much of the evaluation research, including the use of idiosyncratic measures, poor samples, the lack of comparisons groups, retrospective designs, and the lack of information in the evaluation studies about reliability, validity, demographics, and other important components of rigorous research (Bettmann and Jasperson 2009; Behrens and Satterfield 2006).
References