The Relationship Between Treatment Programs and Recidivism With African American Delinquents Under the Age of 14

Sonya D. Gray
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THE RELATIONSHIP BETWEEN TREATMENT PROGRAMS
AND RECIDIVISM WITH AFRICAN AMERICAN
DELINQUENTS UNDER THE AGE OF 14

A Dissertation
Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

by
Sonya D. Gray

December 1998
THE RELATIONSHIP BETWEEN TREATMENT PROGRAMS AND RECIDIVISM WITH AFRICAN AMERICAN DELINQUENTS UNDER THE AGE OF 14

A dissertation presented in partial fulfillment of the requirements for the degree of Doctor of Philosophy

by

Sonya D. Gray

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ABSTRACT

THE RELATIONSHIP BETWEEN TREATMENT PROGRAMS AND RECIDIVISM WITH AFRICAN AMERICAN DELINQUENTS UNDER THE AGE OF 14

by

Sonya D. Gray

Chair: Elsie P. Jackson, Ph.D.
ABSTRACT OF GRADUATE STUDENT RESEARCH

Dissertation

Andrews University

School of Education

Title: THE RELATIONSHIP BETWEEN TREATMENT PROGRAMS AND RECIDIVISM WITH AFRICAN AMERICAN DELINQUENTS UNDER THE AGE OF 14

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Date completed: December 1998

Problem Statement

African American youth are over-represented in the juvenile justice system, which fails to meet their needs. Research is necessary, therefore, to discover treatment alternatives that effectively address these delinquents’ needs.

Methodology

This study examined the relationship between treatments and recidivism of 100 African American male delinquents under the age of 14. Recidivism was defined as any arrest, within a 3-year period, for either criminal or misdemeanor offenses, subsequent to the court’s referral for the treatment programs named in the study. Only delinquents who
were adjudicated for the first time in 1991 through 1994 were included in the study. Data
were collected from the delinquents’ social files at the Juvenile Justice Court in Kent
County, Michigan, and analyzed by the ex post facto research method.

Results

Five hypotheses were tested in the study. Hypotheses 1 through 4 were tested
with chi-square analysis. The independent variables for hypotheses 1 through 3 were the
delinquents’ ages, the delinquents’ charges, and the offense level. All three hypotheses
explored a relationship with the following dependent variables: the counseling-intensity
treatments, the delinquents’ families’ participation in therapy, and the treatment duration.
The independent variables for hypothesis 4 were the counseling-intensity treatments, the
delinquents’ families’ participation in therapy, and the treatment duration. The dependent
variable for hypothesis 4 was recidivism. Hypothesis 5 used discriminant analysis to
discover if a linear combination of the following variables significantly relates to
recidivism: age, charge, offense level, counseling intensity, family therapy, and treatment
duration.

One hypothesis yielded significant findings. Hypothesis 3 results found that a
significantly higher percentage of juveniles who committed violent crimes received
moderate/strong-counseling-intensity treatments than juveniles who committed nonviolent
crimes. Also, a significantly higher percentage of juveniles who committed violent crimes
had family participation in therapy than did juveniles who committed nonviolent crimes.
Conclusions

Too few delinquents who committed violent offenses received treatments that would address both the delinquents’ reasons for their first adjudication and ways to prevent duplication of problem behaviors (moderate/strong-counseling-intensity treatment). In addition, many families of juveniles who committed violent offenses were not involved in therapy.
DEDICATION

I dedicate my academic career and this dissertation to my parents, Winston and Beverley Gray. Thank you for your love, encouragement, and support, both emotionally and financially. I appreciate you believing in me and my abilities to reach this goal, especially during times when I did not believe it would come to fruition. I love you!

I also dedicate this dissertation in memory of my deceased maternal grandmother, Mary (Mimi) Lucille DaCosta Williams, who died on February 4, 1998. She was always supportive and proud of my academic endeavors.
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CHAPTER I

INTRODUCTION

As the 1980s progressed, juvenile crimes soared in the United States and continued into the 1990s. In 1995 and 1996, Howard Snyder (1997b), Director of Systems Research at the National Center for Juvenile Justice, reported that the prevalence of juvenile crimes declined for certain crimes such as murder, burglary, and motor vehicle theft arrests. Though the prevalence of these crimes declined, in 1996 juveniles accounted for 37% of all burglaries, 32% of robberies, 24% of the weapons’ arrests, 15% of all murder and aggravated assault arrests, and 14% of all drug arrests. Hence, there is a high percentage of juveniles committing crimes. The 1996 percentage of juvenile involvement in violent crimes, offenses such as murder, forcible rape, robbery, and aggravated assault, was 60% above their percentage of involvement in 1987 (Snyder, 1997b).

While the overall prevalence of juvenile crime has decreased, the number of minority offenders and young offenders under the age of 15 is increasing (Butts & Snyder, 1997). Snyder, Sickmund, and Poe-Yamagata (1996) reported that 35% of juveniles arrested in 1994 were under the age of 15. Violent crimes arrests for juveniles under the age of 15 grew 94% between the years 1980 and 1995 (Butts & Snyder, 1997). Butts and
Snyder stated that violent crimes committed by juveniles have increased 120% between 1980 and 1995 for juveniles under the age of 12. They (1997) reported that in 1995 juveniles under the age of 12 accounted for 9% of all juveniles arrests, 8% of violent crimes index offenses, 13% of property crime index offenses, 2% of drug abuse violations, and 35% of arson arrests. According to Speirs (1988), juveniles referred to court before the age of 15 tend to continue committing offenses later in life. Butts and Snyder (1997) concurred since delinquents under the age of 15 are at high risk for continued criminal activity; therefore, service agencies should continue to develop effective interventions for these young offenders.

Though juvenile crimes increased for all races within the years 1985-1994, there was a 26% increase for White youth, a 78% increase for Black youth, and a 94% increase for other races (Butts, 1996). In 1995, Black adolescents comprised only 15% of the general population while Caucasian teenagers represented 80% (Hispanics were categorized as Caucasian), and other races 5% (Snyder, 1997a). Compared to their population size, African Americans are disproportionately represented in the juvenile justice system. Had Hispanics not been classified as Caucasian, it would be easier to determine if African Americans are the only racial group disproportionately represented in the juvenile justice system.

The United States Congress in 1992 amended Section 223 (a) (23) of the Juvenile Justice and Delinquency Prevention (JJDP) Act of 1974 (Public Law 93-415), which "requires States to make efforts to reduce the proportion of minority juveniles detained or confined in secure detention facilities, secure correctional facilities, jails, and lockups if
such proportion exceeds the proportion such groups represented in the general population” (Roscoe & Morton, 1994, p. 2). States receiving funds from the JJDP Act Formula Grant “must determine whether disproportionate minority confinement exists, identify the causes and develop and implement corrective actions” (Roscoe & Morton, 1994, p. 2).

Despite efforts to counteract the over-representation of minorities in secure facilities, the ratio remains unchanged. Minority delinquents are still disproportionately represented in detention and training school facilities (Chapman, 1997). Factors contributing to the over-representation of minorities, such as disparity in juvenile case processing, poor quality support services and resources, children living in poverty, disintegration of the family structure, teen pregnancy, drug use, truancy, dropouts, gang involvement, and accessibility of guns and drugs are ignored (Training and Technical Assistance, 1996).

The juvenile justice system attempts to govern these juveniles within the boundaries of its central philosophies, *parens patriae* and *just deserts*. The *parens patriae* philosophy focuses on the probationer’s individual needs and welfare. On the other hand, the *just deserts* philosophy integrates the criminal act, the juvenile, and the circumstances, in punishment (Bartollas, 1993). Restitution, probation, detention, foster care, institutional placement, counseling, and community services, for example, adhere to one of these two philosophies. In 1994 the statistics revealed that 58% of the delinquency cases petitioned to the juvenile court were adjudicated. These adjudicated cases were processed in the following manner: 3% were dismissed, 15% received some form of treatment or
paid restitution, 29% were placed outside their homes, and 53% were put on probation (Butts, 1996). This distribution of the programs the juveniles received by the juvenile justice system demonstrates the frequent use of probation (Butts, 1996). Often, juveniles received treatment combinations; but these results described only the most severe consequence the juveniles obtained (Butts, 1996). For example, if the juveniles received both probation and counseling, only probation counted (Butts, 1996).

Currently, society’s proclivity toward holding juveniles criminally responsible for their law violations is increasing (Hurst & McHardy, 1991). This trend may have been influenced by Martinson’s study, What Works—Questions and Answers About Prison Reform (1974), and the increase of juveniles committing crimes in the late 1980s and early 1990s (Snyder, 1997). More juveniles are now being transferred to the adult criminal justice system (Hurst & McHardy, 1991). Instead of a balance between the parens patriae (rehabilitation) and just deserts (punishment) philosophies, there is more support for just deserts.

Community protection and individual accountability are displacing rehabilitation (Hurst & McHardy, 1991). Secure institutions that separate the criminals from the general public are more preferable to society than community service and restitution (Hurst & McHardy, 1991).

Andrews et al. (1990) emphasized that “the effectiveness of the correctional treatment is dependent upon what is delivered to whom in particular settings” (p. 372). The effectiveness of treatment is dependent on the appropriate matching of the treatments’ and the individuals’ characteristics (Andrews et al., 1990). If the offenders’ needs are
addressed in treatment and the offenders do not commit any offenses for 3 years, they are likely to remain crime-free (Ashford & LeCroy, 1990; Good, Pirog-Good, & Sickles, 1986).

Appropriate treatment programs should especially address young offenders because the younger the age at the time of the first offense, the greater likelihood of recidivism (Speirs, 1988). “At present, no one has even begun to research what kinds of institutions for at-risk children might work best under what conditions” (DiIulio, 1994, p. 15). In fact, there is little research on the effectiveness of treatment programs with African American youth. This is important because this racial group has been disproportionately represented in the juvenile justice system.

Statement of Problem

Despite the 1992 amendment to Section 223 (a) (23) of the Juvenile Justice and Delinquency Prevention Act of 1974 requiring states to make efforts to reduce the proportion of minority juveniles detained or confined in secure facilities, African American youth are still over-represented in detention centers. “Nationwide one in three black men in the 20-29 age group is under the supervision of the justice system (in prison or jail; on probation or parole)—up from one in four in 1990. Many of these young men are graduates of a juvenile justice system that failed to address their needs” (Training and Technical Assistance, 1996, p. 1). Research is necessary to discover effective treatment alternatives that meet the African American delinquents’ needs.
More research should be conducted on young offenders. Butts and Synder (1997) stated that offenders at high risk for continued criminal involvement are adolescents under the age of 15. They recommended that juvenile crime policies should, therefore, focus their interventions on young delinquents.

**Purpose of the Study**

The purpose of this research was to examine the relationship among and between various treatment options and their effects on recidivism, within a 3-year span, for African American delinquents under the age of 14, adjudicated for the first time in the years 1991 through 1994 in Kent County, Michigan.

**Research Questions**

This study attempted to answer the following questions involving African American delinquents and treatment programs:

1a. What is the relationship between the delinquents’ ages and the counseling-intensity treatment programs they received (strong, moderate, little)?

1b. What is the relationship between the delinquents’ ages and family therapy (yes, no)?

1c. What is the relationship between the delinquents’ ages and the treatment duration?

2a. What is the relationship between the delinquents’ charges (felony, misdemeanor) and the counseling-intensity treatment programs they received (strong, moderate, little)?
2b. What is the relationship between the delinquents' charges (felony, misdemeanor) and family therapy (yes, no)?

2c. What is the relationship between the delinquents' charges (felony, misdemeanor) and the treatment duration?

3a. What is the relationship between the offense level (violent, nonviolent) and the counseling-intensity treatment programs they received (strong, moderate, little)?

3b. What is the relationship between the offense level (violent, nonviolent) and family therapy (yes, no)?

3c. What is the relationship between offense level (violent, nonviolent) and the treatment duration?

4a. What is the relationship between the counseling-intensity treatment programs they received (strong, moderate, little) and recidivism?

4b. What is the relationship between family therapy (yes, no) and recidivism?

4c. What is the relationship between treatment duration and recidivism?

5. What combination of the following variables--age, charge (felony, misdemeanor), offense level (violent, nonviolent), counseling-intensity (strong, moderate, none), family therapy (yes, no)--and treatment duration significantly differentiates the levels of recidivism?

**Significance of the Study**

It is the intent of this dissertation to provide information regarding the relationship between treatment programs and the recidivism rate for first-time adjudicated African
Americans delinquents under the age of 14. This research could assist the juvenile court in referring delinquents to the most beneficial program that may aid in rehabilitating young African American delinquents before they become repeat offenders. It is hoped that this research will benefit counselors and psychologists by revealing the effectiveness or ineffectiveness of counseling with this population.

Limitations of the Study

This study was limited by the following:

1. The study concentrated on African American male delinquents since there were not enough females delinquents. Originally, I had planned to include female African American delinquents but only six females were represented in the population.

2. The study’s population size was limited to only 100 files because six females’ files were excluded, one delinquent moved out of the Court’s jurisdiction, and one file was unretrievable.

3. The families’ participation in therapy was not documented clearly in the delinquents’ files. When treatment programs indicated family therapy was a component of that program, I assumed the families participated in therapy. Only six files had documentation of the delinquents’ families’ nonparticipation in therapy.

Delimitations of the Study

1. Only one Michigan county (Kent County) participated in the study.

2. The files of first-time adjudicated African American delinquents were used in this study.
3. I focused on delinquents who entered the juvenile justice system at 13 years of age and earlier.

4. Family therapy was present only in strong-counseling-intensity treatment programs. Instead of examining family therapy as a component of the strong-counseling-intensity treatment programs, I made family therapy an independent variable. This was done so I could analyze the delinquents' involvement in counseling-intensity treatment programs separately from their families' involvement in counseling-intensity treatment programs.

Setting

The Kent County Probate Court is in Grand Rapids, Michigan. Grand Rapids is the second largest city in the state. The probate court has three probate judges and one chief judge (Kent County, 1995). It houses two divisions: the Juvenile Division and the Mental and Estates Division (Kent County, 1995). In January 1998, the Probate Court of Kent County became the Family Division of the Seventeenth Circuit Court.

The Kent County Intake Department receives referrals from the police for juvenile offenses (Kent County, 1995) and they send the referrals to the prosecutor’s office for evaluation. The assistant prosecuting attorney reviews the referrals to decide the appropriate charge. Then, he or she refers the cases to the intake department.

The intake department determines county residency of the juveniles and then refers the juveniles to the appropriate counties. They refer specific problems such as shoplifting, alcohol abuse, and family problems to the proper agencies. In addition, the intake
department may choose to write warning letters to the juveniles and their parents. They refer the other cases to intake probation officers.

Intake probation officers schedule appointments with the youth and his parents for a preliminary inquiry to determine the course of action the court should take. They examine the following information for recommendation: the seriousness of the offenses, prior court and/or police records, prior and present community agency involvement, evaluation of home behavior (i.e., parental control, parent/child relationship), school performance, the youths' behaviors, damage and loss to the victim, and legal consequences of the youths' offense(s). After examination of this information, the intake probation officer makes a recommendation to the court.

If they do not recommend a formal court hearing, then the intake probation officer can make three recommendations:

1. They refer the case to counseling or social services for a specific law violation (i.e., shoplifting, alcohol, or drug abuse).

2. They hold the case for monitoring purposes to be assessed later by the intake probation officer. This date is placed on a consent calendar. Then the intake probation officer may close the case (documented as adjusted), refer the case to a referee or judge, or set another consent date and continue observation of the delinquent's progress.

3. The offense may have a legal stipulation such as mandatory restitution or community services.

If the intake probation officer recommends a formal court hearing, then a petition is prepared. Legal guidelines stipulate some offenses to a formal hearing by a referee or a
judge. The referee or judge has three options. He or she may choose to close the case. He or she may put the youth on a consent calendar, which is an informal probation in which they hold the case for observation and assessment later. He or she may schedule a formal hearing before a judge.

Once they have recommended the youth for a formal hearing before the judge, they transfer the case to the Field Department. The Field Department conducts a prehearing investigation from which they will form their recommendations to the court in a written document called a disposition. After the hearing, the Field Department is responsible for enforcing the court orders.

**Definition of Terms**

The terms used in this study are as follows:

**Adjudication** is a “judicial determination (judgement) that a youth is a delinquent or status offender” (Butts, 1996, p.11).

**Adjudicatory hearing** is a court hearing for all formally petitioned cases. During the adjudicatory hearing process the youth enters a plea of guilty or innocent, the prosecution presents evidence against the youth, the defense presents evidence for the youth, and finally, the judge decides the case (Bartollas, 1993; Butts, 1996).

**African American** is a term used to describe ethnic minorities who have African ancestry and live in the United States. The terms African American and Black are used interchangeably within this study.
Agency placements are community-based treatment facilities that offer treatment modalities like behavior modification, individual, family, and group counseling, as well as drug and alcohol counseling (Kent County, 1995).

Black is a term used in this study to describe people of African ancestry. This term is used interchangeably with the term African American.

Breaking and entering is the illegal entry into a building by force with the intent of committing a crime (Inciardi, 1996).

Burglary (See breaking and entering).

Consent is informal probation. The intake officer observes the youth’s behavior for a certain period. At that specified time, the intake officer reassesses the youth’s case (Kent County, 1995).

Criminal sexual misconduct in the first degree is penetration of any cavity, natural or created, with any body part or object, involving the following factors: unusual force, weapon or threat of weapon, victim is mentally impaired (this includes being drunk), victim is under 13 years old, and more than one assailant (Hachet, 1996).

Criminal sexual misconduct in the second degree is victim is forcibly touched or forced into physical activity not involving penetration with any of the above factors (Hachet, 1996).

Criminal sexual misconduct in the third degree is penetration not involving any of the above factors (Hachet, 1996).

Criminal sexual misconduct in the fourth degree is contact without any of the above factors (Hachet, 1996).
Delinquent is a legal term given to a minor who breaks the law and who would be prosecuted in criminal court if the person were an adult (Bartollas, 1993).

Delinquent act is an illegal action committed by a juvenile, for which an adult would be prosecuted in criminal court (Bartollas, 1993; Butts, 1996).

Detention is the temporary holding of a youth in a facility either before or after adjudication or disposition (Butts, 1996).

Dismissed indicates that the juvenile case has been released from the system without further prosecution. However, the youth may receive a warning or be referred to counseling (Butts, 1996).

Disposition is the determination of the delinquent’s case. Case dispositions can include the following: transfer to criminal court, placement, probation, dismissal, or other (Butts, 1996).

Family counseling is used interchangeably with family therapy. See family therapy.

Family division of the Seventeenth Circuit Court is the new name for the Kent County Juvenile Court.

Family therapy is operationally defined as the participation of the delinquents’ families in counseling or therapy. This term only focused on families in counseling or therapy, it did not include the involvement of the families in other aspects of the delinquents’ rehabilitation.

Felony offenses are serious crimes, for instance, murder, rape, armed robbery, aggravated assault, burglary, larceny, auto theft, and arson. Everyone, regardless of his
age, will suffer legal consequences when he commits a felony offense (Kent County, 1995).

KCJC is the abbreviation for Kent County Juvenile Court.

Incidence of delinquency is the frequency of delinquent behaviors (Bartollas, 1993, p. 31).

Just deserts philosophy is the belief that treatment for the juvenile should integrate the act, the juvenile, and the circumstances in punishment (Desktop Guide, 1993).

Juvenile delinquent (or probationer) is a person the State considers to be a child whose conduct is disruptive to the community and is beyond parental control and thus subject to legal action. The age that determines whether a person is a child or an adult varies from state to state (Desktop Guide, 1993).

Little-counseling-intensity treatment programs are programs that do not address the reason for the first adjudication or the ways to prevent duplication of the problem.

Misdemeanor crime is “an offense that is punishable by incarceration for not more than one year in jail” (Bartollas, 1993, p. 581).

Moderate-counseling-intensity treatment programs are programs that address ways only to prevent duplication of problem behaviors.

Nonadjudicated is the court’s decision to not classify the youth as a delinquent of the court or a status offender (Butts, 1996).
Nonchargeable misbehavior is inappropriate behavior; for example, suspension or expulsion from school or criminal behavior that did not receive a formal charge or ruling from the court.

Nonpetitioned is an informally handled delinquent case where judges, referees, probation officers, and other officers decide whether the youth should receive an adjudication hearing (Butts, 1996).

Nonrecidivism is the nonoccurrence of a delinquent behavior once the youth has been released from probation or another program. For the purpose of this study, nonrecidivism includes both no new referrals and nonchargeable misbehavior.

Parens patriae philosophy is the belief that the nation’s juvenile courts intervene in the juvenile’s life to enhance the child’s welfare by focusing on needs (Desktop Guide, 1993).

Petitioned refers to a formally handled delinquent case that appears on the court calendar for the court to adjudicate the youth as a delinquent, a status offender, or a dependent child. The court may also transfer the youth to the adult criminal courts (Butts, 1996).

Placement refers to residential facilities outside the youth’s home for both delinquents and status offenders (Butts, 1996).

Prevalence of delinquency is “the number of adolescents that have offended” (Bartollas, 1993, p. 31).

Probation officer (P.O.) is an officer of the court who provides supervision for juveniles. He or she conducts investigations, maintains case files, and gives warning and
advice regarding the limits of probation. Periodically, the probation officer informs the court of the juvenile’s progress or violation of the probation terms (Bartollas, 1993).

**Probation system** provides assessment of the juvenile’s home, school, and community behavior to resolve problems in these areas. This may include the use of behavioral contracting, counseling with parents regarding parenting practices, working with a youth to reduce self-defeating behavior, meeting with school personnel to ensure that a youngster is placed in an educational program which meets his or her needs, and making referrals to various community counseling service agencies (Kent County, 1995).

