Chapter:	Rules for State-Operated Programs and Facilities	**Effective Date: 11/1/26**
Subchapter:	Treatment	Page: 1 of 3
Division:	Program Planning	
Rule:	**Rehabilitation Program Overview**	Replaces: GAP.380.8702, 5/19/23

RULE

(a) **Purpose.**

The purpose of this rule is to identify the philosophy and approach of the Texas Juvenile Justice Department (TJJD) to the rehabilitation of youth in TJJD's care in order to reduce future delinquent behavior and increase public safety.

(b) **Applicability.**

This rule applies to youth committed to TJJD.

(c) **Definitions.**

See §380.8501 of this chapter for definitions of terms used in this rule.

(d) **General Provisions.**

(1) TJJD provides a trauma-informed rehabilitative program that is focused on delivering needed treatment, assessing behavioral progress, assessing increases in protective factors and decreases in risk factors, and assessing the ability of youth to use skills learned in treatment and programming.

(2) All treatment and programming is delivered in the least restrictive setting appropriate to the youth, consistent with the rules of this chapter.

(3) To the extent possible, TJJD's rehabilitative program offers programs that ensure youth receive appropriate rehabilitation services, including those recommended by the committing court.

(4) All aspects of the TJJD rehabilitation program are individualized and performance-based, with clearly defined expectations as set forth in §380.8703 of this chapter.

(5) Each youth's individual progress is reviewed monthly. The review addresses identified risk and protective factors and individual abilities.

(6) As youth progress in the rehabilitation program, there are increased expectations for demonstrating developed skills and social responsibility, a decreased need for staff intervention, and an increase in earned privileges.

(7) TJJD facilities maintain a structured daily schedule for all youth. Each day, youth work on components of the rehabilitation program.

(8) TJJD facilities provide for and youth are required to participate in a structured, individually appropriate educational program or equivalent, with appropriate supports.

(9) TJJD facilities provide and eligible youth may participate in work experiences.

(10) TJJD facilities must provide and youth are given the opportunity to participate in regular large-muscle exercise and recreation programs.

(11) Staff members receive appropriate training and certification related to their role in the rehabilitation program and the types of services they provide.

(12) TJJD may pilot new programs or program components for youth whose needs cannot be met by existing program components.

(e) **Residential Treatment Model Framework.**

(1) TJJD delivers rehabilitation through a residential, milieu-based model. Treatment occurs where youth live, learn, and recreate skillful behavior, and treatment is reinforced across daily routines. The model coordinates core tools to directly target problem behavior and build replacement skills, including:

(A) behavior analysis (including behavior chain analysis);

(B) TJJD treatment target hierarchy;

(C) behavior modification principles (e.g., reinforcement, shaping, extinction, contingency management);

(D) skills training model and curriculum; and

(E) youth and family involvement in treatment.

(2) Residential treatment delivery is oriented around clear behavioral expectations and privileges associated with progress. Treatment links participation to the youth's own goals and introduces motivation and commitment strategies for staff use (e.g., attainable goal setting, reinforcement of adaptive/skillful behavior, structuring routines and the environment, and providing opportunities to practice skills).

(3) TJJD staff encourage motivation and engagement by prioritizing:

(A) conversations with youth oriented around specific goals and the future;
(B) collaborative planning and unified efforts among staff;
(C) consistent interactions and validating engagement with youth;
(D) adaptation of the treatment delivery to a youth's developmental and cognitive level; and
(E) explicit linkage between participation in treatment and the youth's goals and progress.

(4) TJJD structures the environment so investment in treatment is continuously expected. Daily schedules, living-unit routines, and programming are organized to allow staff to:

(A) prompt, model, and reinforce skillful behavior in real time;
(B) block or weaken outcomes that previously reinforced unsafe or unskillful behavior;
(C) provide frequent, predictable opportunities for shaping successful use of skillful behavior;
(D) generalize skills across settings and staff; and
(E) teach youth to structure their own environments, recognize triggers, select effective skills, and arrange protective factors that maximize short- and long-term success.

(5) Staff prioritize behavior targets using the TJJD treatment hierarchy and concentrate efforts on the most egregious maladaptive behaviors engaged in by a youth at any given time to help ensure meaningful treatment delivery.

(A) **Life-Threatening and Aggressive Behavior Targets.**

Assaultive conduct, sexual aggression, and other dangerous behavior are prioritized in the treatment hierarchy because these behaviors directly threaten others' safety and security and interrupt the youth's treatment participation. When such behavior occurs, staff use an

immediate, effective response to protect safety and return the youth to programming as quickly as possible.

(B) **Escape, Abscond, and Evasion Behavior Targets.**

Escape, abscond, and evasion behaviors are the second priority in the treatment hierarchy because a youth cannot access treatment or consistently practice skills when a youth is absent or intent on evasion of treatment. These behaviors are addressed to restore engagement and stabilize predictable participation.

(C) **Treatment-Interfering and Program-Destroying Behavior Targets.**

This category of the treatment hierarchy is considered third in severity and includes behaviors that erode treatment effectiveness (e.g., minimal or sporadic participation, disruption of group work or milieu routines, and conduct that discourages the motivation of staff and providers). Interventions focus on responsivity, restoring predictable expectations and routines, and protecting the treatment milieu to provide all youth the opportunity to participate in programming.

(D) **Quality-of-Life-Interfering Behavior Targets.**

This category includes behaviors that destabilize overall individual functioning, such as: substance abuse; persistent negative thought patterns, beliefs, or interpersonal interactions; or conduct that undermines basic needs (e.g., neglecting education, hygiene, clothing, or health). These behaviors are addressed to create or restore the stability and engagement required for skill acquisition and sustained progress.