**Probationer** (See juvenile delinquent).

**Property crime index** refers to the quantity of the following crimes assessed by the Federal Bureau of Investigations (FBI) for a particular year: burglary, larceny-theft, motor vehicle theft, and arson (Snyder, 1997a).

**Recidivism** is the repetition of a delinquent behavior once the youth has been released from probation or another treatment program (Bartollas, 1993). For the purpose of this study, recidivism is defined as any arrest, for either criminal or misdemeanor offenses, subsequent to the court’s referral for the treatment programs named in the study.

**Status offenses** are crimes applicable only to individuals of juvenile status. Unlike adults, juveniles are not free to engage in the following without legal consequences: truancy, running away from home, refusing to obey parents, violating curfew, drinking alcohol, and engaging in consensual sexual activity (Butts, 1996).
Strong-counseling-intensity treatment programs are programs that address both the reasons for the youth’s first adjudication and ways to prevent duplication of problem behaviors.

Theft is the illegal taking of another’s property or possession without the use or threat of force (Inciardi, 1996).

Transfer to criminal court is a waiver that the youth be transferred from juvenile court to adult criminal courts (Butts, 1996).

Violent crime is identified by the Federal Bureau of Investigations (FBI) in their Uniform Crime Report as murder, forcible rape, robbery, and aggravated assault.

Violent crime index shows the approximate quantity of violent crimes such as murder, forcible rape, robbery, and aggravated assault made known to the police throughout a year (Snyder, 1997a).

Organization of the Study

Chapter 1 contains the introduction, the statement of the problem, the purpose of the study, research questions, the significance of the study, the limitations of the study, delimitations of the study, and the definition of research terms.

Chapter 2 reviews literature on the following areas: the development of the juvenile justice system, the development of the juvenile justice treatment programs, evaluation of treatment programs, specific juvenile treatment programs, early onset delinquency, and treatment program for African American delinquents.
Chapter 3 describes the population, the methodology, the delineation of variables, the validity and reliability, the procedure, the hypotheses, and the method of statistical analysis.

Chapter 4 presents the demographic data, the results of the hypothesis testing, additional analysis, and a summary of the chapter.

Chapter 5 includes the summary of the study, discussion of the results, conclusions, and recommendations for further research.
CHAPTER II

LITERATURE REVIEW

This chapter begins with a description of the juvenile justice system's development from its inception to its current state. This section is followed by the development of juvenile delinquent treatment programs. Information from Bartollas (1993) for these two sections provides a foundation for the subsequent sections. The evolution of the various treatment programs is also discussed in this section. Next, an evaluation of these various treatment programs is included. Finally, the literature review concludes with research on early delinquency and African American delinquents.

Only literature that related to the study's specific population, male delinquents, is reviewed in this study. Literature on adult prisoners or female delinquents was not included. A section on early delinquency is included to reveal current information for this population. Since there is limited research on delinquents under the age of 14, much of the literature review focused on older delinquents.

The Development of the Juvenile Justice System

According to Ferdinand (1991), the juvenile justice system evolved as a way to manage unruly children during the industrialization era. Before this era, there was no legal jurisdiction to handle young criminals. The inclusion of the parents patriae doctrine in the
According to the Desktop Guide (1993), John Augustus is the originator of the probation process. In 1841 he went before a judge in Boston, Massachusetts, on behalf of a drunkard and, with the judge’s permission, Augustus took the man home to reform him. Augustus not only tried to reform adults but in 1847 he also took custody of 19 boys, ages 7 to 15. The judge permitted Augustus to work with the youth for an allotted time. Periodically, Augustus reported the adolescents’ progress to the judge. When the time elapsed, the boys appeared in court before the judge. Pleased by their demeanor, the judge accepted Augustus’s attempt to reform the boys.

The reformatory process continued to evolve. In 1869 Massachusetts legislated caseworkers to be present at trials when the possibility arose that a child would be mandated to reformatory. In 1878 the process of probation became standard procedure throughout the state of Massachusetts. By the 1900s such states as Vermont, Rhode Island, New Jersey, New York, Minnesota, and Illinois legislated probation for juveniles.

In 1870, Suffolk County, Massachusetts, began trying children in separate courts from adults. Illinois, however, is regarded as the originator of the juvenile court system after it passed the Juvenile Court Act in 1899. By the 1930s, juvenile probation was legal in all states except Wyoming. Currently, the juvenile court system is established in all 50 states and the District of Columbia.

The tenets of juvenile justice perceive juveniles as “not criminally responsible . . . by reason of infancy” (Kramer, 1992, p. 212). As a result, juvenile probation functions as
“a kind of wise parent providing rehabilitation” (p. 212). In other words, the nation’s juvenile courts follow the *parens patriae* philosophy by intervening in the juvenile’s life and focusing on the youth’s needs in order to enhance his welfare. However, to ensure a balance with the court’s responsibility to protect the community, the juvenile court also employs another philosophy, *just deserts* or punishment. The *just deserts* philosophy integrates the criminal act, the juvenile, and the punishment (*Desktop Guide*, 1993, p. 7).

Since its beginning, the laws for juvenile justice adhered to the Zeitgeist of society. During the 1960s and 1970s, society advocated for the rights of children and the following laws were passed: *Kent v. United States* (1966) allowed juveniles the legal right to be transferred to criminal (adult) court, to be represented by an attorney, and to have access to juvenile records; *In re Gault* (1967) resulted in juveniles receiving adjudication hearings, juveniles and their parents receiving written notices of their charges, juveniles having the right to their own counsel, and juveniles having the right to a confrontation at their hearings; *In re Winship* (1970) required juveniles to be convicted by a standard of proof: beyond a reasonable doubt (*Desktop Guide*, 1993).

These laws gave juveniles similar rights and privileges the adults had in the justice system. However, unlike the adult justice system, *McKeiver v. Pennsylvania* (1971) prevented juveniles from having the right to a trial by jury in most states (Bartollas, 1993; *Desktop Guide*, 1993).

The *Juvenile Delinquency Prevention and Control Act* (1968) enabled juvenile courts to receive financial support to rehabilitate and punish delinquents. It also deinstitutionalized status and minor offenders. The *Juvenile Justice and Delinquency*
Prevention Act (JJDP) (1974) removed the inadequacies of the previous Juvenile Delinquency Prevention and Control Act of 1968. The 1992 amendment to the JJDP of 1974 reemphasized the deinstitutionalization of status offenders but it required “States to make efforts to reduce the proportion of minority juveniles detained or confined in secure detention facilities, secure correctional facilities, jails, and lockups if such proportion exceeds the proportion such groups represented in the general population” (Roscoe & Morton, 1994, p. 2).

Correctional Models

As the juvenile justice system developed, it struggled to maintain a balance between the philosophies of parens patriae and just deserts. Consequently, four correctional models developed: (1) the rehabilitation model, (2) the justice model, (3) the crime control model, and (4) the logical consequences model. Bartollas (1993) in his book Juvenile Delinquency described each of the four correctional models.

The premise of the rehabilitation model is to change the delinquents’ characters, attitudes, or behaviors that led to involvement in criminal activities. Its primary focus is on therapy rather than institutionalization. The rehabilitation model incorporates three submodels: the medical, adjustment, and reintegration models. The medical model believes that causal factors of delinquency can be identified, isolated, treated, and cured. It asserts that young offenders are not able to make appropriate choices. They are “sick with the disease of criminality and, therefore, in need of treatment” (p. 367). Psychiatrists, psychologists, and psychiatric social workers are the main proponents of this model. They argue the need for decision-making power in the juvenile justice system and they want
juvenile offenders to have more accessibility to mental health services. Judges who follow this model determine the social and psychological needs of the youth and refer them accordingly.

The adjustment model focuses on presenting alternatives to punishment and reintegrating the youth into society. This model differs from the medical model because it supports the idea that delinquents can make appropriate decisions and, thus should take responsibility for their actions. Treatments are designed to teach youth how to cope with issues that increase their risk for criminal activities. The adjustment model is present-oriented and tends not to allow the past to be used as an excuse for present behavior. Proponents of this model accept a broad legal definition of delinquency, they desire more accessibility to the juvenile system, and they want delinquents to be deinstitutionalized.

Unlike the previous models, the reintegration model incorporates society’s responsibility to the juvenile. In this model, society has a responsibility to aid in the reintegration of delinquents into the community. Communities involve themselves in the change process by using community-based interventions such as diversion, residential programs, day treatment, and drug abuse programs that also foster strengthening family bonds with the juveniles. Hardcore delinquents, on the other hand, must first serve their time in institutions before they reenter the community.

The second model, the justice model, condones the *just deserts* philosophy. It views punishment as the juvenile justice system’s purpose. It supports the premise that the offenders have free wills and they know what they are doing; consequently, the offenders should be held accountable for their actions. The justice model emphasizes that
punishment should fit the crime. Punishment should equal the harm the offender made to society as well as the seriousness of the offense. The model directly opposes the rehabilitation model because it advocates for punishment. “Punishment is not intended to achieve social benefits or advantages, such as deterrence or rehabilitation; rather, the only reason to punish an offender is because he or she deserves it” (Bartollas, 1993, p. 371).

The model promotes the diversion of status and minor offenders from the juvenile courts to voluntary services; it supports juveniles to receive fixed sentences; and it encourages limits for juvenile justice practitioners.

The third model, the crime control model, emphasizes that punishment for juveniles protects the society and deters further criminal involvement. It suggests that since only a few teenagers participate in criminal activities, it asserts that those who do have character defects be corrected with punishment. The model supports separating these youth from society, isolating them in prisons, jails, and institutions.

The fourth model, the logical consequences model, is similar to the justice and crime control models in that it believes that offenders have free wills and must be made aware of the cost and consequences of their criminal behavior. This model became popular in the late 1970s and the early 1980s. This determent model emphasizes community protection and accountability. It advocates that delinquents are more receptive to treatment when they understand the consequences for their behavior and by understanding these behavioral consequences they will deter adolescents from committing crimes. It holds five assumptions: (1) offenders have free wills and should be held responsible for what they do; (2) offenders take advantage of the juvenile justice system’s
permissiveness; (3) the youth will change his or her behavior when the stakes are high; (4) restitution is necessary because probation is not seen as a serious consequence; and (5) when probationers understand the seriousness consequences of their behaviors, they will be receptive to rehabilitation.

None of the previous models has supreme dominance in the juvenile justice system. Any one model could be used at any given time resulting in the system’s fragmentation. “A major challenge facing juvenile justice practitioners today is to overcome the system’s disjointedness and fragmentation” (Bartollas, 1993, p. 377).

**The Development of the Juvenile Justice Treatment Programs**

In the 18th century delinquency was believed to result from an inadequate family life. The solution was to place the youth in an institution where he or she could experience an adequate family life environment. As a result, institutions began as houses of refuge. The first house of refuge opened in 1824 for young women and in 1825 for young men. In 1854, cottage systems evolved. Training systems came on the scene in the mid to late 19th century. The primary purpose for the training school was to provide custody for the juveniles. Many of the juvenile facilities followed the *parens patriae* philosophy but they had no common focus or mission, nor a central authority (Ferdinand, 1991).

Near the end of the 19th century, detention centers or juvenile halls were established. Detention centers served as alternatives to jails and temporary holding centers for juveniles who needed protection. They are operated mainly by state or local government agencies.
Programs scarcely exist in detention centers because their main purpose is to hold the juvenile until his or her detention hearing. The youth sojourn for approximately 3 to 21 days. At present, some states are suggesting the youth be held in detention centers only for 48 hours without a detention hearing, a process similar to the adult court system.

In the beginning of the 20th century many changes occurred in the juvenile institutions. Treatment plans, such as individual therapy, psychotherapy, behavioral modification, group therapy, and guided group interaction, were recommended for delinquents. Institutions became diversified by incorporating academic programs from which delinquents could graduate, obtain work-release programs, and participate in vocational training. Juvenile institutions expanded to include fewer secure programs such as ranches, forestry camps, and farms.

In the mid-1970s the juvenile institutions received many criticisms regarding the inhumane treatment of juveniles. Subsequently, laws changed the management of juveniles in the legal system. Status and minor offenders were deinstitutionalized from training schools, and staff members received more training in the appropriate treatment of juveniles.

Another program, shelter care facilities, provided short-term care for status offenders and dependent or neglected children. The youth do not usually stay longer than a few days in the program. The short duration in shelter care facilities prohibits sufficient time for meaningful treatment and/or family involvement.

Community-based programs developed as alternatives to institutions. The core tenets of community-based programs are the connection between the program and the
community. For example, the community-based programs believe treatment should be similar to the youth’s background. The youth should remain in his or her home as much as possible. These programs aim to expose the youth to appropriate peers. Community-based programs use treatment plans to foster the youth to take responsibility for both successes and failures.

In the 1990s the community-based programs expanded their mission to include the following: (1) intensive supervision to allow high-risk offenders to live in the community without jeopardizing society’s safety; (2) provide more programs directed toward substance abusers; (3) emphasize restitution and work orders; (4) include conflict-resolution approaches; (5) be accountable for their programs’ to the youth, and (6) incorporate private agencies.

Residential programs began in the 1950s. The New Jersey Experimental Project for the Treatment of Youthful Offenders (also called the Highfields Project) is credited as one of the first residential programs. This project was a short-term guided group interaction program for adjudicated youth. These youth worked in the day and attended two guided group interaction units five evenings a week. In the early 1970s when Massachusetts closed all of its training schools, residential programs flourished. However, in the late 1970s to early 1980s federal funding for residential programs decreased.

Typically, probation services, day treatment programs, and residential programs comprise the community-based programs. In the late 1960s and early 1970s, society supported community-based programs considering them humane, economical, and effective in rehabilitating offenders. Society believed that the longer a youth stays in the
juvenile justice system, the harder it is for the child to reintegrate into the community successfully. However, critics stated that the community-based programs were no different from institutional placements. Others replied that the youth do not receive enough supervision because many adolescents run away from these programs.

Probation, one of the community-based programs, has four purposes: to offer a legal system for adjudicated delinquents; to present an alternative to institutions; to perform as a subsystem of the juvenile justice system; and to interact among the juvenile courts, the community, and the delinquents. Typically, the state and the city or the state and the county provide subsidies to maintain uniformity of probation services within the state.

Restitution focuses on the juvenile’s accountability, compensation to the victim, rehabilitation, and punishment of the juvenile. “Probation officers like restitution because it both counters the criticism that probation is too soft and provides justice to the victims in society” (Bartollas, 1993, p. 462).

Intensive Supervision Program (ISP) began in the 1980s because of the criticism that probation is too soft or too lenient. It allows high-risk offenders to live in the community because the probationer receives frequent contacts by his or her probation officer. The ISP probation officers have smaller caseloads to maintain frequent contacts with the probationers.

Day treatment programs receive referrals for youth who need more supervision. These nonresidential treatment programs flourished in the early 1970s. They proposed to be more economical because they do not offer housing, allow for better accessibility for
parental participation, and require fewer staff members. The adolescents attend programs in the morning and afternoon, then return home in the evening. The day programs’ treatment interventions were less coercive and punishment-oriented. In the late 1970s federal funding for these programs decreased and many of them closed.

Similar to adult halfway houses, state, local counties, or private agencies operate group homes or foster care programs. Delinquents not complying with the guidelines of their probation or delinquents reentering the community may be placed in group homes on a short-term basis. Foster care simulates a home or family environment by offering individualized care, attention, and affection. The state or local government subsidizes foster parents for sheltering neglected, abused, or delinquent children.

Hurst and McHardy (1991) explained that the days of teaching juveniles life skills, like how to budget and take care of their own expenses, are gone. The American public is no longer interested in trying to build the character and self-esteem of juveniles. Instead, treatment modalities will include maximum security institutions, boot camps, and electronic monitoring. In the 1980s the Reagan administration supported the following juvenile delinquency laws: preventive detention, transfer of violent juveniles to adult court, mandatory and determinate sentencing for violent juveniles, increased confinement and enforcement of the death penalty for juveniles.

According to Donnelly (1997), legislative powers are seeking to prosecute juveniles who commit violent crimes in the adult courts. Laws favoring harsh, punitive action against violent offenders ignore the fact that most juveniles commit property crimes, such as theft and vandalism (Jenson & Howard, 1998). Though crime rates are
decreasing, the number of felonies committed by juveniles is increasing (Donnelly, 1997).

For example, Donnelly (1997) reported that in the years between 1985 and 1995, 67% of juveniles were arrested for violent crimes. The legislature wants these violent teenagers to not have closed records when they mature to the age of 18. Instead, each criminal act would be kept on the adolescents’ record. The legislative powers want to demonstrate that crimes do result in punishment, a message they do not believe juveniles perceive under the present juvenile justice system.

Donnelly (1997) observed that these legislative changes do not seem to have an impact on crime. Both Connecticut, which has the highest rate of juveniles transferred to the adult court system, and Colorado, which has the lowest rate of juveniles transferred to the adult court system, have approximately the same juvenile crime rate. Singer (1996) concurred that the rate of violent crimes committed by juveniles has not decreased when juveniles were transferred to the adult criminal justice system.

The juvenile justice system is cyclical in nature, asserted Bernard (1992). When juvenile crime is very high, the system responds by harshly punishing the juveniles. In this phase of the cycle, the cries of injustice to juvenile delinquents unworthy of such punishment are heard in society. Society pleads for these delinquents, and the juvenile justice system responds by swaying to the other end of the pendulum by supporting leniency and rehabilitation. Again, the juvenile crime rates increase and the cycle starts afresh.

Jenson and Howard (1998) believed that the juvenile justice system’s success is not in punishment but in balancing prevention, rehabilitation, and punishment. Our
society, however, often uses punishment to elicit law-abiding behavior (Gendreau, 1995). As a result, programs such as boot camps, electronic monitoring, drug testing, shock incarceration, restitution, and intensive supervision programs (ISPs) are used frequently with offenders (Gendreau, 1995).

**Evaluation of Treatment Programs**

Doubt and skepticism regarding the effectiveness of rehabilitation arose in the mid-1970s when Martinson published the results of his study *What Works -- Questions and Answers About Prison Reform*. He reported that none of the rehabilitative interventions worked and the evaluations of these interventions appeared empirically weak (Martinson, 1974). Many assumed that rehabilitative programs geared to reduce recidivism were not significantly impressive (Palmer, 1991). The offender rehabilitation skeptics now had the ammunition they needed to discredit the rehabilitation evolution.

Greenwood (1994) suggested that instead of focusing on what does not work, more focus should be on which particular intervention was more effective. Those invested in rehabilitation for juvenile delinquents now had to defend their cause and prove their worth. Much of the offender rehabilitation information gathered is not utilized by practitioners, scholars, and policy makers (Gendreau, 1996). Therefore, sound empirical self-evaluation was needed for rehabilitative proponents to attempt to redeem their significance by investing and valuing empirical research.

To justify rehabilitation programs, Izzo and Ross (1990) disagreed with Martinson’s qualitative evaluation of correctional rehabilitation, indicating that it did not fairly analyze rehabilitative programs. They advocated for a statistical method, called
meta-analysis, to examine the data quantitatively. Meta-analysis involves the collection of
studies and the use of summary statistical analysis to examine the data quantitatively.

Unfortunately, meta-analysis is not without bias. The flaws of meta-analysis
include bias in determining the studies to analyze, how the variables are examined, and the
interpretation of the results (Izzo & Ross, 1990). Strong research designs combined with
weak designs also lessen the strength of the meta-analysis. Intervening variables (e.g., the
probationer’s incentive to participate in treatment) make determining the program
effectiveness difficult (Brown, 1996).

Izzo and Ross (1990) listed many meta-analyses of rehabilitation programs that
proved effectiveness (Davidson, Gottschalk, Gensheimer, & Mayer, 1984; Garrett, 1985;
Gottschalk, Davidson, Gensheimer, & Mayer, 1984; Mayer, Gensheimer, Davidson, &
Gottschalk, 1986). Though the various rehabilitative programs were not equivocal, the
meta-analyses found positive effects from the treatments.

Future researchers should explore why treatments work rather than whether
treatments work since meta-analysis studies have proven that interventions do work. He
recommended a global approach that describes the goals, strategies, techniques, the staff
who implement the techniques, and the offenders who participate in the program. To
conduct a global approach, researchers should specify the details of the main target of
study. They should select only successful programs in the experimental group and
describe in detail the aspects of the program, staff, and the offender. In addition, they are
advised to compare all the programs together, and use the programs’ common features to
create a new program (Palmer, 1995).
Van Voorhis, Cullen, and Applegate (1995) recommended that success be measured more specifically than generally. The program’s success should be determined by the fulfillment of intermediate objectives (i.e., violent offenders, aggression) instead of recidivism, revocation, rearrest, or reconviction. Programs should build the staff’s skill to plan, develop, and evaluate the program. As a result, the staff will become more involved, motivated, and dedicated to the program (Van Voorhis et al., 1995). Once the staff members understand the program’s goals, the clientele, and the theoretical basis, then they can devise intermediate objectives and long-term goals.

Palmer (1995) recommended that future programs match the staff’s characteristics, age, gender, ethnicity, and job experience with the offender. They should gather background information about the offender. He also advised that future programs develop a foundation for program goals and ways to reach these goals. “Other things being equal, the more items one can work with, the greater the opportunity for comprehensively describing and realistically understanding any given phenomenon, in this case a particular intervention program” (Palmer, 1995, p. 109).

The main ingredient of an effective program, according to Gendreau and Ross (1979) and Gendreau (1995), is the theoretical foundation of the program. Once the foundation exists, all the other pieces fall into place. The goals of the program should then focus on the aim of the theoretical foundation. Martin, Sechrest, and Redner (1981) explained that the theoretical foundation is a guide for the practitioners.

In addition, Davis and Baker (1990) suggested that interventions be frequent and lengthy. Interventions should be evaluated to determine if they are accomplishing their
goals. They should address the offenders’ personal, interpersonal, cognitive, and affective needs and connect the offenders to their families, their communities, education, and employment.

Some theories seemed to produce better results than other theories. Izzo and Ross (1990) found programs based on the following theories more effective than those that had no particular theoretical basis: social learning, behavior modification, modeling, systems theory, and reality theory. Cognitive and community-based programs were also effective (Izzo & Ross, 1990). Other researchers found social learning, multimodal, behavioral, system-diversion, and community-corrections-oriented approaches successful (Akers & Cochran, 1985; Jessar & Jessar, 1977; Lipsey, 1989, 1991; Whitehead & Lab, 1989). The most beneficial treatments, according to Garrett (1985), were programs that were based on the following: social learning, family therapy, and cognitive approaches.

Palmer (1991a, 1995) reviewed meta-analyses and literature reviews and found the following theoretically based programs successful and effective: behavioral, cognitive-behavioral, family intervention, life-skills or skill-oriented, multimodal, and vocational training. Particularly successful were behavioral and family interventions.

Treatments not considered successful or those that had no positive impact were: institutional programs, probation and parole, broadly labeled approaches, such as counseling and skill-oriented programs, deterrence (shock or confrontation) approaches, residential, psychodynamic therapy, client-centered therapy, and diversion approaches (Andrews et al., 1990; Izzo & Ross, 1990; Lipsey, 1989, 1991; Palmer, 1995; Whitehead & Lab, 1989). Programs with the following characteristics, according to Gendreau
were ineffective in reducing recidivism: punishment-oriented programs; sociological strategies that incorporated subcultural and labeling perspectives on crime; traditional psychodynamic and client-centered therapies; any program that focused on low-risk offenders or noncriminogenic needs, or programs that did not address multiple causes of offending.

Successful interventions included multiple approaches, like the program intensity, attendance to the offenders’ needs, vocational and academic training, and individual or group counseling (Palmer, 1991a). Not all treatment interventions should be combined because only certain combinations will result in a reduction of recidivism (Palmer, 1995). No studies have confirmed which of the program combinations yielded the best results (Palmer, 1995). Unfortunately, insufficient information from program evaluations prohibited the endorsement of a single strategy for rehabilitation treatment (Van Voorhis et al., 1995).

One way to improve the effectiveness of treatment programs is to refer offenders to treatment programs that best meet their needs. “The effectiveness of the correctional treatment is dependent upon what is delivered to whom in particular settings” (Andrews et al., 1990, p. 372). Treatment programs should consider the offender’s personality and the offender’s risk to themselves and society (Palmer, 1995).

Programs should focus on the youth’s internal difficulties (Palmer, 1991b). “The internal difficulties . . . have been a major missing link in recent correctional thinking; at least, they have not been taken very seriously” (Palmer, 1991b, p. 59). The interrelatedness of skills deficits (social, vocational, and educational skills), external
pressures or disadvantages (environmental pressures, limited family and community resources), and internal difficulties (defenses, attitudes, ambivalence) make the individual vulnerable to failure. If these internal difficulties are not addressed, when treatment ends the individual is more likely to re-engage in maladaptive behavior when he or she faces difficulties (Palmer, 1991b). “If individuals’ strengths and skills are to be used constructively and reintegration into the community is to occur and last, motivation—not just, e.g., external controls—must somehow lead and sustain them, certainly through frustrations, anxieties, and resulting internal and external pressures to reestablish earlier adjustments patterns” (Palmer, 1991b, p. 59).

“Effective programs included as a target of their interventions not only the offenders’ behaviors, feelings, and vocational or interpersonal skills but also his or her cognition, self-evaluation, expectations, understanding and appraisal of the world, and values.” These programs incorporate a combination of treatment modalities (Izzo & Ross, 1990, p. 139).

The common treatment modality in many programs focused on the delinquents’ thinking. Izzo and Ross (1990) examined programs that addressed the youth’s self-evaluation, expectations, world views, and values. Ninety-four percent (15 out of 16) of the programs that included a cognitive component were effective but only 29% (10 out of 34) noncognitive programs were effective. The rationale to address the delinquent’s thinking is that they typically have problems with social perspective-taking, interpersonal problem solving, consequential thinking, and means-end reasoning. Therefore, rehabilitation of delinquents should help them to solve interpersonal problems, to value
others' values, behaviors, and feelings, and to understand how their behavior affects others.

The key to success, according to Andrews, Kiessling, Robinson, and Mickus (1986), is matching the treatment program with the offender’s risk, needs, and responsiveness. Programs not directed toward the offenders' needs will be successful with some offenders and not others, or these programs will not address the main characteristic of the problem behavior (Van Voorhis et al., 1995). Social institutions, such as schools, families, peers, and significant others, should also be incorporated in treatment interventions (Van Voorhis, 1987).

Treatment program characteristics also contribute to the intervention’s efficacy. Brown et al. (1997) indicated that a variety of factors influence antisocial behaviors (characteristics of the juvenile [e.g., low social conformity], family functioning [e.g., ineffective management and discipline], peer relations [e.g., association with delinquent peers], school functioning [e.g., low academic achievement], and neighborhood variables [e.g., high crime rates]). They criticized current treatment for not addressing all these factors. Instead, treatments should focus on one aspect of the person which results in failure. Current treatments do not fit the individual, they are inflexible or not comprehensive, and they are delivered in environments different from the clients’ environments. Yet, Wiebush (1993) found intensive supervision programs (ISPs), a program that permits the youth to live in his own environment, as effective as traditional probation.

Henggeler (1996) expressed dissatisfaction with current mental health and juvenile
justice services because they fail to realistically meet the juvenile offenders’ needs. He stated that effective treatments focus on the strengths and weaknesses of the adolescents and their families. He suggested that families participate in treatment and collaboratively develop treatment goals. In this way barriers to treatment are overcome and therapists are held accountable for engaging families in treatment. He concluded that when these things are implemented, then the serious juvenile offending rates will decrease.

The following program characteristics seemed to successfully reduce recidivism: intensive services, approximately a few months in duration that were established on differential association and social learning theories; the programs that targeted the criminogenic needs of high-risk offenders using behavioral-cognitive and modeling techniques; programs facilitated the learning of social skills; positive reinforcers that were fair as well as firm and were delivered more than negative reinforcers; well-trained and supervised therapists who interacted with the offenders interpersonally, sensitively, and constructively; and the programs included the offender’s community (Gendreau, 1996).

Failure, on the other hand, is likely to occur if the juvenile lacks familial support and reenters the same peer group after release (Baird, Storrs, & Connelly, 1984). In addition, incarcerated juveniles were more likely to commit crimes than were juveniles placed in intensive family and community-based programs (Henggeler, Melton, & Smith, 1992; Henggeler, Melton, Smith, Schoenwald, & Hanley, 1993). Lund (1995) stated that approximately 70% of incarcerated juveniles are from single-parent families. Typically, the single parent is the mother. Lund (1995) recommended that rehabilitative counselors should therefore include adult males in the mother’s extended family to participate in
counseling to provide a male role model for the adolescent.

Besides their rehabilitative progress, researchers should examine the delinquents’ environment (Gendreau, 1995). Rehabilitative counselors should help offenders to recognize and handle high-risk situations that arise in their environments (Gendreau, 1995). Lengthy intervention may not be necessary for positive change to occur if brief but intense interventions address the offenders’ important needs (Gendreau, 1995).

Specific Juvenile Treatment Programs

Description of Multisystemic Therapy

The Multisystemic Therapy (MST) incorporates the individual, their family, the school, peers, and community systems in its therapy. It empowers the family by including them in the development of treatment goals. It avoids traditional barriers to treatment, such as transportation problems, by delivering services in the youth’s home. The therapist, treatment team, clinical supervisor, and chief administrator are all accountable for treatment outcomes. Furthermore, the clinicians explore motivators to help the family participate in the treatment (Brown et al., 1997).

Description of Juvenile Characteristics and Treatments

The importance of knowing the internal difficulties of the youth is supported in Swenson and Kennedy’s (1995) study. Their study searched for factors which could predict a treatment’s success. They examined how the adolescents attributed their role in what happens to them and their ability in succeeding at a task. Adolescents who attributed responsibility to what happened to them and attributed their successes on tasks to external
means were labeled as externalizers. They found that the way one attributes responsibility for success is adaptable. For example, when externalizers were taught to accept responsibility for their successes they tended to have better treatment results. When externalizers acknowledged negative feelings such as worried or anxious, they were more successful in their treatment than those who described themselves as happy. The authors concluded that these juveniles may have been in denial or resistant to receiving help to change their behavior. Success for externalizers was dependent on accepting responsibility for their failures.

Those who attributed responsibility to what happened to them and attributed their successes on tasks to internal means were labeled as internalizers. Swenson and Kennedy (1995) found that internalizers who did not attribute responsibility for what happened to them but attributed responsibility for their own successes did not do well in treatment. They reasoned that if internalizers did not attribute their failures to themselves then they possibly did not perceive their successes as contingent on their behavior. The authors believed that the assessment of the juvenile attribution styles could help professionals appropriately address juveniles in treatment and produce more successful results.

Evaluative Description of Juvenile Delinquent Treatments

Group home-treatment programs for juveniles, according to Gaier and Sarnacki (1976), interrupt the delinquents' pattern of behaviors and disrupt their environments to provide them a more meaningful family-like atmosphere. On the contrary, Gendreau (1995) argued that residential programs may be more effective because they incapacitate the youth from committing certain crimes.
Haghighi and Lopez (1993) stated that the group home-treatment programs for juveniles elevate the juveniles' self-esteem and reduce their stressors while they live in a therapeutic environment. They found that 37% of the youth failed the group home-treatment program but 62.5% of the youth successfully completed group home treatment and were prepared to return to their families. Both single-parent and two-parent family structures gained from the group home-treatment programs. Though there did not appear to be any racial differences in the success or failure to complete the group home-treatment programs, Caucasian juveniles were referred to these programs at a higher proportion than African American juveniles.

When the youth were referred to the group home-treatment programs in the early stages of their delinquency—after their first, second, or third offense—Haghighi and Lopez (1993) discovered that the juveniles tended to be more successful regardless of their delinquent activities or type of offenses they committed, with the exception of murder. After their fourth delinquent act, however, the group home-treatment programs were not as effective. Only 23% of the delinquents were placed in group home-treatment programs after their first offense. The authors concluded that group home-treatment programs seemed to become an option to the court when probation and detention failed. Yet, those who were placed on probation before being placed in group home-treatment programs fared better than those who were placed in detention facilities before placement in group home-treatment programs (64.6% probation to 39.5% detention).

The most serious offenders, according to Turner, Petersilia, and Deschenes (1992), are those who abuse drugs. The prevalence of drug abuse among juvenile delinquents
and the likelihood of a relapse after treatment indicate a great need for aftercare treatment services (Sealock, Gottfredson, & Gallagher, 1997). Aftercare treatment services need to reinforce the behaviors and skills the youth learned during treatment. To rehabilitate these offenders, the treatment must be intensive to alter these behaviors. We need research to determine the intensity level that would alter their behaviors (Sealock et al., 1997). Their results showed that the residential treatment and the comparison adolescent groups were equally likely to be arrested during the follow-up period. The residential treatment group did, however, remain arrest-free longer than the comparison group.

In the same study, the juveniles involved in the aftercare programs did not experience an increase in family supervision, attachment, emotional support, communication, internal locus of control, drug knowledge, coping and problem-solving skills, family violence, drug use, or health problems. When compared with the mixture of services and treatments available to the comparison youth, the aftercare treatment program did not prove as effective for controlling recidivism. Some results indicated that the youth in the aftercare programs increased their delinquent behavior similarly to the comparison group. Sealock et al. (1997) concluded that a 2-month residential drug treatment is insufficient to reduce recidivism with this population. They deduced that short-term drug treatment services may be effective when the treatment ceases; however, the long-term benefits of the treatment services are few when compared to traditional services. In other words, the positive effects of residential treatments are transitory. Sealock et al. (1997) suggested a redesign of aftercare programs to compete with the temptations of the youths’ environments. Furthermore, the treatment program length, the
treatment modality, type of admission, and level of program implementation all influence the programs’ effectiveness.

According to Sontheimer and Goodstein (1993), youth involved in aftercare programs had lower rearrest rates than youth placed on regular probation. Greenwood, Deschenes, and Adams (1993), on the other hand, found no difference between the aftercare youth and youth on regular probation during the 12-month follow-up period. They concluded that aftercare programs were ineffective to help the adolescents overcome their frustrations and disappointments prevalent in their communities, such as unemployment, educational achievement, poor familial support, and negative-influencing peers. Using cognitive-behavioral techniques, future programs should focus on teaching the juveniles tools to be successful and productive in their communities.

Palmer and Wedge (1989) studied the recidivism rates of two different probation camps. Camp A featured single living units, uniform program requirements, high amount of work activity, academic training, and youth present at case reviews. After 24 months, camps with the Camp A features compared to camps with few or none of those features had a recidivism rate of 54% and 72% respectively. The recidivism rate for high-, medium-, and low-risk youth in camps with Camp A features were as follows: 62%, 72%, and 58% respectively. Thus, Camp A features seemed to produce the same recidivism rate for both high- and low-risk offenders.

Camp B had smaller living unit capacity, lower capacity, rooms instead of dorms, individual program requirements, more counseling, frequent outside contacts, and recreation. Camp B typically housed less violent youth. After 24 months, the recidivism
rate for Camp B was 50%. Camps with some of these features had a recidivism rate of 69%. They also found that higher-risk youth placed in high-score camps had a recidivism rate of 50% and lower-risk youth in low-score camps had a recidivism rate of 64%.

Palmer and Wedge (1989) suggested that programs should not segregate offender risk levels and program features because they seem to produce similar recidivism rates once the programs were completed.

Institutionalized delinquents are not taught how to incorporate what they have learned in the institution to their everyday lives outside the institution; therefore, the progress obtained in the institution quickly regresses once the delinquent returns to the community (Altschuler & Armstrong, 1991). Dean and Barnes (1992) found that most the students who attended training schools were re-arrested withing 3 years.

Hawkins, Catalano, and Wells (1986) found that youth who received supplemental skills training when they reentered their communities (skills such as problem solving, stress management, and interpersonal communication) scored higher on cognitive, behavioral, and social skill measures than the control group. Hawkins et al. (1986) conducted a follow-up experiment that demonstrated that higher scores on the cognitive, behavior, and social skills were still higher for those who received the supplemental training than for those who did not. The difference in drug use after treatment, unfortunately, was not significantly different between the two groups.

Tate, Reppucci, and Mulvey (1995) stated that “it may be futile to frame the question of what it takes to have an impact with violent juvenile offenders in terms of whether rehabilitation or punishment is the most desirable course. This may not be an
‘either-or’ situation; a combination of the two might be required” (p. 780). They found programs that teach social-cognitive skills to violent juveniles successfully produced change while the juvenile was incarcerated. The behavior change discontinued, however, when the juveniles reentered the community. They speculated that interventions should be continued when the juveniles reenter the community and be continuous throughout their lives. In addition, social-cognitive interventions should be the highlight of both institutional and community-based programs.

Evaluative Description of Specific Juvenile Delinquent Treatments

The System of Care, developed by Stroul and Friedman (1986), is a collaboration of many different organizations. It strives to cultivate a strong partnership between the adolescent’s parents and professionals. The System of Care concentrates on how best it meets the juveniles’ needs. Its premise is that the juveniles’ problems are chronic and the collaboration among various agencies would assist in the resolution of the juveniles’ problems (Briscoe & Doyle, 1996).

The Echo Glen Children’s Center houses adjudicated male and female delinquents between the ages of 11 and 18. The center incorporates many approaches such as milieu therapy, group treatments, individual counseling, education, and behavioral skills training which involves self-control, problem-solving, and drug and alcohol avoidance/refusal skills. Hawkins and Jenson (1991) found that cognitive-behavioral skills training enhanced the delinquents’ ability to respond to drug and alcohol avoidance, social and problem-solving skills, and self-control. They found that the adolescents learned skills through role-playing situations they were likely to face. Once they left the program such skills
were applicable to situations for which they were not taught how to handle. These authors suggested that human services professionals should concentrate on teaching juveniles skills that can be generalized to life situations not taught in treatment programs. Also, a supportive aftercare program would aid in the reduction of recidivism by having case managers visit the juveniles’ homes and communities and by offering them prosocial activities.

The Community Intensive Treatment for Youth (CITY) Program of Alabama’s objectives are to identify the strengths and weaknesses of the juveniles and to seek to provide an environment that fosters and promotes success in the development of appropriate skills (Earnest, 1996). Its goals are to decrease case adjudications by 80%, to prevent readjudication in the juvenile justice system and readmittance in the Department of Youth Services after enrollment in the CITY by 80%, and to save the state 50% of expenses (Earnest, 1996). The program incorporates four areas: academic remediation/GED training, family counseling services and training, individual and group counseling, and a behavioral change component. The youth had a reduction of 83% in case adjudication; 72% had no new adjudication for offenses 1 year after termination from the program; 83% had no new felony adjudications; and 84% were not readmitted into the Department of Youth Services. In addition, the CITY saved the state more than 50% of expenses (Earnest, 1996).

The Ethan Allen School’s Stout Serious Sex Offender Program (SSOP) described by Millard and Hagan (1996) addressed the offenders’ personality and their risk to themselves and society. They claimed that participants in this program tended to share
specific personality traits such as aggression and self-destructive behaviors. The delinquents also shared childhood experiences such as physical and emotional abuse and neglect. Often, the adolescents have been exposed to substance abuse in their families.

To complete the SSOP program, the youth must pass through four phases. The first phase introduces the youth to the cottage system, the 9-week sex education course, individual counseling, and group counseling. In the second phase the youth begin intensive group therapy to examine the sexual assaults they committed. Phase 3 focuses on the youth’s own sexual history. Finally, phase 4 concentrates on family issues, chemical abuse, anger, and self-esteem. The recidivism rates for SSOP participants were under 50% for both sexual and nonsexual offenses.

Another sex offender program that claims to reduce recidivism is the juvenile sex offender program in Florida developed by Florida State University and the Arthur G. Dozier School. It is a 12-month educational and individual therapy program. Sex offenders must admit to the crime, receive insight into their behaviors, exhibit empathy for their victims, and accept responsibility for their behaviors in order for them to make significant progress from the treatment. Ninety-six percent of the 114 sex offenders treated have not committed another sexual offense or nonsexual offense (Kennedy & Hume, 1998).

A longitudinal study of adult prisoners released from a residential child-care agency (Boysville of Michigan), conducted by Kapp, Schwartz, and Epstein (1994), indicated that more than 20% of the entire male sample (juveniles released from the residential care agency) were sentenced to adult prisons. Those sentenced to the adult
prisons were imprisoned within a few years after discharge from Boysville. They found
that juveniles who committed crimes repeatedly were likely to be imprisoned as an adult.
Program interventions such as contact frequency, family treatment contacts, and planned
and unplanned release did not impact the youths’ imprisonment in the adult system.

Kapp et al. (1994) stated that non-White juveniles were more likely to be
imprisoned as adults. They questioned the adult criminal justice system’s possible
differential response to non-White offenders. The youth with the highest risk were non-
White juvenile recidivists who were placed outside the home after their release from
Boysville. The least vulnerable youth were White juvenile nonrecidivists who returned to
their own homes after release from Boysville. Also, youth in the child welfare system
were equally likely to be imprisoned in the adult system as delinquents. Kapp et al. (1994)
recommended that programs develop culturally sensitive intervention models to meet the
needs of non-White juveniles.

**Early Onset Delinquency**

Early age participation (before age 12) in delinquent activities leads to continued
involvement for a longer duration (Tolan & Thomas, 1995). The authors asserted that
psychosocial variables influence the early onset of delinquent behavior. Psychosocial
factors also influence the seriousness and the chronicity of delinquent activity involvement
both before and after the onset. For example, early onset delinquents were more likely to
violate conventional norms; to have deviant attitudes toward engaging in criminal
activities; to spend less time with family; and to have delinquent peers. Tolan and Thomas
(1995) suggested that programs for youth involved in delinquent activities should be
gender-specific, concentrating on delinquent peers for males and on school relations for females.

Sutphen, Thyer, and Kurtz (1995) argue that few studies have evaluated the effectiveness of early offender treatment. They examined the multisystemic treatment (MST) on eight high-risk early juvenile offenders (six Black males, one White male, and one Black female whose mean age was 13 years) to discover if MST could decrease delinquent activity, reduce association with delinquent peers, improve family and school functioning, increase life skills and self-esteem, and develop positive parenting and child-rearing attitudes. They found decreased involvement in delinquent activity and association with delinquent peers, increased quality of family and school functioning, and life skills development. The juveniles did not meaningfully improve their self-estees.

An archival study, conducted by Day and Hunt (1996), examined five child factors to determine if these factors predict delinquent behavior: age of onset, a variety of delinquent behaviors, a variety of settings, severity of aggressive behavior, hyperactivity, and information gathered from the child’s clinical file (forms such as referral, intake, progress, and discharge reports, and standardized measures). The results revealed that only two of the five factors, severity of aggressiveness and a variety of antisocial behaviors, adequately identified delinquent activity for youth under the age of 12. Practitioners, the researchers insist, should assess high-risk juveniles on the level of the juvenile’s aggressiveness and his range of antisocial behaviors. In addition, they emphasized the need for diverse cultural/ethnic intervention development.
Scherer, Brondino, Henggeler, Melton, and Hanley (1994) evaluated the effectiveness of the multisystemic family preservation with state mental health professionals and serious juvenile offenders. The offenders lived in rural areas and were not yet adjudicated but considered at risk for out-of-home placement. Their ages ranged from 11 to 17 years. Seventy-eight percent of the probationers were African American, the remaining 22% were Caucasian probationers. The multisystemic family preservation (MFP) therapy is based on family systems and socioecological concepts in the participant’s community locations (Scherer et al., 1994). MFP uses intense, time-limited interventions, and focuses on behavioral change to behavioral problems. Interventions incorporate the probationers, their families, peers, and schools. The results indicated that the MFP treatment has the capacity to effect the interaction between the African American juveniles and their parents. The mothers involved in the MFP treatments reported a decrease in conduct disorder symptoms and socialized-aggressive problem behaviors. They also reported improvement in supervision of their youth.

The cognitive-behavioral approach, SAFE-T is an acronym for self, awareness, feelings, education, and tasks (Goodman, Getzel, & Ford, 1996). Its participants are 16- to 20-year-old African American and Latino probationers serving 5-year probation terms for drug dealing, robbery, and/or assault crimes. SAFE-T teaches the probationers how to physically protect themselves, how to stop and think of the consequences of their actions, and how to learn prosocial thinking and actions. The youth learn and memorize cognitive strategies via mnemonic devices and practice their new responses to their everyday life.
situations via role plays in the groups. Preliminary comparisons showed a reduction in rearrest rates for youth who participated in SAFE-T groups than those who received regular probation.

Agee and Lombardo (1996) examined the Student Transition Education Employment Program (STEEP) in Ohio. It provided juveniles an opportunity to learn vocational skills such as carpentry, electrical, and plumbing while in juvenile correctional facilities. When they were released from the correctional facilities, they were enrolled in school or a GED program in the day and continued learning vocational skills in the evening. After 18 weeks of vocational skills training, the juveniles were placed in part- or full-time employment in the vocational interest of their choice. Of the 500 adolescents who participated in the program, 73% were African American, 22% Caucasian, 4% Hispanic American, and 1% other. For those who completed the STEEP program the rate of recidivism was 8%, 61% attended school, 3% attended college, and 26% obtained employment. Unfortunately, many of the organizations in this collaboration were not able to continue financially supporting the STEEP program. Thus, despite its success, the program was discontinued.

Pair counseling is an intervention in which a counselor fosters a bond between two relationally unconnected youth to help them develop social skills and to improve their social interaction (Moody, 1997). Moody (1997) studied the effectiveness of pair counseling with incarcerated juvenile offenders. The treatment group was 71% African American, 21% Caucasian, and 7% Native American. The control group was completely African American. The study hoped that pair counseling would increase the percentage of
principled reasoning as measured by the Defining Issues Test (DIT). The results revealed no significant differences on principled reasoning between the treatment and control group. They found, however, that each pair increased or decreased together on the principled reasoning. Thus, they believed that the pair counseling stimulated their moral development. Unfortunately, the pair counseling intervention did not impact the reduction of recidivism.

The Nokomis Challenge Program is a 12-month treatment program (3 months for the residential component and 9 months for the community-based component). Deschenes and Greenwood (1998) examined the program to determine if it was more cost-effective to rehabilitate delinquents than traditional residential programs. The participants’ ages were 14 years and older and they spent approximately 15 or 16 months in the program. The mean age was 17 years and the majority of the participants were African Americans. Most of the delinquents had been arrested three times with their first arrest occurring before the age of 14.

Forty percent of the delinquents completed the 12-month Nokomis program, while 84% completed the training schools or private facilities. Thirteen percent of the delinquents in the Nokomis program were arrested for committing a felony offense within 6 months, only 8% of those in the traditional residential programs committed a felony offense. Twenty-nine percent of the delinquents in the Nokomis program committed a felony offense within 12 months compared to 16% of the delinquents in the traditional residential program. Youth in both the Nokomis and traditional programs demonstrated increased skills in coping, self-esteem, and goal-setting as well as decreased antisocial
behaviors. However, after 2 years, differences between the two types of programs dissolved. The juveniles returned to using substances and the positive changes gained in treatment disappeared. The authors concluded that regardless of the treatment programs the delinquents received, once they were released to their old environment with their familiar influences, the delinquents relapsed.

Wooldredge, Hartman, Latessa, and Holmes (1994) compared the efficacy of a community program, the Community Corrections Partnership (CCP), designed to provide supervision for African American male juvenile felons. The CCP incorporated the values, beliefs, and problem-solving styles of African American male adjudicated offenders. Participants of the CCP attended four subprograms that addressed substance abuse, family enhancement, cultural enhancement, and standards of behaviors. The results indicated no difference between the CCP program and the community supervision in preventing recidivism. The CCP program was comparable to traditional probation in preventing recidivism with African American male delinquents. In addition, Wooldredge et al. (1994) found that juveniles most likely to recidivate were juveniles who were in lower school grades, did not attend school regularly, and did not have a history of substance abuse. Since the delinquents with substance abuse histories in the CCP were not likely to recidivate, the authors hypothesized that the substance abuse programs in the CCP were effective in influencing recidivism with African American delinquents.
CHAPTER III

METHODOLOGY

Introduction

This chapter entails the following areas: the population, the description of the methodology, the delineation of variables, the validity and reliability, the procedure, the hypotheses, and the methods for statistical analysis.

Population

For this research a comprehensive purposeful population was used. Thus, the population consisted of all first-time adjudicated male African American delinquents, under the age of 14, adjudicated in 1991, 1992, 1993, and 1994. One hundred social files from the Kent County Juvenile Court were used for the research.

Description of Methodology

The independent variables in this study occurred in the past (1991-1997). Therefore, they cannot be manipulated or controlled. The ex post facto methodology was used to analyze the data. It was hoped that examination of past treatment programs would provide information about the programs’ effectiveness in reducing recidivism with African American delinquents. Ashford and LeCroy (1990) and Good et al. (1986)
reported that if the offenders’ needs are addressed in treatment, resulting in no offenses for 3 years, the offenders are likely to remain crime-free. This research examined the effects of treatment programs and recidivism within a 3-year span, for first-time adjudicated African American delinquents under age 13.

Isaac and Michael (1972) listed several weaknesses of the ex post facto design. One main weakness is the inability to manipulate or control the independent variables. The design fosters skepticism of the causal relationship since many factors could contribute to the results. Another limitation is that the causal relationships may be a unique and isolated condition rather than a typical situation. This design makes determining the cause and effect variables difficult because variables that seem to have a certain relationship may be related by an unidentified factor. Criteria for labeling categories tend to be vague. Also, populations are difficult to control.

Using the ex post facto methodology is beneficial for this research because it will provide information concerning the relationships among the variables, the conditions for these relationships, and their relationship patterns (Isaac & Michael, 1972). The study examined the delinquents’ behaviors once they received a treatment service after their first adjudication.

**Delineation of Variables**

Three independent variables, age (under the age of 14), criminal charge (felony or misdemeanor), and offense level (violent or nonviolent), were compared with three dependent variables, counseling-intensity treatment programs (strong, moderate, or little), family participation in therapy (yes or no), and treatment duration. Seven independent
variables, age (under the age of 14), charge (felony or misdemeanor), offense level (violent or nonviolent), counseling-intensity treatment programs (strong, moderate, or little), family participation in therapy (yes or no), and treatment duration, were compared to the dependent variable, recidivism (second crime committed, no referrals—misbehavior, or no referral—appropriate behavior).

The 12 treatment programs that the Kent County Juvenile Court (KCJC) offers their delinquents were classified by counseling intensity. Definitions of these programs were obtained from the Kent County Juvenile Court Annual Reports for 1991-1995. Programs that address both the reasons for the youth’s first adjudication and ways to prevent duplication of problem behaviors were considered as having strong counseling intensity. Programs that only addressed ways to prevent duplication of problem behaviors were classified as having moderate counseling intensity. Programs that did not address the reason for the first adjudication or the ways to prevent duplication of problem behaviors were categorized as having little counseling intensity.

The following programs were labeled as strong-counseling-intensity treatment programs. Each program in the strong-counseling-intensity treatment category included family counseling or family therapy as a component of their treatment. Instead of examining family therapy as a component of the strong-counseling-intensity treatment programs, I made family therapy an independent variable. This was done so I could analyze the delinquents’ involvement in counseling-intensity treatment programs separately from their families’ involvement in counseling.

Unfortunately, the families’ participation in therapy was not documented clearly in
the delinquents’ files. When the delinquents were referred to strong-counseling-intensity
treatment programs, I assumed the families participated in therapy. Only six files had
documentation of the delinquents’ families nonparticipation in therapy.

The following five programs were labeled strong-counseling-intensity treatment
programs. These programs addressed both the reasons for the youth’s first adjudication
and ways to prevent duplication of problem behaviors.

1. Adolescent Sex Offender Treatment Program (ASOTP) is an assessment and
treatment program for juvenile sex offenders. The program treats adolescents and pre-
adolescent offenders, ages 9-12. The assessment phase is approximately 4 to 6 weeks and
the treatment phase approximately 6 to 18 months.

The program provides treatment to the offenders via individual, family, and group
counseling to break the pattern of their sexual offensive behavior while they live at home
or in the community. Its goals are to enable juvenile sex offenders to accept responsibility
for their sexual behavior; to recognize the impact of their sexual offenses on their victims;
to encourage healthier ways to meet their needs; to provide treatment before the offenders
solidify their inappropriate behavioral patterns; and to provide treatment while they are at
home and in the community. Two M.S.W.-level probation officers conduct counseling
groups in the KCJC facility. Approximately six or seven juveniles participate in the
counseling groups which meet once per week.

2. Agency Placements (AP) are residential placements selected for the treatment
they provide to the juveniles. Treatment modalities include behavior modification, group
counseling, positive peer culture, and the Teaching Family Model. The programs that
include these concepts are Shiloh Family and Wedgwood Acres.

Dakotah Shiloh Family is a residential placement, which handles mostly substance abuse cases. The Dakotah program is a short-term treatment for 14 days to 3 months and the Shiloh program is a long-term treatment for 8 months to 1 year. Both short-term and long-term programs enroll 12 juveniles. Two M.S.W. therapists meet with the juveniles once per week, one therapist per program. Four counselors also interact with the juveniles. Entrance into these programs depends on the juveniles' cooperation to uphold the program requirements. Family participation in therapy is strongly encouraged. The juveniles receive group counseling at least twice per day. One group focuses on drugs or self-esteem. Another group allows the youth the time to express their feelings.

Wedgwood Acres, also called Wedgwood Christian Youth and Family Services, is a nonprofit multifaceted Christian human service agency. It manages nine residential treatment facilities in Grand Rapids, Southeast Michigan, and Traverse City. The program has several residential services for adolescents: community-based (open facility), campus-based (secure facility), short-term (secure facility), respite (open/secure facility), and substance abuse (open facility). It provides individualized treatments to meet the needs of its clients.

Wedgwood offers individual, family, and group therapy, and behavior modification/levels system. It also offers on-grounds school (in secure facilities), education, employment skills training, activity therapy classes and programs, adult living skills development, and chaplaincy services. Consulting psychologists/psychiatrists, Master's-level therapists, and interdisciplinary staff provide relationship-oriented
treatment, participatory case review, holistic treatment approach, in-home treatment services, supervised independent living, and substance abuse treatment. Foster care network, outpatient counseling, family life education, therapeutic initiatives course, life skills training for adolescents, and Wedgwood consultation services are also available.

3. Day Treatment/Night Watch Program (DTNW) is a treatment program for high-risk juvenile offenders which began in March 1993. It is a 10-12-month program designed to work with high-risk delinquent youths who might otherwise be placed in an institution or a State Training School or become a ward of the State. The program offers individual and family counseling, family support groups, drug screening, drug and alcohol education, recreational activities, community services, education services, vocational services, and surveillance monitoring.

Its goals are to assess the needs of the delinquents and their families to assist them to function more effectively as a family unit. It also teaches parents how to manage their children, and delinquents how to manage their behavior. The program addresses the needs of high-risk offenders to reduce recidivism and institutionalization of young offenders. It teaches the delinquents personal, social, and technical skills and provides opportunities for them to practice what they have learned so that they can become successful members of society. In addition, it provides a cost-effective alternative to out-of-home placement.

The juvenile’s original probation officer transfers the juvenile’s case to the DTNWP probation officers. The DTNWP program staffs one supervisor, two probation officers, five surveillance officers, and one teacher from the Grand Rapids Public School System. Approximately 20 to 30 juveniles enroll in this program, 10 to 15 juveniles per
probation officer. The DTNW requires family participation for admittance into their program. In the morning the juveniles attend school at the KCJC. After school, they participate in psycho educational activities. In the evening the surveillance officers take the juveniles to their respective homes to supervise the juveniles’ interaction with their families.

4. Intensive Surveillance and Treatment Program (ISTP) is a program designed to work with high-risk delinquent youths in their own homes who would otherwise be placed in more structured programs, such as foster family care or private institutions. This program offers individual, group, and family counseling and allows the youth to live at home in the community. The juveniles follow a behavioral contingency program to progress through the four phases of the program. A contract signed by the adolescents and their parents lists the rules that the juveniles should follow in order to progress to the next phase. The surveillance officer monitors progress several times per day. The program is designed to last 9 to 12 months. One supervisor, two probation officers, and five surveillance officers provide services to the juveniles. Unlike those in the DTNW, the juveniles in ISTP attend school in their community.

5. Project Rehabilitation of Crack/Cocaine Kids (Project ROCK) was a federally funded time-limited program designed to reform youth arrested for selling, possession, or use of crack/cocaine that began in the spring of 1992. Unfortunately, the grant money used to run this program dissipated and the program was discontinued on September 30, 1995. The Project ROCK probation officer made an assessment regarding the appropriateness of the youth for the program. After the assessment, the Juvenile Court...
Judge ordered the youth to attend the program. The adolescents then began a 2-week residential placement at Dakotah Family’s Project Rehab for drug assessment. They implemented family therapy at the beginning of the youth’s treatment in the residential placement. When the juveniles returned home, they began the day-treatment component of the program. This section of the treatment could last up to 45 days. Similar to the ISTP program, the adolescents in this program had to go through four phases by obtaining a certain number of days to meet the requirements of each phase. The surveillance officer monitored progress several times per day. One probation officer, five surveillance officers, and one counselor from the community worked with these juveniles. The program offered a short-term drug assessment and treatment through residential placements or intensive outpatient services. The juveniles participate in group counseling weekly. The youths’ families also participated in the program.

The following two programs were labeled moderate counseling intensity. These programs only addressed ways to prevent duplication of problem behaviors.

1. Kentfields Rehabilitation Program (KENT) is a 16-week program that allows male and female delinquents to live at home. The delinquents attend school at the court for part of the day and the other half they spend completing projects in the community to fulfill their probation. The program uses a contingency management point system. Points can be earned from school, home, or from working in the community. At the end of the week the adolescents can trade their earned points for money to pay restitution fees. One supervisor, one probation officer, and a group worker who drives the youth to school and work, strive to increase positive behavior, introduce an alternative to institutionalization,
and reinstate the youth as assets in their community.

2. Treatment Foster Care Program (TFCP), formerly called the Treatment Group Home Program, is a foster home that provides a structured atmosphere in an open, non-secure setting. Its goals are to provide a group living experience in a therapeutic family setting; to provide opportunities for the juveniles to make responsible choices; to assist development of self-control; to improve family relationships; to develop effective relationships with peers; and to assist in their maturation.

The average length of stay in this program is 10 months. Trained foster parents permit the adolescents to live in their homes. The juveniles participate in school, work, counseling, and recreational activities. Biological parent involvement is encouraged. Three probation officers each coach and advise the foster parents. They also meet with the probationer and foster parents when necessary.

I classified the following five programs as little counseling intensity. These programs did not address the reason for the first adjudication or the ways to prevent duplication of problem behaviors.

1. Detention Department (DETEN) provides temporary care for delinquents who are awaiting disposition, a transfer to another jurisdiction, a transfer to another agency, or are considered dangerous to themselves and/or to the community. The program uses a token economy system to give the juveniles points for positive behavior. Each youth is assessed for individualized academic instruction. Some detention programs included indoor/outdoor athletic activities, arts, and crafts. The detention center incorporates community involvement with the youth via religious services, church, and college groups.
The approximate length of stay in the secure detention is 50 days.

2. Foster Care (CARE) is a family home placement that provides a supportive, nurturing, family environment to help the juveniles grow and learn how to function in a family and in the community. The average time a youth stays in a foster home is 240 days. The adolescents in this program also have access to recreational, educational, and community resources.

3. Home Detention Program (HMDET) is an alternative placement to secure detention. Surveillance officers intensely monitor delinquents in their own homes through personal and telephone contacts.

Surveillance officers are two probation officers who maintain a caseload of between 10 and 15 youth. These two surveillance officers patrol all juveniles placed on surveillance. For example, delinquents placed in the Day Treatment Night Watch Program (DTNW), the Home Detention Program (HMDET), the Intensive Surveillance Treatment Program (ISTP), and the Project ROCK programs are all monitored by these two probation officers.

4. Probation Services (PROB) are the services probation officers give to their probationers. Probation officers assess the juveniles’ behaviors at their homes, schools, and communities. When problems exist, the probation officers seek to resolve them by using behavioral contracting. They counsel parents regarding their parenting practices and try to reduce the youths’ self-defeating behaviors. Probation officers also meet with school personnel to ensure that the youngsters are placed in an educational program which meets their needs. They also make referrals to various community counseling service...
5. Shelter Home Program (SHP) is a temporary placement for delinquents ordered to secure detention but who do not need to be placed in a secure facility. Licensed foster care families provide care for these delinquents in their homes. The criteria for success are no runaways, no additional criminal offenses, no referral to detention for incorrigible behavior, and being available for court hearings or placements.

Often the juvenile justice system recommends that the delinquents participate in combinations of these treatments. In this case, I concentrated on the stronger counseling-intensity treatment program. For example, a youth adjudicated for committing criminal sexual conduct in the first degree may receive probation and a referral to the Adolescent Sex Offender Treatment Program (ASOTP). Probation was classified as to have little counseling intensity and the ASOTP was classified as strong counseling intensity. Since the ASOTP has a stronger counseling intensity, the treatment service was identified as having a strong counseling intensity instead of a little counseling intensity.

The FBI identified the following criminal charges as violent in their Uniform Crime Report: murder, forcible rape, robbery, and aggravated assault. For the purposes of this research, I classified violent offenses as malicious and brutal crimes against people and animals. Offenses not considered malicious and brutal against people and animals were considered nonviolent. If the delinquent committed a combination of violent and nonviolent offenses, then I labeled his offense as violent.

The research examined the length of time delinquents spent in treatment programs under the counseling intensity categories. I wanted to explore the length of time
delinquents spent in programs with the strongest counseling intensity and if it had a relationship on their recidivism rates. The treatment duration was measured by total months in the strongest counseling-intensity, either strong, moderate, or little. One month constituted more than 15 days. Zero month indicated the delinquents remained in treatment for 14 days and less.

The adjudication represents a judgment the Kent County Juvenile Court makes regarding the juvenile’s charge. For the purposes of this research the date of adjudication referred to the first time the court declared the youth a delinquent and, thus, a ward of the court.

Each felony or misdemeanor charge was determined by an abbreviated form of offense listings shown in the appendix. Also included in the appendix is a summary of felony and misdemeanor offenses committed in Kent County, Michigan, for the years 1991, 1992, 1993, and 1994.

The dependent variable was the delinquent’s posttreatment behavior. The posttreatment behavior was defined by three categories, one category of recidivism (second crime committed) and two categories of nonrecidivism (nonchargeable misbehavior, appropriate behavior). Recidivism was operationally defined as any arrest either for felony or misdemeanor offense(s) after the youth’s participation in treatment programs. Nonchargeable misbehavior/nonrecidivism indicated inappropriate behavior that did not receive a formal charge or ruling from the court. Evidence of the posttreatment behavior (new referral, nonchargeable misbehavior, appropriate behavior) was gathered from the social files of the delinquents within a 3-year span (1991-1994, 1992-1993, 1993-1994, and 1994-1995).
Validity and Reliability

Data for this study were gathered from the delinquents’ social files to obtain information regarding treatments and recidivism. The social files consisted of two sections called family case records and correspondence and miscellaneous. The family case records contained formal documents, such as a delinquency face (fact) sheet, an intake assessment form, a risk assessment survey, a field investigation report, a supplemental hearing report, a notice of the hearing, and the order of disposition.

The correspondence and miscellaneous section included informal documents such as delinquency petitions, notes from the Probation Officer (P.O.), police reports, consent release forms, and letters from the court to the juvenile regarding community services. Other documents from the court included in the file are: records of preliminary hearings, detention admission forms, victim impact statements, and investigative reports. It contains information from other sources like the delinquent’s work evaluation forms, documents from counseling programs, intake and termination information from various programs, and family contracts. School documents such as behavior reports, grade reports, and incident reports can be included.

The Kent County juvenile probation officers maintain the delinquents’ social files. They are trained to evaluate and judge the progress of the juvenile. They recommend a plan of action the court should take for the delinquent. The American Correctional Association (ACA) recommends that an entry-level probation officer hold a baccalaureate degree in one of the following areas: criminal justice, psychology, social work, counseling,
or from some other related social or behavioral science field (Desktop Guide, 1993). The Kent County Juvenile Court requires their Probation Officers to have a Bachelor's degree in a Human Services related field. However, they prefer the probation officers to have Master's-level degrees. I have, therefore, assumed that the information gathered from the social files are generalizable. Reliability was obtained by comparing family case records with the correspondence and miscellaneous sections of the social files.

Procedure

As recommended by Kathleen Bailey, a former Probation Officer for Kent County Juvenile Court, a letter was written to Jack Roedema, Court Director for the Kent County Juvenile Court. The letter expressed my request to conduct a study at that facility (Appendix). I met with Jack Roedema to discuss the research details. Verbal permission was granted to sample the contents of the social files with Kathleen Bailey. Examination of the social files helped clarify and refine the focus of the study. In addition, I met with John Apol, the Deputy Administrator for Kent County Juvenile Court. John Apol conducted computer searches for the study's population (African American delinquents under the age 14 adjudicated for the first time in the years 1991, 1992, 1993, and 1994).

I reviewed some social files in detail to determine if the tentative research questions could be answered by the information in the social files. After this review, I revised the research questions to appropriately ask research questions that would correspond with the information in the social files.

Another letter written to Jack Roedema described exactly what was needed from the Kent County Juvenile Court, such as temporary access into the facility, convenient
hours to conduct the research, a work area, and access to the social files (Appendix). I gathered the research data with some assistance from Kathleen Bailey. The collection of data took approximately 2 months to complete. To ensure confidentiality, no identifying information was documented and each social file received its own research number.

Kathleen Bailey conducted a computer search for each delinquent’s placement. The computer printout from this search provided information regarding the different treatments the delinquents received from the KCJC since the juvenile’s first arrest. I gathered additional information from the delinquents’ social files. I obtained more details about their treatments from the order of disposition, intake assessment, field investigation report, supplemental hearing report, and delinquency face sheet in the delinquents’ social files. The computer printout of the delinquents’ placements and the search of their social files allowed me to gather the information needed to address the research hypotheses.

**Hypotheses**

The following null hypotheses were tested in this study:

1a. There is no significant relationship between the delinquents’ ages and the counseling intensity (strong, moderate, little).

1b. There is no significant relationship between the delinquents’ ages and the family therapy (yes, no).

1c. There is no significant relationship between the delinquents’ ages and the treatment duration.

2a. There is no significant relationship between the delinquents’ charges (felony, misdemeanor) and the counseling intensity (strong, moderate, little).
2b. There is no significant relationship between the delinquents’ charges (felony, misdemeanor) and the family therapy (yes, no).

2c. There is no significant relationship between the delinquents’ charges (felony, misdemeanor) and the treatment duration.

3a. There is no significant relationship between the offense level (violent, nonviolent) and the counseling intensity (strong, moderate, little).

3b. There is no significant relationship between the offense level (violent, nonviolent) and the family therapy (yes, no).

3c. There is no significant relationship between the offense level (violent, nonviolent) and the treatment duration.

4a. There is no significant relationship between recidivism and the counseling intensity.

4b. There is no significant relationship between recidivism and family therapy (yes, no).

4c. There is no significant relationship between recidivism and treatment duration.

5. There is no linear combination of the following variables: age, charge (felony, misdemeanor), offense level (violent, nonviolent), counseling intensity (strong, moderate, none), family therapy (yes, no), and treatment duration which significantly discriminates between the levels of recidivism.
Statistical Analysis

Hypotheses 1 through 4 were tested by chi-square analysis. The chi-square analysis statistic was used because it compares two or more categorical, discrete variables to examine the relationship and the magnitude of the relationship between these variables (Borg, 1981; Gall, Borg, & Gall, 1996; Tabachnick & Fidell, 1996). Hypothesis 5 was tested by discriminant analysis. The discriminant analysis procedure was used to determine which variables are most important in separating the groups. It also determines the percentage of successful prediction of group membership (Stevens, 1986; Tabachnick & Fidell, 1996). All hypotheses were tested with alpha = .05.
CHAPTER IV

ANALYSIS OF DATA

Introduction

The research examined the relationship between the rehabilitative/treatment options and their effects on recidivism, within a 3-year span, for African American delinquents under the age 14, adjudicated for the first time in 1991, 1992, 1993, and 1994. I examined each of the following variables: the delinquents’ ages, charges (felony, misdemeanor), and level of offense (violent, nonviolent) and their relation to three areas: (1) the levels of counseling-intensity treatment programs (strong, moderate, little), (2) the involvement of the delinquents’ families in family therapy, and (3) the time the delinquents spent in treatment. Then, I examined the relationship of each of the following: counseling-intensity treatment programs, involvement in family therapy, and treatment duration with recidivism (new referral) and nonrecidivism (nonchargeable misbehavior, no referral). Finally, I examined the relationship of these seven variables: delinquents’ ages, charges, level of offense and counseling-intensity treatments, involvement in family therapy, and treatment duration with recidivism (new referral) and nonrecidivism (nonchargeable misbehavior, no referral).

This chapter presents a demographic description of the data, the results of the
hypothesis testing, and the summary. The demographic description of the data gives background information about the study’s participants in order to give perspective to the results of the study. Then the results of the hypothesis tests are presented. The summary section briefly reviews the contents of this chapter.

Demographic Data

There were 108 files of African American male and female delinquents who were adjudicated for the first time in 1991, 1992, 1993, and 1994 from Kent County, Michigan. Only six female African American delinquent files were present in the population; consequently, they were excluded from the study. Two additional files were excluded from the study, one because I was unable to locate the file and another because the delinquent moved out of the court’s jurisdiction. In total, the study’s population size was limited to 100 files, 36 delinquents adjudicated for the first time in 1991, 25 in 1992, 24 in 1993, and 15 in 1994.

Table 1 gives the distribution of the population’s ages.

This study focused on African American delinquents under the age of 14. The results revealed that the population’s ages varied slightly because 85 of the delinquents were within the ages 11, 12, and 13. Fourteen of the delinquents were 10 years old and only one delinquent was 9 years old. Twenty-six delinquents were 11 years old and 43 delinquents, almost half of the study’s population, were 12 years old. Eighty-four delinquents were adjudicated for the first time before the age of 13.
Eighty-four of the delinquents committed felony crimes and 16 committed misdemeanor crimes. Felony offenses are serious crimes, for instance, murder, rape, armed robbery, aggravated assault, burglary, larceny, auto theft, and arson. These juveniles were frequently charged with the following felony crimes: breaking and entering an occupied dwelling with the intent to commit larceny, malicious destruction of property over $100, and criminal sexual conduct in the first degree. Misdemeanor crimes, on the other hand, are offenses punishable by incarceration for not more than 1 year in jail. The delinquents were frequently charged with the following misdemeanor crimes: retail fraud category two, assault and battery, and curfew violation.

This study defined violent crimes as murder, forcible rape, robbery, and aggravated assault. The delinquents were often charged with the following violent crimes: armed robbery, assault with a dangerous weapon, criminal sexual conduct in the first degree, and unarmed robbery. Though 83% of the delinquents committed felony crimes, only 18% of these crimes were violent; 82% of the crimes were nonviolent. The most common offense
the delinquents committed was breaking and entering an occupied building with the intent to commit larceny.

For the purposes of this study, the treatment programs were classified into three categories based on the program’s counseling intensity. The three categories were as follows: strong-, moderate-, and little-counseling treatment programs. Programs that addressed both the reasons for the youth’s first adjudication and ways to prevent duplication of problem behaviors were considered to have a strong counseling intensity.

Programs that only addressed ways to prevent duplication of problem behaviors were classified as having a moderate counseling intensity. The moderate counseling intensity treatment programs were the Kentfields Rehabilitation Program and the Treatment Foster Care Program.

If the programs did not address the reason for the first adjudication or the ways to prevent duplication of problem behaviors, these programs were categorized as having little counseling intensity. The little-counseling-intensity treatment programs were Detention, Foster Care, Home Detention Program, Probation Services, and Shelter Home Placement.

Table 2 gives the frequency of the delinquents’ participation in the 12 treatment programs.

The frequency in the table represents the frequent use of each program by the delinquents during the 3-year time span or the time between the first adjudication and the delinquents’ charge after the first adjudication. The most frequently used treatment program was probation. The probation system was used 98 times by the KCJC for this population.
<table>
<thead>
<tr>
<th>Counseling Intensity Level</th>
<th>Treatment Programs</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STRONG</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adolescent Sex</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Offender Treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Day Treatment/</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Night Watch Program</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Agency Placement</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Intensive Surveillance &amp; Treatment</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Project ROCK</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>21</strong></td>
</tr>
<tr>
<td><strong>MODERATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kentfields</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Treatment Foster</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Care Program</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>2</strong></td>
</tr>
<tr>
<td><strong>LITTLE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Detention</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Foster Care</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Home Detention</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Probation</td>
<td>98</td>
</tr>
<tr>
<td></td>
<td>Shelter Home Placement</td>
<td>7</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>160</strong></td>
</tr>
</tbody>
</table>
Many of the delinquents received several treatment program combinations. Program combinations varied in the level of counseling intensity. For example, one delinquent may receive a combination of detention and probation (little counseling intensity), Treatment Foster Care (moderate counseling intensity), Project ROCK and Day Treatment/Night Watch Program (strong counseling intensity). Therefore, I focused on the highest level of counseling-intensity treatment programs, in this case the strong-counseling-intensity treatment programs, Project ROCK and the Day Treatment/Night Watch.

Given that these delinquents received a combination of treatment programs, I measured the time the delinquents spent in programs with the highest counseling intensity. If the delinquent received treatment programs that were classified as having both little- and moderate-counseling-intensity treatment programs, then I measured the time he spent in the moderate-counseling-intensity treatment programs. If the delinquent received a combination of strong-, moderate-, and little-counseling-intensity treatment programs, then the time spent in the strong-counseling-intensity treatment programs was measured.

Table 3 shows the participation of the African American delinquents in the strong-, moderate-, and little-counseling-intensity treatment programs.

Only 19 delinquents received strong-counseling-intensity treatment programs. Two of 19 delinquents received two different strong-counseling-intensity treatment programs. Seventy-nine delinquents, the majority of the population, received little-counseling-intensity treatment programs; therefore, reducing the likelihood of finding relationships...
TABLE 3
PARTICIPATION IN STRONG-, MODERATE-, & LITTLE-COUNSELING-INTENSITY PROGRAMS

<table>
<thead>
<tr>
<th>Counseling Intensity Level</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong</td>
<td>19</td>
</tr>
<tr>
<td>Moderate</td>
<td>2</td>
</tr>
<tr>
<td>Little</td>
<td>79</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

All of the strong-counseling-intensity treatment programs included family therapy. A total of 19 delinquents received strong-counseling-intensity treatment programs. Of the 19 delinquents who received strong-counseling-intensity treatments, only 13 families participated in family therapy. Thus, the small distribution of delinquents in strong-counseling-intensity treatment programs also limited the likelihood of finding relationships with family counseling.

Table 4 shows the distribution of the time the delinquents spent in treatment programs.

Regarding the time the youth spent in treatment, a period of less than 15 days was designated as 0 months. One month in treatment meant the delinquent spent 15 days or longer. Irrespective of the counseling intensity of the treatment the delinquent received, the average time these delinquents spent in treatment was 8 months. The maximum time any delinquent spent in treatment was 32 months.
Table 4 gives the outcome frequency for each level of counseling-intensity treatment program.

Seventy-five delinquents, within a 3-year span, committed a second offense. Three out of 4 African American delinquents within the ages of 9-13 returned to the juvenile system after receiving treatment for their first adjudication. Fifty-nine of the 75 delinquents received little-counseling-intensity treatment programs and 15 delinquents received strong-counseling-intensity treatment programs. The high recidivism rate shows the urgent need to implement effective treatment programs that help prevent recidivism with young African American male adolescents.

<table>
<thead>
<tr>
<th>Number of Months</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>1 - 3</td>
<td>17</td>
</tr>
<tr>
<td>4 - 6</td>
<td>24</td>
</tr>
<tr>
<td>7 - 9</td>
<td>28</td>
</tr>
<tr>
<td>10 - 12</td>
<td>15</td>
</tr>
<tr>
<td>13 - 15</td>
<td>7</td>
</tr>
<tr>
<td>16 - 18</td>
<td>3</td>
</tr>
<tr>
<td>19 - 32</td>
<td>4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>Counseling Intensity</td>
<td>No Referral</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Strong</td>
<td>3</td>
</tr>
<tr>
<td>Moderate</td>
<td>0</td>
</tr>
<tr>
<td>Little</td>
<td>10</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>13</strong></td>
</tr>
</tbody>
</table>

Nonrecidivism was defined as the absence of delinquent behavior once the youth has been released from probation or another program. For this study, nonrecidivism included both no new referrals and nonchargeable misbehavior. Twelve delinquents participated in nonchargeable misbehavior. These delinquents participated in inappropriate behavior but they did not receive a formal charge or ruling from the KCJC. Thirteen delinquents did not participate in any criminal behavior within the 3-year time span. Only 3 of these delinquents received strong-counseling-intensity treatment programs and 10 delinquents received little-counseling-intensity treatment programs.

**Testing the Null Hypotheses**

This section presents the results of the testing of the five null hypotheses. Chi-square analysis with a significance level of .05 was utilized to determine the significant relationships between the variables. For the 2 x 2 contingency tables with an expected frequency less than 5, Yates' correction was used.
In many of the analyses, small expected frequencies necessitated the merging of one or more levels of the independent variables. For example, most of the delinquents received little-counseling-intensity treatment programs. Therefore, I combined strong-and moderate-counseling-intensity levels into one counseling-intensity level of moderate/strong. Consequently, there were two levels of counseling intensity, moderate/strong and little.

Treatment duration was another variable that necessitated the merging of levels due to the small expected frequencies. I combined treatment duration into two levels, 6 months or less and more than 6 months, as opposed to four levels (less than 2 months, 2 or 3 months, 4 or 5 months, over 5 months).

Originally, I had four levels for the delinquents’ ages (below 10 years, 10 to 11 years, 12 years, 13 years). As a result of little variability among the delinquents’ ages, I collapsed the four levels into three levels (below 12 years, 12 years, 13 years).

Nonrecidivism, initially, had two levels. Since there were small expected frequencies, I combined no referral and nonchargeable misbehavior into one category. The study, therefore, examined one level of recidivism (new referral) and one level of nonrecidivism (no referral, nonchargeable misbehavior).

**Null Hypothesis 1a:** There is no significant relationship between the delinquents’ ages when they committed their first offense and the counseling intensity (moderate/strong, little).

Table 6 gives the contingency table for the delinquents’ ages and the counseling intensity.
TABLE 6
CHI-SQUARE ANALYSIS FOR AGE AND COUNSELING INTENSITY

<table>
<thead>
<tr>
<th>Counseling Intensity</th>
<th>Below 12 years N (%)</th>
<th>12 years N (%)</th>
<th>13 years N (%)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little</td>
<td>33 (80.5)</td>
<td>33 (76.7)</td>
<td>13 (81.2)</td>
<td>79</td>
</tr>
<tr>
<td>Moderate/Strong</td>
<td>8 (19.5)</td>
<td>10 (23.3)</td>
<td>3 (18.8)</td>
<td>21</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>41</strong></td>
<td><strong>43</strong></td>
<td><strong>16</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Note, $\chi^2 = 0.235; df = 2; p = 0.889; \text{minimum estimated expected value} = 3.36.$

Despite merging the age and the counseling-intensity categories, one low expected frequency remained. For this table chi-square = 0.235 and $p = 0.889$. The table indicates that the distribution of the counseling-intensity level was very similar for the three age groups. Therefore, the null hypothesis is retained. No relationship exists between the delinquents’ ages when they committed their first crime and the counseling intensity.

**Null Hypothesis 1b:** There is no significant relationship between the delinquents’ ages when they committed their first offense and family therapy (yes, no).

Table 7 displays the contingency table for the delinquents’ ages and family therapy. The merger of the age levels still produced one low expected frequency. Chi-square = 0.563 and $p = 0.754$. As in the previous null hypothesis, the distribution of the family therapy levels was similar among the three age groups. Consequently, the null hypothesis is retained because no significant relationship exists between family therapy and the delinquents’ ages when they committed their first crime.
TABLE 7

CHI-SQUARE ANALYSIS FOR AGE AND FAMILY THERAPY

<table>
<thead>
<tr>
<th>Family Therapy</th>
<th>Below 12 years</th>
<th>12 years</th>
<th>13 years</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>36 (87.8)</td>
<td>38 (88.4)</td>
<td>13 (81.2)</td>
<td>87</td>
</tr>
<tr>
<td>Yes</td>
<td>5 (12.2)</td>
<td>5 (11.6)</td>
<td>3 (18.8)</td>
<td>13</td>
</tr>
<tr>
<td>TOTAL</td>
<td>41</td>
<td>43</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>

Note. $\chi^2 = 0.563; df = 2; p = 0.754; \text{minimum estimated expected value}= 2.08.$

Null Hypothesis 1c: There is no significant relationship between the delinquents’ ages when they committed their first offense and the treatment duration.

Table 8 shows the contingency table for the delinquents’ ages and treatment duration.

TABLE 8

CHI-SQUARE ANALYSIS FOR AGE AND TREATMENT DURATION

<table>
<thead>
<tr>
<th>Treatment Duration</th>
<th>Below 12 years</th>
<th>12 years</th>
<th>13 years</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td></td>
</tr>
<tr>
<td>6 Months or Less</td>
<td>19 (46.3)</td>
<td>17 (39.5)</td>
<td>7 (43.7)</td>
<td>43</td>
</tr>
<tr>
<td>Over 6 Months</td>
<td>22 (53.7)</td>
<td>26 (60.5)</td>
<td>9 (56.2)</td>
<td>57</td>
</tr>
<tr>
<td>TOTAL</td>
<td>41</td>
<td>43</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>

Note. $\chi^2 = 0.401; df = 2; p = 0.818; \text{minimum estimated expected value}= 6.88.$
The merger of the age and the treatment duration levels did eliminate any expected frequency values below 5. However, the age levels were distributed similarly among the treatment duration levels. Chi-square = 0.401 and $p = 0.818$. The null hypothesis is retained. Thus, there was no significant relationship between the delinquents’ ages when they committed their first crime and the time the delinquents spent in the treatment programs.

**Null Hypothesis 2a:** There is no significant relationship between the delinquents’ charges (felony, misdemeanor) and the counseling intensity (moderate/strong, little).

Table 9 presents the contingency table for the delinquents’ charges and the counseling intensity.

<table>
<thead>
<tr>
<th>Counseling Intensity</th>
<th>Charge</th>
<th>$N$ (%)</th>
<th>$N$ (%)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little</td>
<td>Misdemeanor</td>
<td>14 (87.5)</td>
<td>65 (77.4)</td>
<td>79</td>
</tr>
<tr>
<td></td>
<td>Felony</td>
<td>2 (12.5)</td>
<td>19 (22.6)</td>
<td>21</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>16 (100.0)</td>
<td>84 (100.0)</td>
<td>100</td>
</tr>
</tbody>
</table>

Note, $\chi^2 = 0.332$; $df = 1; p = 0.565$; minimum estimated expected value = 3.36.

Again, even with the merger of the counseling-intensity level, there was still one expected frequency value below 5. Chi-square = 0.332 and $p = 0.565$. The table
demonstrates that the counseling-intensity distribution was mainly within the little-
counseling-intensity level for both misdemeanor and felony offense charges. As a result,
the null hypothesis is retained. No significant relationship exists between the delinquents’
charges (felony, misdemeanor) and the levels of counseling intensity (moderate/strong,
little).

**Null Hypothesis 2b:** There is no significant relationship between the delinquents’
charges (felony, misdemeanor) and family therapy (yes, no).

Table 10 gives the contingency table for the delinquents’ charges and family
therapy.

**TABLE 10**

CHI-SQUARE ANALYSIS FOR THE DELINQUENTS’ CHARGES AND FAMILY THERAPY

<table>
<thead>
<tr>
<th>Family Therapy</th>
<th>Misdemeanor</th>
<th>Felony</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N(%)</td>
<td>N(%)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>16 (100)</td>
<td>71 (84.5)</td>
<td>87</td>
</tr>
<tr>
<td>Yes</td>
<td>0 (0)</td>
<td>13 (15.5)</td>
<td>13</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>16</strong></td>
<td><strong>84</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Note. \( \chi^2 = 1.642; df = 1; p = 0.200; \) minimum estimated expected value = 2.08.

The one low expected frequency required the use of Yates’ correction. Chi-square
= 1.642 and \( p = 0.200. \) The null hypothesis is retained. There is no significant
relationship between the delinquents’ charges (felony, misdemeanor) and family therapy.
Null Hypothesis 2c: There is no significant relationship between the delinquents’ charges (felony, misdemeanor) and the treatment duration.

Table 11 presents the chi-square contingency table for the delinquents’ charges and treatment duration.

### TABLE 11

CHI-SQUARE ANALYSIS FOR THE DELINQUENTS’ CHARGES AND TREATMENT DURATION

<table>
<thead>
<tr>
<th>Treatment Duration</th>
<th>Misdemeanor N (%)</th>
<th>Felony N (%)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Months or Less</td>
<td>7 (43.7)</td>
<td>36 (42.9)</td>
<td>43</td>
</tr>
<tr>
<td>Over 6 Months</td>
<td>9 (56.2)</td>
<td>48 (57.1)</td>
<td>57</td>
</tr>
<tr>
<td>TOTAL</td>
<td>16</td>
<td>84</td>
<td>100</td>
</tr>
</tbody>
</table>

Note. $\chi^2 = 0.004$; $df = 1$; $p = 0.947$; minimum estimated expected value = 6.88.

As in the previous treatment duration hypothesis, the merger of the treatment duration levels did increase the expected frequency value. However, the charge levels were distributed evenly among the treatment duration levels. The chi-square = 0.004 and $p = 0.947$. Thus, there was no significant relationship between the delinquents’ charges and the treatment duration. The null hypothesis was retained.

Null Hypothesis 3a: There is no significant relationship between the offense level (violent, nonviolent) and the counseling intensity (moderate/strong, little).
Table 12 gives the contingency table for the offense level and the counseling intensity.

**TABLE 12**

CHI-SQUARE ANALYSIS FOR THE OFFENSE LEVEL AND COUNSELING INTENSITY

| Counseling Intensity | Offense Level |   |   |
|----------------------|---------------|---|---|---|
|                      | Nonviolent N (%) | Violent N (%) | TOTAL |
| Little               | 71 (86.6)      | 8 (44.4)      | 79    |
| Moderate/Strong      | 11 (13.4)      | 10 (55.6)     | 21    |
| **TOTAL**            | 82             | 18            | 100   |

Note. $\chi^2 = 13.362; df = 1; p = 0.000; \text{minimum estimated expected value} = 3.78.$

The merger of the counseling-intensity treatment levels still produced a low expected frequency, so Yates’ correction was used. Chi-square = 13.362 and $p < .0005$. Thus, the null hypothesis is rejected. A significantly higher percentage of juveniles who committed violent crimes received moderate/strong-counseling-intensity treatments than did juveniles who committed nonviolent crimes.

**Null Hypothesis 3b:** There is no significant relationship between the offense level (violent, nonviolent) and family therapy (yes, no).

Table 13 gives the contingency table for the offense level and family therapy.
### TABLE 13

CHI-SQUARE ANALYSIS FOR THE OFFENSE LEVEL AND FAMILY THERAPY

<table>
<thead>
<tr>
<th>Family Therapy</th>
<th>Nonviolent $N$ (%)</th>
<th>Violent $N$ (%)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>77 (93.9)</td>
<td>10 (55.6)</td>
<td>87</td>
</tr>
<tr>
<td>Yes</td>
<td>5 (6.1)</td>
<td>8 (44.4)</td>
<td>13</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>82</strong></td>
<td><strong>18</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Note. $\chi^2 = 15.95$; $df = 1$; $p = 0.000$; minimum estimated expected value = 2.34.

I used Yates' correction since there was one low expected frequency. Chi-square = 15.95 and $p < 0.0005$. The null hypothesis is rejected because a significant relationship exists between the offense level (violent, nonviolent) and family therapy (yes, no). A significantly higher percentage of juveniles who committed violent crimes had family participation in therapy than the juveniles who committed nonviolent crimes.

**Null Hypothesis 3c:** There is no relationship between offense level (violent, nonviolent) and the treatment duration.

Table 14 is the contingency table for offense level and treatment duration.

The offense levels were distributed fairly evenly among the treatment duration levels. Chi-square = 1.412 and $p = 0.235$. The null hypothesis is retained. Thus, there is no significant relationship between the offense levels and the treatment duration.
TABLE 14

CHI-SQUARE ANALYSIS FOR OFFENSE LEVEL AND TREATMENT DURATION

<table>
<thead>
<tr>
<th>Treatment Duration</th>
<th>Offense Level</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nonviolent $N$ (%)</td>
<td>Violent $N$ (%)</td>
<td>TOTAL</td>
</tr>
<tr>
<td>6 Months or Less</td>
<td>33 (40.2)</td>
<td>10 (55.6)</td>
<td>43</td>
</tr>
<tr>
<td>Over 6 Months</td>
<td>49 (59.8)</td>
<td>8 (44.4)</td>
<td>57</td>
</tr>
<tr>
<td>TOTAL</td>
<td>82</td>
<td>18</td>
<td>100</td>
</tr>
</tbody>
</table>

Note. $\chi^2 = 1.412; df = 1; p = 0.235$; minimum estimated expected value $= 7.74$.

Null Hypothesis 4a: There is no significant relationship between recidivism and the counseling intensity (moderate/strong, little).

Table 15 presents the contingency table for recidivism and counseling intensity. The analysis shows no significant relationship between recidivism and the counseling-intensity treatment programs. Chi-square $= 0.020$ and $p = 0.887$. The null hypothesis is retained. The proportions of recidivism are almost the same, whatever the level of counseling-intensity treatment.

Null Hypothesis 4b: There is no significant relationship between recidivism and family therapy (yes, no).

Table 16 gives the chi-square contingency table for recidivism and family therapy.
TABLE 15
CHI-SQUARE ANALYSIS FOR RECIDIVISM AND COUNSELING INTENSITY

<table>
<thead>
<tr>
<th>Counseling Intensity</th>
<th>Little</th>
<th>Moderate/Strong</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Referral N(%)</td>
<td>20 (25.3)</td>
<td>5 (23.8)</td>
<td>25</td>
</tr>
<tr>
<td>New Referral N(%)</td>
<td>59 (74.7)</td>
<td>16 (76.2)</td>
<td>75</td>
</tr>
<tr>
<td>TOTAL</td>
<td>79 (100.0)</td>
<td>21 (100.0)</td>
<td>100 (100.0)</td>
</tr>
</tbody>
</table>

Note. $\chi^2 = 0.020; df = 1; p = 0.887$; minimum estimated expected value = 5.25.

TABLE 16
CHI-SQUARE ANALYSIS FOR RECIDIVISM AND FAMILY THERAPY

<table>
<thead>
<tr>
<th>Family Therapy</th>
<th>No</th>
<th>Yes</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Referral N(%)</td>
<td>22 (25.3)</td>
<td>3 (23.1)</td>
<td>25</td>
</tr>
<tr>
<td>New Referral N(%)</td>
<td>65 (74.7)</td>
<td>10 (76.9)</td>
<td>75</td>
</tr>
<tr>
<td>TOTAL</td>
<td>87 (100.0)</td>
<td>13 (100.0)</td>
<td>100 (100.0)</td>
</tr>
</tbody>
</table>

Note. $\chi^2 = 0.000; df = 1; p = 1.000$; minimum estimated expected value = 3.25.

Despite combining the recidivism levels, one small expected frequency is still present. Therefore, the Yates' correction was used. Chi-square = 0.000 and $p = 1.000$. The hypothesis is retained. No significant relationship exists between recidivism and family therapy. The percentages of recidivism are almost identical, whether or not the
families participated in therapy.

**Null Hypothesis 4c**: There is no significant relationship between recidivism and treatment duration.

Table 17 presents the chi-square contingency table for recidivism and treatment duration.

### TABLE 17

**CHI-SQUARE ANALYSIS FOR RECIDIVISM AND TREATMENT DURATION**

<table>
<thead>
<tr>
<th>Treatment Duration</th>
<th>6 Months or Less</th>
<th>Over 6 Months</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Referral N (%)</td>
<td>11 (25.6)</td>
<td>14 (24.6)</td>
<td>25</td>
</tr>
<tr>
<td>New Referral N (%)</td>
<td>32 (74.4)</td>
<td>43 (75.4)</td>
<td>75</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>43 (100.0)</td>
<td>57 (100.0)</td>
<td>100 (100.0)</td>
</tr>
</tbody>
</table>

*Note*. $\chi^2 = 0.014; df = 1; p = 0.907$; minimum estimated expected value = 10.75.

Again, the percentages of recidivism are almost identical, regardless of the time the delinquents spent in treatment. Chi-square = 0.014 and $p = 0.907$. Thus, the hypothesis is retained. No significant relationship exists between recidivism and treatment duration.

**Null Hypothesis 5**: There is no linear combination of the variables' age, charge, offense level, counseling intensity, family therapy, and treatment duration which significantly differentiates recidivism and nonrecidivism.

For the one discriminant function, chi-square = 17.318 and $p = 0.138$ with 12
degrees of freedom. The hypothesis is retained. No linear combination of the age, charge, offense level, counseling intensity, family therapy, and treatment duration significantly differentiated between recidivism and nonrecidivism.

Additional Analysis

Two other analyses were conducted to discover how the level of counseling intensity is related to recidivism for delinquents who were charged with violent offenses and nonviolent offenses.

Table 18 gives the frequency and percentage of the relationship between counseling-intensity level and recidivism for delinquents who were charged with committing violent offenses.

The results indicated that 56% of the delinquents who were charged with violent offenses received moderate/strong-counseling-intensity treatment programs. Seventy-five percent of the delinquents who received little-counseling-intensity treatment programs committed another crime while only 50% of the delinquents who committed violent offenses and received moderate/strong-counseling-intensity treatment programs committed another crime.

A chi-square analysis was conducted to test the significance of these relationships. Since the expected frequency was low, the Yates’ correction was used. Chi-square = 0.354 and $p = 0.552$. There is no significance in the relationships between the counseling-intensity level and recidivism with violent offenses.
TABLE 18
RELATIONSHIP BETWEEN COUNSELING-INTENSITY LEVEL AND RECIDIVISM FOR VIOLENT OFFENSES

<table>
<thead>
<tr>
<th>Recidivism</th>
<th>Little (%</th>
<th>Moderate/Strong (%)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Referral</td>
<td>2 (25%)</td>
<td>5 (50%)</td>
<td>7</td>
</tr>
<tr>
<td>New Referral</td>
<td>6 (75%)</td>
<td>5 (50%)</td>
<td>11</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>8 (100%)</td>
<td>10 (100%)</td>
<td>18</td>
</tr>
</tbody>
</table>

Note. $\chi^2 = 0.354; df = 1; p = 0.552; \text{minimum estimated expected value} = 3.11.

Table 19 gives the frequency and percentage of the relationship between counseling-intensity level and recidivism for delinquents who were charged with committing violent offenses.

One hundred percent of nonviolent offenders who received moderate- or strong-counseling-intensity treatment programs committed another crime while 75% of nonviolent offenders who received little-counseling-intensity treatment programs committed another crime. A chi-square analysis was also conducted to test the significance of these relationships. Since the expected frequency was low, the Yates’ correction was used. Chi-square = 2.247 and $p = 0.134$. There is no significance in the relationships between the counseling-intensity treatment level and recidivism with nonviolent offenses. Although the recidivism rate for little-counseling-intensity treatments is lower than moderate- or strong-counseling-intensity treatments, more delinquents received little-counseling-intensity treatment programs.
TABLE 19

RELATIONSHIP BETWEEN COUNSELING INTENSITY LEVEL AND RECIDIVISM FOR NONVIOLENT OFFENSES

<table>
<thead>
<tr>
<th>Recidivism</th>
<th>Little</th>
<th>Moderate/Strong</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Referral</td>
<td>18 (25%)</td>
<td>0 (0%)</td>
<td>18</td>
</tr>
<tr>
<td>New Referral</td>
<td>53 (75%)</td>
<td>11 (100%)</td>
<td>64</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>71 (100%)</strong></td>
<td><strong>11 (100%)</strong></td>
<td><strong>82</strong></td>
</tr>
</tbody>
</table>

Note. \( \chi^2 = 2.247; \ df = 1; \ p = 0.134; \) minimum estimated expected value = 2.41.

Summary

The population of this study (the social files of first-time adjudicated African American delinquents under age 13) came from the Kent County Juvenile Court in Grand Rapids, Michigan. The research aspired to examine the relationship between the treatment programs and their effects on recidivism, within a 3-year span, for African American delinquents under the age 14, adjudicated for the first time in 1991, 1992, 1993, and 1994. Five null hypotheses, four of which had three subhypotheses, were tested in this study.

The research hypotheses' analyses presented only two significant relationships. The relationship between the offense level (violent, nonviolent) and the counseling intensity (moderate/strong, little) was significant. A significantly higher percentage of juveniles who committed violent crimes had moderate/strong-counseling-intensity treatment programs than juveniles who committed nonviolent crimes. Also, a significantly higher percentage of juveniles who committed violent crimes had family participation in therapy than the juveniles who committed nonviolent crimes.
The results indicated that 56% of the delinquents who were charged with violent offenses received moderate/strong-counseling-intensity treatment programs. Another analysis was conducted to discover counseling intensity treatment programs for delinquents who committed violent offenses is related to recidivism. Seventy-five percent of the delinquents who received little-counseling-intensity treatment programs committed another crime while only 50% of the delinquents who received moderate/strong-counseling-intensity treatment programs committed another crime. These percentages imply that stronger counseling-intensity treatment programs reduce recidivism more than little-counseling-intensity treatment programs.

The study revealed no relationships between the delinquents’ ages when they committed their first offense and the counseling-intensity treatment programs the delinquents received, their families’ participation in therapy, or the length of time spent in treatment. No relationships existed between the delinquents’ charges and the counseling-intensity treatment programs the delinquents received, their families’ participation in family therapy, or the length of time spent in treatment. Interestingly, no relationship was found between the offense level and the treatment duration. Thus, the offense level, whether nonviolent or violent, does not appear to relate to the time these delinquents spent in treatment.

The results indicated no relationships between recidivism/nonrecidivism and the counseling-intensity treatment programs the delinquents received, their families’ participation in family therapy, or the time the delinquents spent in treatment. None of the independent variables—age, charge, offense level, counseling intensity, family therapy, and
treatment duration—had a linear relationship with recidivism/nonrecidivism.
CHAPTER V

SUMMARY, DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

This final chapter presents a summary of the study, discussion of the findings, conclusions, and recommendations proposed as a result of the findings. The summary includes an overview of the problem, the literature review, the methodology utilized in the study, and a review of the data findings.

Summary

Statement of the Problem

This study sought to discover effective treatment alternatives that meet the needs of African American delinquents. Despite the 1992 amendment to Section 223 (a) (23) of the Juvenile Justice and Delinquency Prevention Act of 1974 requiring states to make efforts to reduce the proportion of minority juveniles detained or confined in secure facilities, African American youth are still overrepresented in detention centers. “Nationwide one in three black men in the 20-29 age group is under the supervision of the justice system (in prison or jail; on probation or parole) -- up from one in four in 1990. Many of these young men are graduates of a juvenile justice system that failed to address their needs” (Training and Technical Assistance, 1996, p. 1).
Overview of the Literature

The literature reviewed covered several areas related to the present study. It started with the development of the juvenile justice system which was begun in 1841 by John August, the originator of the probation process. The organization of the juvenile court system is credited to Illinois after passing the Juvenile Court Act in 1899 (Desktop Guide, 1993).

As the juvenile courts developed, they incorporated two central philosophies, the parens patriae and the just deserts philosophies. The parens patriae philosophy focuses on meeting the youth’s needs to enhance his or her welfare. The just deserts philosophy integrates the criminal act, the juvenile, and the punishment (Desktop Guide, 1993).

The review of literature discussed the development of rehabilitative programs. Institutions, or houses of refuge, were the first treatment programs for juveniles in the 18th century. The first house of refuge opened in 1824 for women and 1825 for men. Near the end of the 19th century, detention centers or juvenile halls were established. Programs scarcely existed in detention centers because their main purpose was to hold the juvenile in a secure environment until his or her detention hearing. Shelter care facilities, an alternative to detention centers, originally provided short-term care for status offenders, dependent, or neglected children. Community-based programs became popular because they linked the program and the community toward a common goal. Examples of these programs are probation services, day treatment programs, and residential programs. Society financially supported such programs because they considered them humane, economical, and effective in rehabilitating offenders.
In the 1950s, residential programs developed, but they did not flourish until the early 1970s when Massachusetts closed all its training schools. Intensive supervision probation began in the 1980s as a reaction to the criticisms of regular probation. This program allowed high-risk offenders to live in the community while sustaining frequent contacts by their probation officer. Day treatment programs, considered economical because they required fewer staff members, also flourished in the early 1970s. These programs allowed for better accessibility for parental involvement. Foster care programs, which are similar to the adult halfway houses, offered the delinquents a family and home environment. Children neglected, abused, or delinquent would receive individualized care from these foster care programs (Bartollas, 1993).

In the mid-1970s, juvenile institutions were criticized for the inhumane treatment of juveniles. Subsequently, laws changed the management of juveniles in the legal system. Rehabilitation was modified to include a punishment element. Boot camps, electronic monitoring, drug testing, shock incarceration, restitution, intensive supervision programs, and prisons all have a punishment element (Gendreau, 1995). A contemporary move by the legislative powers to prosecute juveniles who commit violent crimes in the adult courts in an effort to reduce the number of felony crimes committed by juveniles is gathering support (Donnelly, 1997).

Some theory-based models seemed to produce better results than others. Izzo and Ross (1990) found programs based on social learning, behavior modification, modeling, systems theory, and reality theories more effective than those that had no particular theoretical basis. Cognitive and community-based programs were also effective to a lesser

Palmer (1991a) believes that successful interventions included multiple approaches, like the program intensity, attendance to the offenders’ needs, vocational and academic training, and individual or group counseling. However, not all treatment interventions should be combined because only certain combinations will result in a reduction of recidivism (Palmer, 1995). Unfortunately, no studies have confirmed which program combinations yield the best results since insufficient information from program evaluations prohibits endorsement of a single strategy for rehabilitation treatment (Palmer, 1995; Van Voorhis et al., 1995).

“The internal difficulties . . . have been a major missing link in recent correctional thinking; at least, they have not been taken very seriously” (Palmer, 1991b, p. 59). The interrelatedness of skills deficits (social, vocational, and educational skills), external pressures or disadvantages (environmental pressures, limited family, and community resources), and internal difficulties (defenses, attitudes, ambivalence) make the individual vulnerable to failure. “If individuals’ strengths and skills are to be used constructively and reintegration into the community is to occur and last, motivation—not just, e.g., external controls—must somehow lead and sustain them, certainly through frustrations, anxieties,
and resulting internal and external pressures to reestablish earlier adjustments patterns” (Palmer, 1991, p. 59). If these internal difficulties are not addressed, when treatment ends the individual is more likely to re-engage in maladaptive behavior when he or she faces difficulties (Palmer, 1991). “Effective programs included as a target of their interventions not only the offender’s behavior, feelings, and vocational or interpersonal skills but also his or her cognition, self-evaluation, expectations, understanding and appraisal of the world, and values” (Izzo & Ross, 1990, p. 139).

Tolan and Thomas’s (1995) study focused on early delinquents, specifically delinquents up to and under the age of 13. Early age participation in delinquent activities leads to continued involvement over a longer period of time (Tolan & Thomas, 1995). Tolan and Thomas (1995) asserted that early participation in delinquent behavior is not the only factor to consider in rehabilitating early delinquents because psychosocial factors also influence the seriousness and chronicity of delinquent activity involvement both before and after the onset. Day and Hunt (1996) suggested that assessments of high-risk juveniles should include the level of the juvenile’s aggressiveness and his or her range of antisocial behaviors. Interventions, they argue, should be developed for diverse cultural ethnic groups.

Youth with the highest risk for continued delinquent activity, according to Kapp et al. (1994), were non-White juvenile recidivists who were placed outside their home after their release. They argue that interventions be culturally sensitive to non-White populations. The Community Corrections Partnership (CCP) is an intervention program designed specifically for African American male juvenile felons. The results indicated
difference between the CCP program and the traditional community supervision in preventing recidivism (Wooldredge, et al., 1994).

Methodology

Population

For this research a comprehensive purposeful population was used. Thus, the population consisted of all first-time adjudicated male African American delinquents, ages 13 and under, adjudicated in 1991, 1992, 1993, and 1994. One hundred social files from the Kent County Juvenile Court were used for the research.

Description of Methodology

The independent variables in this study cannot be manipulated or controlled because they occurred in the past (1991-1997). The ex post facto research methodology was used to analyze the data. I hoped that examination of past treatment programs would provide information about the programs’ effectiveness in reducing recidivism with African American delinquents.

The study examined the delinquents’ behaviors once they received a treatment service after their first adjudication. The study hoped to explore possible relationships with recidivism and nonrecidivism based on the treatment programs these delinquents received.
Research Design

Three independent variables—age (under the age of 14), criminal charge (felony or misdemeanor), and offense levels (violent or nonviolent)—were compared with three dependent variables, counseling intensity (strong, moderate, or little), family therapy (yes or no), and treatment duration. I also wanted to discover how counseling intensity, family therapy, and treatment duration related to recidivism. These three dependent variables, counseling intensity (strong, moderate, or little), family therapy (yes or no), and treatment duration, were tested as independent variables and compared with the dependent variable, recidivism (second crime committed, no referrals—misbehavior, or no referral—appropriate behavior). Finally, six independent variables, age (under the age of 14), charge (felony or misdemeanor), offense level (violent or nonviolent), counseling intensity (strong, moderate, or little), family therapy (yes or no), and treatment durations were compared to the dependent variable, recidivism (second crime committed, no referrals—misbehavior, or no referral—appropriate behavior).

The 12 treatment programs that the Kent County Juvenile Court offers to their delinquents were classified according to their counseling intensity. Programs that addressed both the reasons for the youth’s first adjudication and ways to prevent duplication of problem behaviors were considered to have a strong counseling intensity. Programs that only addressed ways to prevent duplication of problem behaviors I classified as having a moderate counseling intensity. Programs that did not address the reason for the first adjudication or the ways to prevent duplication of problem behaviors I categorized as having a little counseling intensity.
Findings of the Study

Research Question 1a: What is the relationship between the delinquents’ ages when they committed their first crime and the counseling intensity (strong, moderate, little)?

Research Question 1b: What is the relationship between the delinquents’ ages when they committed their first crime and family therapy (yes, no)?

Research Question 1c: What is the relationship between the delinquents’ ages when they committed their first crime and the treatment duration?

The null hypotheses for research questions 1a through 1c were retained. No relationships existed between the delinquents’ ages when they committed their first crime and the various counseling intensity treatment programs they received; whether their families were involved in family therapy when it was offered; and the length of time the youth spent in treatment. The delinquents’ ages did not relate to the level of counseling intensity the delinquents received, their families’ involvement in family therapy, nor the length of time they spent in treatment.

Research Question 2a: What is the relationship between the delinquents’ charges (felony, misdemeanor) and the counseling intensity (strong, moderate, little)?

Research Question 2b: What is the relationship between the delinquents’ charges (felony, misdemeanor) and family therapy (yes, no)?

Research Question 2c: What is the relationship between the delinquents’ charges (felony, misdemeanor) and the treatment duration?

The null hypotheses for research questions 2a through 2c were retained. The
analysis indicated no significant relationship between the delinquents’ charges and the various counseling-intense programs they received; whether their families were involved in family therapy when it was offered; and the length of time the youth spent in treatment.

Research Question 3a: What is the relationship between the offense level (violent, nonviolent) and the counseling intensity (strong, moderate, little)?

The null hypothesis related to research question 3a was rejected. A significant relationship existed between the offense level and the counseling intensity. A significantly higher percentage of juveniles who committed violent crimes received moderate/strong-counseling-intensity treatment programs than juveniles who committed nonviolent crimes.

Research Question 3b: What is the relationship between the offense level (violent, nonviolent) and family therapy (yes, no)?

The null hypothesis for research question 3b was rejected. A significant relationship existed between the offense level and family therapy. Also, a significantly higher percentage of juveniles who committed violent crimes had family participation in therapy than the juveniles who committed nonviolent crimes.

Research Question 3c: What is the relationship between offense level (violent, nonviolent) and the treatment duration?

The null hypothesis related to 3c was retained. The results displayed no significant relationship between offense level and treatment duration. The offense level of the delinquents crimes, whether the offense was violent or nonviolent, did not relate to the length of time the delinquents spent in treatment.

Research Question 4a: What is the relationship between recidivism and the
counseling intensity (strong, moderate, little)?

Research Question 4b: What is the relationship between recidivism and family therapy (yes, no)?

Research Question 4c: What is the relationship between recidivism and treatment duration?

The null hypotheses for research questions 4a through 4c were retained. The results indicated no significant relationship between recidivism and the various counseling-intense programs they received; or whether their families were involved in family therapy when it was offered; or the length of time the youth spent in treatment.

Research Question 5: What combination of the following variables—age, charge, offense level, counseling intensity, family therapy, and treatment duration significantly differentiate recidivism and nonrecidivism?

The null hypothesis was retained. No linear combination of the delinquents' ages, charges, levels of offense and counseling intensity, involvement in family therapy, and treatment duration significantly differentiated the levels of recidivism.

Discussion

The study revealed that the delinquent population pool was higher in the earlier years than the latter. The review of literature supports the decline of delinquent activities.

For example, Donnelly (1997) reported that the crime rates in the United States are decreasing.

Sixty-nine African American delinquents in this study were ages 11 and 12 when they were adjudicated for the first time. Loeber and Schmaling (1985) stated that youth
who become involved in delinquent activities before age 12 will continue to offend and add variety to their delinquent activity. Five to 10% of these early offenders will become chronic offenders. Tolan and Thomas (1995) reported that adolescents who commit delinquent activities continue involvement for a longer period. The high involvement in delinquent activity at this young age reveals the importance of implementing prevention programs for African American youth before the age of 11.

Donnelly (1997) reported that the number of felonies committed by juveniles is increasing. In this study 83 delinquents were charged with committing felony crimes such as breaking and entering an occupied dwelling with the intent to commit larceny, malicious destruction of property over $100, and criminal sexual misconduct in the first degree. Only 17 delinquents were charged with committing misdemeanor crimes.

Violent crimes were identified as murder, forcible rape, robbery, and aggravated assault. Sixty-seven percent of the juveniles in the U.S. were charged with committing violent crimes in the years between 1985 and 1995 (Donnelly, 1997). Yet, in this study 82% of these delinquents were charged with committing nonviolent crimes.

In an effort to rehabilitate juvenile delinquents, the juvenile justice system developed many treatment programs. These treatment programs reflect the two tenets of the juvenile justice system, parens patriae and just deserts. The parens patriae philosophy focuses on the adolescent’s needs in order to enhance his welfare (Desktop Guide, 1993). The just deserts philosophy integrates the criminal act, the juvenile, and the punishment (Desktop Guide, 1993).

The study does, however, demonstrate the need for the immediate development of
effective treatment programs for African American delinquents. Unfortunately, determination of the efficacy of moderate- and strong-counseling-intensity treatment programs was not possible in this study due to the small number of African American delinquents who received stronger counseling-intensity programs.

The main objective of this study was to examine the relationship between treatment options received by African American delinquents, ages 11-14. I wanted to explore the effectiveness of varying counseling-intensity treatment programs on the recidivism rate with this population. The results revealed that the varying counseling-intensity treatment programs were ineffective in reducing recidivism.

Seventy-nine percent of the delinquents in this population received little-counseling-intensity treatment programs. These programs did not address the reasons for their first adjudication and ways to prevent duplication of the problem behaviors that led to the adjudication to the same degree as the moderate- and strong-counseling intensity programs. Seventy-five percent of these delinquents committed another crime. The results insinuate that programs with little-counseling-intensity do not prevent the delinquents from committing a new crime after their first adjudication.

Palmer (1991) emphasizes that programs should address the juvenile’s internal difficulties. Otherwise, when treatment ends, the juvenile is more likely to re-engage in maladaptive behavior. Izzo and Ross (1990) also stated that effective programs should focus on the delinquent’s behaviors, feelings, vocational or interpersonal skills, thought patterns, self-evaluations, expectations, and values.

Twenty-one percent of the delinquents in this study received moderate/strong-
counseling-intensity treatment programs. Seventy-six percent of these delinquents committed another crime. Moderate/strong-counseling-intensity programs did not have an effect on recidivism.

These percentages and the chi-square analyses suggest that counseling was ineffective in reducing recidivism with this population. However, it is important to consider the possible influence of the study’s small population size on the outcome. In addition, fewer delinquents participated in moderate/strong-counseling-intensity treatment; thus, limiting the likelihood of finding a significant relationship with stronger counseling intensity programs. One should not conclude that counseling was ineffective with African American delinquents under the age of 14. Instead, one could conclude from this study that African American delinquents were not referred to treatment programs with stronger counseling intensity.

The results imply that recidivism and the delinquents’ families’ involvement in therapy, had no significant relationship. Programs which offered family therapy were typically strong-counseling-intensity treatment programs. Only 13% of the delinquents’ families participated in therapy. Seventy-seven percent of these delinquents committed another crime. Eighty-seven percent of the delinquents’ families did not participate in therapy and 75% of them committed another crime.

The results imply that regardless of the delinquents’ families’ participation in therapy the delinquents committed another crime. Again, the likelihood of finding a significant relationship was limited due to the small percentage of families participating in therapy.
These results differ from Baird et al. (1984) who reported that failure is likely to occur if the juvenile lacks family support. Van Voorhis (1987) also stated that families should be incorporated in treatment interventions. The majority of the delinquents lived with their biological mother during their treatment service. Perhaps Lund’s (1995) recommendation that rehabilitation counselors include adult males from the delinquent’s mother’s extended family to participate in counseling to represent a male role model could aid in reducing recidivism.

I also examined the length of time the delinquents spent in the varying counseling-intensity programs and its effect on recidivism. The analysis showed that regardless of the length of time spent in treatment (57% spent over 6 months and 43% spent less than 6 months in treatment) recidivism was not affected by the treatment duration. In fact, the recidivism rates of the delinquents who spent less than and over 6 months in treatment were virtually equal. Seventy-four percent of delinquents who spent 6 months or less in treatment committed a new crime and 75% of delinquents who spent over 6 months in treatment committed a new crime. Hence, it would seem that the length of time the delinquents spent in any of the treatment programs did not deter the delinquents from committing another crime.

The study demonstrated that a high percentage of young African American delinquents recommitted crimes after receiving treatment programs for their first adjudication. These results support the literature’s assertion that adolescents who became involved in delinquent activities at an early age continued their delinquent behavior (Loeber & Schmaling, 1985; Tolan & Thomas, 1995). The results also support the notion
that the high percentage of adult African American males in the justice system are graduates of the juvenile justice system’s failure to address their needs (Training and Technical Assistance, 1996).

Kapp et al. (1994) stated that non-White juvenile recidivists placed in treatment programs outside their homes after their release were at high risk for continued delinquent activity. Yet, this study reveals that even when the delinquents are placed within their homes, recidivism occurred.

The study then examined if other variables such as age (below 12 years, 12 years, 13 years), offense charge (misdemeanor, felony), and offense level (nonviolent, violent) had a significant relationship with the varying counseling-intensity treatment programs the delinquents received, the involvement of their families in therapy, and their treatment duration. Significant relationships existed only between the offense level and counseling intensity and the offense level and family therapy.

The chi-square analysis revealed a significant relationship between the offense level and counseling intensity. A significantly higher percentage of juveniles who committed violent crimes received moderate/strong-counseling-intensity treatments than juveniles who committed nonviolent crimes.

No relationships existed between the delinquents’ ages when they committed their first crime and the varying degrees of counseling-intensity treatment programs. Perhaps this occurred because there was little variability in the population’s age ranges and the degree of counseling-intensity treatment programs the delinquents received. For instance, 69%, more than half of the population, were ages 11 and 12; thus, limiting the age...
variation. In addition, 79% of the delinquents received little-counseling-intense programs, which also restricted variability. Perhaps the constricted variability prevented the demonstration of relationships between the delinquents’ ages when they committed their first crime and the varying degrees of counseling-intense treatment programs.

For offense charge (misdemeanor, felony) and counseling-intensity programs, no significant relationship exits. Again, 79% of these delinquents received little-counseling-intensity programs. Thus, there was little variability of counseling intensity programs. Based on the high recidivism rate, one could assume that more effective interventions should be used with this population than what is used currently. The high recidivism rate corresponds with Gendreau’s (1996) assertion that punishment-oriented programs are ineffective in reducing recidivism.

Earlier in the study, I addressed the fact that many African American juveniles’ needs are not being met by the juvenile justice system (Training and Technical Assistance, 1996). The results of this study seem to reflect the tendency not to refer delinquents to stronger counseling-intensity treatment programs when they are first adjudicated. The fact that 79% of the delinquents in this study committed a second crime demonstrates the need to adequately meet the needs of African American delinquents when they are first adjudicated in order to discourage recidivism. Goodman et al. (1996) indicated that African American delinquents who participated in stronger counseling programs have shown reduction in their recidivism rate.

A significant relationship was found between the offense level and family therapy involvement. A significantly higher percentage of juveniles who committed violent crimes...
had family participation in therapy than juveniles who committed nonviolent crimes.

Ninety-four percent of African American delinquents who committed nonviolent crimes did not have family participation in their therapy. It would seem that either the juvenile justice system was more willing to refer families whose children were charged with committing a violent offense to therapy or that these families were more willing to participate in therapy. One would assume that delinquents at this young age charged with committing violent crimes would have a higher percentage of family participation in therapy.

No significant relationships existed between family therapy and the delinquents’ ages when they committed their first crime and their families’ participation in therapy. Eighty-eight percent of the delinquents who were below 12 years old, 88% of the delinquents who were 12 years old, and 81% of the delinquents who were 13 years old had families who did not participate in family therapy. Thus, irrespective of the delinquents’ ages, the findings demonstrate that the delinquents’ families did not participate in family therapy. Perhaps the small percentage of family participation in strong-counseling-intensity treatment programs (18%) influenced the percentage of family participation in therapy.

For the offense charges and family therapy, no significant relationship exits. Eighty-five percent of the delinquents who were charged with committing felony crimes did not have family participation in therapy. This result emphasizes the need for the juvenile justice to include families in the adolescents’ treatment.

One of the criticisms of current treatments that Brown et al. (1997) mentioned was
the tendency to focus on one aspect of the person, which resulted in failure or recidivism. They suggested that treatments include the delinquents’ families. Baird et al. (1984) also emphasized the importance of the delinquents’ families’ involvement in treatment. The results of this study appear to support Henggeler’s (1996) claim that mental health services and the juvenile justice systems often neglect to include the delinquents’ families in their rehabilitation.

In this study the majority of the delinquents’ parents did not live together (96%). Ninety-one percent of the delinquents lived with their biological mother during their treatment period. Perhaps the current treatment programs are not sensitive to these single parents’ needs to enable them to commit to their child’s treatment.

Programs that include the Multisystemic Therapy (MST) empower the family by incorporating them in the development of the treatment goals (Sutphen et al., 1995). In addition, it finds solutions to barriers many delinquent families encounter. For example, the MST delivers services in the youth’s home to prevent transportation problems from being a barrier to treatment.

No significance was obtained for the offense level and treatment duration. The results distributed evenly for the delinquents who spent less than and more than 6 months in treatment. Regardless of whether the offense was nonviolent or violent, there was no difference in the amount of time spent in treatment. One would expect that the time the delinquents spent in treatment would vary in length according to the seriousness of the offense.

The time the delinquents spent in treatment did not vary according to the
delinquents’ ages. The delinquents basically spent the same amount of time in treatment regardless of their age. Thus, the age of the youth did not lessen the amount of time spent in treatment.

The chi-square analysis found no significant relationship between the delinquents’ charges and the treatment duration. Typically, misdemeanor crimes result in less treatment time than felony crimes. This was not the case for this population. The delinquents’ charges did not influence how long they spent in treatment. Whether the delinquents committed a misdemeanor or felony crime, the time the delinquent spent in treatment did not vary.

The average time the delinquents in this study spent in treatment was 8 months. It would seem that this amount of time was insufficient to properly rehabilitate the delinquents. Perhaps treatment duration should not be determined by the amount of days in treatment but by whether the delinquents’ needs were met or by completion of the treatment goals. For example, in the goals for strong-counseling-intensity treatment programs, termination of treatment should occur when the delinquents understand the reasons for their first adjudication and have learned ways to prevent duplication of their problem behaviors.

Van Voorhis et al. (1995) recommended that programs for violent offenders focus on the fulfillment of intermediate objectives. Treatment can be brief or short-term if the intervention is intense and it addresses the offenders’ important needs (Gendreau, 1995). Sealock et al. (1997) emphasized that research is needed for the determination of the intervention intensity level needed to alter the delinquents’ behaviors.
Finally, I examined all the variables against recidivism. The discriminant analysis showed that age, charge, offense level, counseling intensity, family therapy, and treatment duration did not significantly differentiate between the delinquents who did and those who did not commit a new crime. In other words, there was no relationship among the delinquents’ ages, charges, offense level, the level of counseling intensity they received, whether their families participated in therapy, the length of time spent in treatment, and whether the delinquents committed a new offense or not. It is important to note that there was very little variability among each of these variables. Therefore, it would be inappropriate to completely rule out that none of these variables have an effect on recidivism.

Conclusions

The following conclusions were made based on the findings of the study:

1. African American males tended to commit nonviolent crimes.

2. The juvenile justice system tends to focus more heavily on the *just deserts* philosophy than on the *parens patriae* philosophy. They referred the juveniles to programs that did not address the delinquents’ reasons for their first adjudication and ways to prevent duplication of their problem behaviors. Delinquents who received these programs committed another crime after their first adjudication.

3. Counseling-intensity programs in this study were ineffective in reducing recidivism with African American male delinquents.

4. The number of delinquents who received programs that addressed the reasons for their first adjudication and ways to prevent duplication of their problem behaviors was
5. Delinquents’ families’ involvement in therapy did not have an effect on recidivism.

6. A small percentage of families participated in therapy.

7. There was no significant relationship between recidivism and the time these delinquents spent in any of the counseling-intensity treatment programs.

8. A significantly greater percentage of juveniles who committed violent crimes received moderate/strong-counseling-intensity treatment programs than did juveniles who committed nonviolent crimes.

9. Juveniles who committed violent crimes had a greater percentage of family participation in therapy than juveniles who committed nonviolent crimes.

10. There was no difference in the amount of time the delinquents spent in treatment regardless of whether the offense was violent or nonviolent.

11. A high percentage of delinquents committed a second crime after their first adjudication.

**Recommendations**

The following recommendations are proposed:

1. Prevention programs that include more intense counseling should concentrate on African American males before they reach the age of 11. This is imperative since this study showed that the majority of African American male delinquents returned to the juvenile justice system after their first adjudication. Loeber and Schmaling’s (1985) findings concur with this study that youth who began delinquent activity before age 12 will
continue to offend, add variety to their delinquent activity, and become chronic offenders.

2. The juvenile justice system should incorporate families throughout the delinquents’ treatment program.

3. The average time the delinquents in this study spent in treatment was 8 months. It would seem that this amount of time was insufficient to properly rehabilitate the delinquents. Termination of treatment should occur when the delinquents understand the reasons for their adjudication and have learned ways to prevent duplication of their problem behaviors, instead of an arbitrary number.

4. This research may also serve as a guide to counselors and psychologists within the system in developing effective treatment programs designed to reduce the recidivism rate of African American delinquents.

System Recommendations

1. The results of the study indicated that the delinquents were frequently referred to little-counseling-intensity treatment programs. When the court determines that the adolescent is delinquent, he is placed on probation. Probation was categorized in this study as a little-counseling-intensity treatment programs. These programs did not address the reasons for the delinquents’ adjudication or ways for them to prevent duplication of problem behaviors. Unfortunately, probation is one of the main treatment programs the juvenile justice system utilizes.

Research literature indicated that youth at risk for continued involvement in criminal activities have the following characteristics: they became involved in delinquent activities at a young age (typically before the age of 15), they were in the lower
socioeconomic status, and they tended to be minorities males (primarily African American). Seventy-nine of the 100 African American delinquents in this study received little-counseling-intensity treatment programs. This is surprising since this population is at risk for continued involvement in criminal behavior. Many studies have recommended that the treatments delinquents receive address their needs, incorporate their families, peers, school officials, their communities, and provide aftercare programs. Consequently, 59 of the 79 African American delinquents who received little-counseling-intensity treatment programs returned to the juvenile system. Hence, I recommend that the juvenile justice system refer these delinquents to programs that would address the reasons for their adjudication and provide ways to prevent further problem behaviors.

2. The study reveals that there is a tendency for the juvenile justice system to refer delinquents who committed nonviolent crimes to little-counseling-intensity treatment programs. However, nonviolent delinquents need to be referred to more intense counseling treatment programs since 84% of their crimes are considered felony crimes.

3. When examining the time delinquents who committed violent offenses spent in treatment, there is little difference between the 56% of those who spent over 6 months and the 44% of those who spent 6 months and less in treatment. From these findings it appears as if the treatment duration for violent offenses is arbitrary. Perhaps this inconsistency in the treatment duration for violent offenders incites society to anger and disdain for the juvenile justice system. The juvenile justice system should, therefore, evaluate the time needed for effective treatment of violent offenders and reform treatment programs to fit the crime.
4. The results indicated that whereas 60% of delinquents who committed nonviolent offenses spent over 6 months in treatment, while only 44% of the delinquents who committed violent offenses spent over 6 months in treatment. These percentages indicate a discrepancy in the treatment duration for nonviolent offenders as compared to violent offenders. Therefore, treatment duration for violent offenders should be extended so that it reflects the intensity of the treatment needed to better address the reasons for the delinquents' adjudication and learn ways to prevent duplication of problem behaviors.

5. The juvenile justice system should carefully and clearly document the treatment programs they offer.

6. The juvenile justice system needs to become more aware of the research field and consider implementing recommendations that best meet the delinquents' needs.

7. Proper referrals and monitoring of both the delinquents' and their families' participation in stronger counseling-intensity treatment programs and evaluations of the treatments' effectiveness may encourage successful rehabilitation. The probation officer, according to Bartollas (1993), provides supervision for adolescents, keeps abreast of their progress or violations, conducts investigations, and maintains case files. Probation officers would not have the flexibility to monitor the delinquents' progress from intake through aftercare. Case managers, on the other hand, could organize various treatment programs to match the delinquents' needs.

Newcomer and Arnsberger (1997) explained that case managers perform seven functions applicable to a number of services including rehabilitative services. These functions include: (1) screening to determine eligibility for treatment programs; (2)
comprehensive assessing to obtain in-depth information to best meet the delinquents’ needs; (3) planning objectives and ways to meet them; (4) coordinating program combinations; (5) monitoring the delinquents and their families; (6) evaluating at prescribed intervals the delinquents’ progress; and (7) planning their discharge from the treatment services. Case managers could enable the juvenile justice system to provide individualized treatment for offenders, incorporate the families, peers, schools, and the communities in the delinquents’ treatment.

Recommendation for Further Study

The following are recommendations for future research.

1. Future research could explore the varying lengths and qualities of treatment programs separately and together to discover their effect on African American delinquents.

2. Other research could explore the effects of stronger counseling intensity and family therapy on recidivism with African American delinquents with a stronger counseling-intensity treatment with a higher population pool than this study.

3. Research studies could explore if more variability in the delinquents’ ages, charge levels, offense levels, counseling-intensity treatment programs, families’ participation in therapy, and the length of time spent in treatment relate to recidivism.

4. A similar study could compare the treatment programs of other counties to examine the relationship of these programs’ effects on recidivism with African American delinquents under the age of 14.

5. A study could evaluate the juvenile justice system’s intake process to eliminate
any racial discriminatory practices.

6. Future research could examine reasons why family participation in therapy is so low.

7. Future research should explore varying lengths and qualities of treatment programs separately and together to discover their effect on African American delinquents.
APPENDIX A

APPROVAL FORMS
July 3, 1997

Dear Mr. Roedema:

I am a student at Andrews University in Berrien Springs, Michigan pursuing a Doctorate of Philosophy Degree in Counseling Psychology. Currently, I am working on my dissertation and completing a one-year internship at Grand Valley State University (GVSU) Career Placement and Counseling Center.

Kathleen Bailey, a Criminal Justice Professor at GVSU, has worked with the Kent County Juvenile Court as a probation officer. I conversed with her about conducting research with Kent County. Kathleen recommended that I speak with you.

My dissertation research combines two areas, counseling and the juvenile justice system. I want to explore the relationship between treatment programs and recidivism with African American male and female delinquents. In addition, I would like to examine the relationship between the recidivism rate of the delinquents and counseling forms. For example, I plan to examine counseling forms such as individual, group family, or a combination of these forms.

Research shows that juveniles who remain crime free approximately three years will not commit further offenses (Good, Pirog-Good, & Sickles, 1986; Ashford & LeCroy, 1990). Thus, I would like to view the social files of African American juveniles who left the system in 1992. Speirs (1988) found that juveniles referred to the court before age 15 continued committing more offenses and were referred to the juvenile court repeatedly.

In addition, he reported in the Offices of Juvenile Justice and Delinquency Prevention (OJJDP Juvenile Justice Bulletin, August 1988 edition that the younger the age of the first offense, the greater the likelihood of repeated referrals. Therefore, I would like to focus my research on African American delinquents who entered the juvenile system before age 13.

Statistics from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Juvenile Justice Bulletin, February 1997 edition reported the following; there is a disproportionate number of African Americans and an increased number of females in the juvenile justice system. This research aspires to address the above concerns by exploring how counseling can better assist African American delinquents.

This research could aid Kent County by providing information regarding the relationship between treatment programs and the recidivism rate for African Americans. Based on the correlations discovered from this research, Kent County could refer the delinquents to the most beneficial treatment program.

One major concern for this type of research is confidentiality. I plan to address this by
assigning each case its own research number. This document would be left with a
designated person at the juvenile court. Thus, the court would know which files I used for
the research. If this arrangement is not satisfactory, I would be very happy to discuss a
better solution to assure the perseverance of confidentiality.

I would like to meet with you in person to talk about the contents of this letter. I will call
you on July 9, 1997 to discuss a meeting time. I look forward to meeting with you.

If you have any questions or comments, please feel free to contact me or my dissertation
chairperson, Dr. Elsie Jackson.

Thank you very much for your time and cooperation.

Sincerely,

Sonya D. Gray, M.A., N.C.C.
Dear Mr. Roedema:

Thank you very much for the assistance of you and your staff. The information I have obtained thus far has helped me to clarify the focus of my dissertation.

The title of my study is “The Relationship between Rehabilitative/Treatment Services and Recidivism with African American Delinquents.” Its purpose is to examine the relationship between the rehabilitative/treatment options and their effects on recidivism with adjudicated African American delinquents up to the age of 13.

This study will attempt to answer the question: What combination of rehabilitative/treatment services significantly influence recidivism for African American delinquents up to the age of 13 years? This question will be examined in terms of gender, charges, offense committed, and the level of counseling involved in the treatment. It is hoped that the results of this research will provide information which can be used by the juvenile court officials to recommend rehabilitative/treatment programs that may decrease the recidivism rate of African American delinquents.

The population will consist of all African American delinquents, ages thirteen and under, who were adjudicated for the first time in 1993. Research data such as, gender, age, charge(s) (felony, misdemeanor), offense(s) (violent, nonviolent), rehabilitative/treatment services, counseling focus (strong, moderate, none), treatment intensity (e.g., days, weeks, months in treatment), family involvement (yes, no) and posttreatment behavior - recidivism (new referral), nonrecidivism (nonchargeable misbehavior, appropriate behavior) will be gathered from the social files of the delinquents within a 3-year span 1993-1996 and 1994-1997. To ensure confidentiality, no identifying information will be documented such as names and addresses of the delinquents. Instead, each social file will be given a research number.

The researcher will gather the data with some assistance from Kathleen Bailey. I hope we can set up an appointment to discuss temporary access into the facility, convenient hours to conduct the research, a work area, and access to the social files. Collection of data is projected to take two months to complete, beginning January 1998.
If you have any questions or comments, please feel free to contact me or my dissertation chairperson, Dr. Elsie Jackson.

Thank you very much for your time and cooperation.

Sincerely,

Sonya D. Gray, M.A., N.C.C.
TO: Sonya Gray
FROM: Jack Roedema, Court Administrator
RE: Dissertation Research at the Family Division of the 17th Circuit Court
DATE: January 13, 1998

As court administrator of the Family Division of the 17th Circuit Court (formerly the Kent County Juvenile Court), I give my permission for you to conduct your dissertation research at our court. We will cooperate in whatever way possible to assist you in your endeavor.

If you need more information or further clarification of our approval to conduct your research within our court, please feel free to contact me.
February 4, 1998

Dear Ms. Gray:

This letter is also giving you formal permission to use a description of Wedgwood’s services in your doctoral dissertation. If you need any other information, you may feel free to contact me again and we will try to help you with your information needs.

Sincerely,

Mark A. Witte, MSW, ACSW
Program Administrator
February 19, 1998

Sonya Gray
500 Garland Ave. Apt. E-14
Berrien Springs, MI 49103

Dear Ms. Gray:

In response to your request of using program information from Project Rehab Adolescent Services, I am offering permission, and a copy of our brochure. This should enable you to complete your dissertation with information from Dakotah and/or Shiloh Family Treatment Centers.

As a result of this, I would appreciate the opportunity to view your dissertation at some period of time, as it sounds very interesting.

If there is anything else I could be of assistance, please call me.

Sincerely,

Michael C. Arnold
Director
March 23, 1998

Sonya Gray
500 Garland Ave. Apt. E-14
Berrien Springs, MI 49103

Dear Sonya:

RE: APPLICATION FOR APPROVAL OF RESEARCH INVOLVING HUMAN SUBJECTS

HSRB Protocol #: 97-98 : 242  Application Type : Original  Dept : Ed & Couns Psy - 0104
Review Category : Exempt  Action Taken : Approved
Protocol Title : The Relationship between Rehabilitative/Treatment Service and Recidivism with African American Delinquents

On behalf of the Human Subjects Review Board (HSRB) I want to advise you that your proposal has been reviewed and approved. You have been given clearance to proceed with your research plans.

All changes made to the study design and/or consent form after initiation of the project require prior approval from the HSRB before such changes are implemented. Feel free to contact our office if you have any questions.

The duration of the present approval is for one year. If your research is going to take more than one year you must apply for an extension of your approval in order to be authorized to continue with this project.

Some proposal and research designs may be of such a nature that participation in the project may involve certain risks to human subjects. If your project is one of this nature and in the implementation of your project an incidence occurs which results in a research-related adverse reaction and/or physical injury, such an occurrence must be reported immediately in writing to the Human Subjects Review Board. Any project-related physical injury must also be reported immediately to the University physician, Dr. Lore Hamel, by calling (616) 473-2222.

We wish you success as you implement the research project as outlined in the approved protocol.

Sincerely,

Human Subjects Review Board

c: Elsie Jackson

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The offenses have been arranged in six (6) categories:

- CONTINUE PETREF 0001
- FELONY 1001-1099
- MISDEMEANOR 2001-2099
- NEGLECT 3001-3099
- STATUS 4001-4099
- OTHER 5001-5099
- TRAFFIC 6001-6099

**FELONY OFFENSES (1000 - 1099)**

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<td>1021</td>
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<tr>
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<td>CCW NON PISTOL</td>
<td>CARRYING A CONCEALED WEAPON NON PISTOL</td>
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<td>1010</td>
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<td>CRIMINAL SEXUAL CONDUCT 1ST</td>
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<td>EMBEZZLEMENT OVER $100</td>
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Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
The following outline of major drug classifications is to be used in selecting the correct code for a drug offense:

A. Heroin, Opium, Methadone, Cocaine.
B. Schedule 1, 2, 3, or 4 non-narcotic drugs except A (above) or C (below)
C. Marijuana, LSD, Peyote, Mescaline, DMT, Psilocyn/Psilocybin, and Schedule 5 drugs.

There are three major offense types:
1. Manufacture, delivery, or possession with intent to manufacture or deliver
2. Possession
3. Use

The drug offense listed above in the felony and misdemeanor lists, speak only of delivery, possession, and use. Those which speak of delivery will also include offenses involving manufacture or possession with intent to manufacture or deliver.
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<thead>
<tr>
<th>CODE</th>
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<tbody>
<tr>
<td>2007</td>
<td>AIM PISTOL/NMAL</td>
<td>AIM PISTOL AT PERSON W/O MALICE</td>
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<td>ANIMAL CRUELTY</td>
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<td>2017</td>
<td>ARSON U $50</td>
<td>BURN OR PREPARE TO BURN POP LESS $50</td>
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<td>ASSAULT/AGGRAV</td>
<td>AGGRAVATED ASSAULT</td>
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<td>2008</td>
<td>ASSAULT/BATTERY</td>
<td>ASSAULT AND BATTERY</td>
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<td>ATTEMPT/MISDEM</td>
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<td>AUTO DAMAGE</td>
<td>DAMAGE OR TAMPER WITH MOTOR VEHICLE</td>
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<td>EMBEZZLEMENT UNDER $100</td>
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<td>2028</td>
<td>DISORDERLY</td>
<td>FAILURE TO OBEY POLICE OFFICER</td>
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<td>2029</td>
<td>DISTURB PEACE</td>
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<tr>
<td>2007</td>
<td>DOM VIOL</td>
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<tr>
<td>2017</td>
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<td>DISORDERLY</td>
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<tr>
<td>2015</td>
<td>HARRASSMENT/TEL</td>
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<td>2025</td>
<td>ILLEGAL ENTRY</td>
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<td>2011</td>
<td>INDECENT/EXPOS</td>
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<td>2038</td>
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<td>LARC/FALS U 100</td>
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<td>2042</td>
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<td>2021</td>
<td>MARIJUANA</td>
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<td>2039</td>
<td>MIP/MITR VEH</td>
<td>DISORDERLY</td>
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<tr>
<td>2040</td>
<td>MIP/MOT AUTO</td>
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<tr>
<td>2010</td>
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<td>2001</td>
<td>NEG/HOMICIDE</td>
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<td>2034</td>
<td>POSS START PIST</td>
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<td>2045</td>
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<td>2009</td>
<td>RESIST/OBSTRUCT</td>
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<td>2041</td>
<td>TRESPASSING</td>
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<td>2009</td>
<td>TRESPASSING</td>
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### 1991 Offenses and Referral Sources by Department

#### Felonies

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<th>Field</th>
<th>Total</th>
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<tbody>
<tr>
<td>Murder</td>
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<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Armed Robbery</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Unarmed Robbery</td>
<td>22</td>
<td>9</td>
<td>31</td>
</tr>
<tr>
<td>Assault (Non-sexual)</td>
<td>96</td>
<td>22</td>
<td>118</td>
</tr>
<tr>
<td>Assault (Sexual)</td>
<td>77</td>
<td>21</td>
<td>98</td>
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<tr>
<td>Larceny (Person)</td>
<td>8</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Larceny (Property)</td>
<td>220</td>
<td>59</td>
<td>279</td>
</tr>
<tr>
<td>Arson</td>
<td>10</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Breaking &amp; Entering</td>
<td>353</td>
<td>102</td>
<td>455</td>
</tr>
<tr>
<td>Unlawfully Driving Away an Auto</td>
<td>114</td>
<td>85</td>
<td>199</td>
</tr>
<tr>
<td>Malicious Destruction over $100</td>
<td>172</td>
<td>35</td>
<td>207</td>
</tr>
<tr>
<td>Drugs</td>
<td>62</td>
<td>33</td>
<td>95</td>
</tr>
<tr>
<td>Other Felonies + Attempted Fel.</td>
<td>319</td>
<td>117</td>
<td>436</td>
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**Felonies Subtotals** ........................................1,518  496  2,014

#### Misdemeanors

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<th>Intake</th>
<th>Field</th>
<th>Total</th>
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<tbody>
<tr>
<td>Negligent Homicide</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Assault &amp; Battery</td>
<td>187</td>
<td>42</td>
<td>229</td>
</tr>
<tr>
<td>Malicious Destruction under $100</td>
<td>99</td>
<td>14</td>
<td>113</td>
</tr>
<tr>
<td>Larceny under $100</td>
<td>734</td>
<td>49</td>
<td>783</td>
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<tr>
<td>Prostitution</td>
<td>2</td>
<td>0</td>
<td>2</td>
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<tr>
<td>Minor in Possession (alcohol)</td>
<td>28</td>
<td>4</td>
<td>32</td>
</tr>
<tr>
<td>Possession of Marijuana</td>
<td>7</td>
<td>6</td>
<td>13</td>
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<tr>
<td>Other and Attempted Misdemeanors</td>
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**Misdemeanor Subtotals** ....................................1,458  186  1,644

**Grand Total of All Offenses**  .................................................2,976  682  3,658

### Referral Source

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<tr>
<th>Source</th>
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<tr>
<td>Grand Rapids Police Department</td>
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<td>309</td>
<td>1,382</td>
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<tr>
<td>Kent County Sheriffs Department</td>
<td>256</td>
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<td>298</td>
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<tr>
<td>Michigan State Police</td>
<td>165</td>
<td>23</td>
<td>188</td>
</tr>
<tr>
<td>Wyoming Police Department</td>
<td>280</td>
<td>45</td>
<td>325</td>
</tr>
<tr>
<td>Kentwood Police Department</td>
<td>247</td>
<td>32</td>
<td>279</td>
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<tr>
<td>Other Police Departments</td>
<td>437</td>
<td>29</td>
<td>466</td>
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<tr>
<td>Other Juvenile Courts</td>
<td>102</td>
<td>28</td>
<td>130</td>
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<tr>
<td>Parents</td>
<td>2</td>
<td>1</td>
<td>3</td>
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<tr>
<td>All others</td>
<td>51</td>
<td>20</td>
<td>71</td>
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**Total** .................................................................2,613  530  3,143

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1992 Offenses and Referral Sources by Department

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<th>Intake</th>
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<tr>
<td>Murder</td>
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<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Armed Robbery</td>
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<td>19</td>
</tr>
<tr>
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<td>27</td>
<td>12</td>
<td>39</td>
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<tr>
<td>Assault (Non-sexual)</td>
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<td>40</td>
<td>152</td>
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<tr>
<td>Assault (Sexual)</td>
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<td>9</td>
<td>130</td>
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<tr>
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<td>308</td>
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<td>28</td>
<td>3</td>
<td>31</td>
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<tr>
<td>Breaking &amp; Entering</td>
<td>416</td>
<td>173</td>
<td>589</td>
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<tr>
<td>Unlawfully Driving Away an Auto</td>
<td>158</td>
<td>132</td>
<td>288</td>
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<tr>
<td>Malicious Destruction over $100</td>
<td>187</td>
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<td>218</td>
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<tr>
<td>Drugs</td>
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<table>
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<td>1</td>
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<tr>
<td>Assault &amp; Battery</td>
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<td>314</td>
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<td>Prostitution</td>
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<td>Minor in Possession (alcohol)</td>
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<td>4</td>
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<tr>
<td>Possession of Marijuana</td>
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<td>6</td>
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<td>Other and Attempted Misdemeanors</td>
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<tr>
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<td>14</td>
<td>172</td>
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<tr>
<td>Wyoming Police Department</td>
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<td>68</td>
<td>366</td>
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<td>Other Juvenile Courts</td>
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<tr>
<td>Parents</td>
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<td>0</td>
<td>1</td>
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<tr>
<td>All others</td>
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<td>27</td>
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<td><strong>Total</strong></td>
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Offenses - 1993

**Felonies**

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<td>0</td>
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<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Unarmed Robbery</td>
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<td>9</td>
<td>30</td>
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<tr>
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<tr>
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<tr>
<td>Breaking &amp; Entering</td>
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<td>77</td>
<td>431</td>
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<tr>
<td>Drugs</td>
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**Misdemeanors**

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<th>Intake</th>
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<tr>
<td>Negligent Homicide</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Assault &amp; Battery</td>
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<td>49</td>
<td>338</td>
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<td>Larceny under $100</td>
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<td>46</td>
<td>284</td>
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<tr>
<td>Prostitution</td>
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<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Minor in Possession (alcohol)</td>
<td>34</td>
<td>3</td>
<td>37</td>
</tr>
<tr>
<td>Possession of Marijuana</td>
<td>52</td>
<td>7</td>
<td>59</td>
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<td>Other and Attempted Misdemeanors</td>
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<td>628</td>
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**Referral Sources**

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<tr>
<td>Kent County Sheriff's Department</td>
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<td>Michigan State Police</td>
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<tr>
<td>Wyoming Police Department</td>
<td>451</td>
</tr>
<tr>
<td>Kentwood Police Department</td>
<td>389</td>
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<tr>
<td>Other Police Departments</td>
<td>574</td>
</tr>
<tr>
<td>Other Juvenile Courts</td>
<td>173</td>
</tr>
<tr>
<td>Parents</td>
<td>0</td>
</tr>
<tr>
<td>All others</td>
<td>103</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>4092</td>
</tr>
</tbody>
</table>
## Criminal Offenses Referred - 1993 & 1994

### Felonies

<table>
<thead>
<tr>
<th>Offense</th>
<th>1993</th>
<th>1994</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Armed Robbery</td>
<td>15</td>
<td>38</td>
</tr>
<tr>
<td>Unarmed Robbery</td>
<td>36</td>
<td>60</td>
</tr>
<tr>
<td>Assault (Non-sexual)</td>
<td>153</td>
<td>254</td>
</tr>
<tr>
<td>Assault (Sexual)</td>
<td>137</td>
<td>138</td>
</tr>
<tr>
<td>Larceny (Person)</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>Larceny (Property)</td>
<td>305</td>
<td>356</td>
</tr>
<tr>
<td>Arson</td>
<td>5</td>
<td>26</td>
</tr>
<tr>
<td>Breaking &amp; Entering</td>
<td>488</td>
<td>711</td>
</tr>
<tr>
<td>Unlawfully Driving Away an Auto</td>
<td>191</td>
<td>301</td>
</tr>
<tr>
<td>Malicious Destruction over $100</td>
<td>242</td>
<td>272</td>
</tr>
<tr>
<td>Drugs</td>
<td>73</td>
<td>132</td>
</tr>
<tr>
<td>Other Felonies + Attempted Fel</td>
<td>451</td>
<td>627</td>
</tr>
<tr>
<td><strong>Felonies Sub Total</strong></td>
<td>2,116</td>
<td>2,934</td>
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</table>

### Misdemeanors

<table>
<thead>
<tr>
<th>Offense</th>
<th>1993</th>
<th>1994</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negligent Homicide</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Assault &amp; Battery</td>
<td>373</td>
<td>441</td>
</tr>
<tr>
<td>Malicious Destruction under $100</td>
<td>110</td>
<td>175</td>
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<tr>
<td>Larceny under $100</td>
<td>921</td>
<td>1,076</td>
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<tr>
<td>Prostitution</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Minor in Possession (alcohol)</td>
<td>71</td>
<td>46</td>
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<tr>
<td>Possession of Marijuana</td>
<td>71</td>
<td>130</td>
</tr>
<tr>
<td>Other and Attempted Misdemeanors</td>
<td>684</td>
<td>1,107</td>
</tr>
<tr>
<td><strong>Misdemeanor Subtotals</strong></td>
<td>2,231</td>
<td>2,980</td>
</tr>
<tr>
<td><strong>Grand Total of All Offenses</strong></td>
<td>4,437</td>
<td>5,914</td>
</tr>
</tbody>
</table>

### Referral Sources - 1994

<table>
<thead>
<tr>
<th>Source</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Rapids Police Department</td>
<td>2,435</td>
</tr>
<tr>
<td>Kent County Sheriff's Department</td>
<td>544</td>
</tr>
<tr>
<td>Michigan State Police</td>
<td>207</td>
</tr>
<tr>
<td>Wyoming Police Department</td>
<td>457</td>
</tr>
<tr>
<td>Kentwood Police Department</td>
<td>308</td>
</tr>
<tr>
<td>Other Police Departments</td>
<td>642</td>
</tr>
<tr>
<td>Other Juvenile Courts</td>
<td>217</td>
</tr>
<tr>
<td>All others</td>
<td>17</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>4,827</td>
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REFERENCE LIST


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EDUCATION:

1999  Ph.D. in Counseling Psychology  
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1993  Master of Arts in Community Counseling  
Andrews University, Berrien Springs, MI 49104

1990  Bachelor of Arts  
Major: Psychology  
Minor: Spanish  
University of Virginia, Charlottesville, VA 22901

EMPLOYMENT HISTORY:

9/97 to Present  
Counselor  
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Counseling & Testing Center  
Berrien Spring, MI 49104

7/96 to 7/97  
Predoctoral Intern Counselor  
Grand Valley State University  
Counseling Center  
204 Student Services Building, Allendale, MI 49401

6/95 to 7/96  
Life Skills Educator  
Benton Harbor Workforce  
Skill Development Center  
200 Paw Paw St., Benton Harbor, MI 49022

10/95  
Group Facilitator  
Whirlpool Financial Corporation Focus Group  
553 Benson Road, Benton Harbor, MI 49022

PROFESSIONAL PRESENTATIONS:


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